

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. This report covers activities carried out between **16 and 30 September 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 20 October and cover activities carried out between 1 and 15 October.

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 for known humanitarian needs 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 6 October, the Flash Appeal remained only **35 per cent** funded, with a shortfall of some \$394 million.
- Humanitarians are concerned about reports of "conditional humanitarianism" or attempts to "leverage" humanitarian assistance for political purposes. Humanitarian action should never be conditioned to political, development, human rights or other non-humanitarian objectives. The conditioning of humanitarian aid is antithetical to the core principles of humanity, neutrality, impartiality and independence, serves to erode respect for International Humanitarian Law and compromises humanitarian actors. 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 10,607 children with community-based education activities, supported 32,144 people with standard NFIs assistance, provided over 3.1 million people with food assistance, reached 450,000 people with primary healthcare, provided treatment for Acute Malnutrition to 20,755 children under five, supported 11,873 people with psychosocial support services, and assisted 186,204 drought-affected people with water trucking.
- The majority of activities during the reporting period have been carried out with existing funding. Humanitarians continue to urge for pledged funding to be rapidly translated into commitments to resource immediate response and preparedness activities.

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 escalation in conflict and resulting 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. One in three Afghans were facing crisis or emergency levels of food insecurity and more than half of all children under-five were expected to face acute malnutrition. Protection and safety risks to civilians, particularly women, children and people with a disability, were also reaching record highs. Four decades of war have left Afghanistan with one of the world's highest per capita populations of people with disabilities – including both physical and psychosocial disabilities – with 79 per cent of adults and 17 per cent of children believed to live with some form of disability according to analysis by the Asia Foundation. Mobilising resources to ensure that people with disabilities, including survivors of incidents involving explosive remnants of war, have access to resources and services they need to live in dignity and to be able to enjoy meaningful participation within their communities/society has never been more critical.

The sharp increase in hostilities across the country also severely impacted health facilities and health personnel, and further stretched thin resources responding to the increased health needs – including needs fuelled by new COVID-19 variants. Direct and indirect attacks against schools coupled with COVID-19 preventative measures disrupted critical education windows – key for children's development and trauma coping – for a staggering 9.3 million children. As of 15 September,

conflict has already forced more than 634,000 people to flee their homes so far this year. Despite rising insecurity, a record 890,000 undocumented Afghans were deported or had returned from neighbouring countries since January.

Afghanistan is also facing its second drought in four years. Unlike the last drought that was relatively localised in the western region, the current drought is impacting one third of the country. This will deplete many people's financial and asset reserves as they struggle to cope. Already, poor households have taken on catastrophic levels of debt. Many continue to rely on dangerous coping mechanisms to survive, including child labour, early and forced marriage, and risky irregular migration, and are taking on heightened protection risks as a result.

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. While all population groups across the country have been impacted, the consequences for women and girls have been most immediately felt.

To respond to deepening humanitarian need and acute protection risks, the Inter Cluster Coordination Team (ICCT) has developed a multi-sector plan which details a four-month (September-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.

HUMANITARIAN RESPONSE

Key Cumulative Response Figures Since 1 September By Cluster/Sector

Education	<ul style="list-style-type: none"> • 355 new community-based classes established across Ghazni and Uruzgan provinces. • 355 teachers recruited to facilitate community-based classes across Ghazni and Uruzgan provinces. • 10,607 children reached with Community-Based Education (CBE) activities across Ghazni and Uruzgan provinces.
Emergency Shelter & NFI	<ul style="list-style-type: none"> • 32,144 people across six provinces reached with standard NFIs assistance. • 4,249 people received emergency shelter assistance across three provinces.
Food Security	<ul style="list-style-type: none"> • 3.8 million people reached with food assistance by FSAC partners across 31 provinces. • 160,748 people reached with agriculture and livelihood assistance across 13 provinces¹.
Health	<ul style="list-style-type: none"> • 141 medical kits delivered to 43 health facilities across 28 provinces to meet the urgent needs of 573,000 people across three months. • 45,928 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. • 4,193 people screened at points-of-entry 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 26,000 people have been reached with trauma care at first aid trauma points. • 450,000 people reached with primary and secondary care (direct consultations). • 10 tons of medicine distributed across two provinces to treat emergency cases, including cholera, acute watery diarrhoea and other infectious diseases. • A media campaign was launched involving 10 TV and 20 radio channels to raise awareness around COVID-19 vaccinations and ongoing cholera outbreak. • 84 pneumonia kits – able to treat 840 pneumonia cases – distributed to 43 health facilities across 28 provinces. • 67,708 people reached with health promotion and COVID-19 risk communication activities.
Nutrition	<ul style="list-style-type: none"> • 20,755 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces. • 10,223 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) across 27 provinces.

¹ 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. This caseload is also being linked to local extension services by FSAC partners.

Protection	<ul style="list-style-type: none"> • 4,886 people supported with protection monitoring, awareness raising activities and sensitisation • 2,117 people received individual protection assistance, including cash for protection. • 10,131 border monitoring interviews conducted. • 11,873 people (adults and children) received emergency psychosocial and mental health support. • 1,697 cases were identified and referred for case management. • 37 Family Protection Centres, 18 Women Friendly Health Spaces, 7 psychosocial mobile outreach teams and 2 shelters for GBV survivors across the country remain operational and provided GBV services to people in need. • 5,124 dignity kits distributed 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.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> • 186,204 drought-affected people across two provinces were reached with water trucking. • Over 150,000 people reached with WASH assistance including through hygiene promotion and hygiene kits. • 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. • 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 16 and 30 September, 15 new community-based education (CBE) classes were established across Uruzgan province, bringing the total to 355 new CBE's since 1 September across Uruzgan and Ghazni provinces.
- 15 teachers (12 males, 3 females) were recruited during the reporting period to teach CBE classes across Uruzgan province. Since 1 September, a total of 355 teachers have been recruited across two provinces.
- 450 children (250 boys, 200 girls) were reached through CBE activities across Uruzgan province between 16 and 30 September. Since the start of the four-month reporting period for the Flash Appeal, 10,607 children have been reached with CBE activities across Uruzgan and Ghazni provinces.

10,607

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 particularly affected the establishment of CBEs as it depends on partners' on-the-ground presence. Additionally, other aspects of programmes have been affected, including partners' administrative and reporting capacity (severity: **5**)².
- EiE-WG partners list the lack of clarity / mixed messages from authorities regarding girls' rights to education and women's right to work. 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 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.

² 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.

- 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 and 30 September, the ES-NFI Cluster provided emergency shelter and NFIs to pre-verified displaced families that were displaced prior to the events of 15 August.
- During the reporting period, 19,537 people received standard NFIs assistance across five provinces, with 32,144 people reached since 1 September.
- 3,801 people received emergency shelter assistance across Kabul and Logar provinces between 16 and 30 September. Since 1 September, a total of 4,249 people have received emergency shelter assistance across three provinces.

32,144

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).
- 105 families remain in need of emergency shelter and standard NFIs packages in Kabul province (severity: 2).
- The ES-NFI Cluster expressed concerns about the recently issued letter by Ministry of Refugees and Repatriations (MoRR) to the provincial Department of Refugees and Repatriation which requests humanitarian agencies to seek prior approval from MoRR before commencing any distributions at the field-level. This bureaucratic impediment, if strictly applied, further hinders partners' capacity to reach people in need (severity: 4).

Advocacy Points:

- The ES-NFI Cluster advocates for clarity from the de facto authorities regarding the safe participation of female staff in the full spectrum of humanitarian response.
- Need for HCT 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. 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 and 30 September, FSAC partners reached 3.8 million people with food assistance across 31 provinces.
- 160,748 people have been reached with agriculture and livelihood assistance between 1 and 30 September.

3.8M

people have been
reached with food
assistance across 31
provinces

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. This has resulted in some FSAC partners being hesitant to include female staff members in certain project activities due to safety and security fears (severity: **3**).
- 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 experiencing a constraint 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**).
- FSAC partners report delayed arrival of imported food supplies due to interruptions in supply chains and movement of humanitarian cargo and illegal levy requests. 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**).
- FSAC report challenges related to wheat seed certification processes which are currently being delayed. The delay in the certification process – which is managed by the National Seed Board and Certification Directorate of Ministry of Agriculture, Irrigation and Livestock (MAIL) may have some adverse effects on procurement of certified seeds by FSAC members, quality control and distribution of certified seeds to farmers ahead of the autumn planting season (severity: **3**).

Advocacy Points:

- High-level advocacy with the de facto authorities is required to ensure that all humanitarian workers are allowed to do their vital work in safety — without harassment, intimidation or fear. Female have a key role to play to support the registration and distribution of humanitarian assistance to vulnerable female-headed households.
- 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 blanket humanitarian exemption to allow for humanitarian assistance operations to continue under sanctioned-party control, including finding solutions to facilitate payments.
- The country is currently facing the second drought in four years and consequent water scarcity. Current food security figures show that 12.2m people or 30 per cent of the population, are facing emergency or crisis levels of food insecurity. Urgent funding is needed to pre-empt needs, prevent vulnerable families in IPC 3 areas from slipping into IPC 4 levels and reduce hunger.
- Preliminary IPC analysis – based on the latest Afghanistan Seasonal Food Security Assessment – shows a significant deterioration of food security situation across the country. The final analysis of the assessment will be shared in the second week of October.
- 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:

- Since 1 September, 450,000 people have been reached with primary and secondary care (direct consultations).
- During the reporting period, 10 tons of medicine was provided to district, provincial and regional hospitals across two provinces to treat emergency cases, including cholera, acute watery diarrhoea and other infectious diseases.
- Health Cluster partners delivered 141 emergency medical kits to 43 health facilities across 28 provinces to meet the urgent needs of 573,000 people over three months.
- Between 16 and 30 September, Health Cluster partners' launched a media campaign involving 10 TV and 20 local radio channels to raise awareness around COVID-19 vaccinations and ongoing cholera outbreak.
- 84 pneumonia kits – able to treat 840 pneumonia cases – were distributed to 43 health facilities across 28 provinces during the reporting period.

46,000

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

- 24,687 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, malnutrition, and referrals and screening for COVID-19, with 45,928 IDPs reached since 1 September.
- Three mobile health teams (MHTs) reached 11,291 patients between 16 and 30 September, including 3,842 with health education sessions and 2,448 with psychosocial support. Since 1 September, MHTs have 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.
- Since 1 September, 4,193 people were screened at points-of-entry by Health Cluster partners. 131 presumptive tuberculosis cases were identified.
- 114,163 people benefited from medical consultations through static clinics and 26,000 people were reached with trauma care at first aid trauma points since 1 September.
- During the reporting period, Health Cluster partners provided more than 32,000 litres of fuel to regional and provincial hospitals in Nangarhar, Kunar and Laghman provinces in order to continue operating generators. The fuel will enable uninterrupted in-patient tertiary services to severely ill patients.
- 67,708 people were reached with health promotion and COVID-19 risk communication during the reporting period.

Challenges & Operational Constraints:

- Emergency reproductive health supplies remain stuck at customs pending clearance. This is affecting the capacity of mobile health teams to operate at full capacity. At present, there are no family planning commodities in-country and this is negatively impacting the provision of a full maternal and reproductive health package to vulnerable people, including displaced women and girls (severity: **3**).
- Border control authorities have been de-sealing and opening humanitarian cargo crossing the border from Pakistan into Afghanistan (severity: **3**).
- Health Cluster partners report challenges related to the lack of cash to process local vendor payments at the sub-national level which is affecting health activities (severity: **3**).

Advocacy Points:

- The Health Cluster request for continued advocacy and engagement with the de facto authorities to facilitate the safe passage of humanitarian goods and supplies without any restrictions. There is need for urgent clearance and release of all humanitarian supplies and goods that are currently held at customs as these supplies are needed to ensure the continuity of life-saving assistance.
- 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, 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 note that it is critical that pledged funding is translated into commitments to resource immediate response and preparedness activities.
- There is need for continued advocacy vis-à-vis the new Ministry of Public Health (MoPH) at the provincial level to allow health interventions to resume and to ensure health service provision to affected people. Additionally, there is need to strengthen the relationship with MoPH.
- The Health Cluster request more advocacy with MoPH to resume polio campaigns across the country.

Nutrition NO UPDATE

Response:

- Between 1 and 15 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.
- To complement static health and nutrition facilities, 168 Mobile Health and Nutrition Teams (MHNT) were active in hard-to-reach areas across the prioritised 139 districts.
- 20,755 children aged 6-59 months received treatment for Acute Malnutrition.
- 10,223 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP).

20,755

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).
- Direct interference or bans on female humanitarian staff by the de facto authorities in certain districts has resulted in the suspension of MHNTs and thus affected partners response capacity (severity: 4).

Advocacy Points:

- The effective integration of nutrition in health services remains essential.
- The Nutrition Cluster request for clarity from the de facto authorities regarding the safe participation of female staff in the full spectrum of humanitarian response. There is urgent need to lift logistical and gender-related constraints to ensure that partners are able to respond to needs across the country.
- 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 let 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:**

- Since 1 September, 37 Family Protection Centres and 18 Women Friendly Health Spaces, 7 psychosocial mobile outreach teams and 2 shelters for Gender-Based Violence (GBV) survivors were operational and provided GBV services to affected people across the country.
- 5,124 dignity kits were distributed across seven provinces during the reporting period.
- During the reporting period, Mine Action activities including surveys, clearances and provision of explosive ordnance risk education (EORE) were conducted across 13 provinces, including at transit centres in Nimroz and Kandahar provinces targeting returnees from Iran and Pakistan.
- Between 16 and 30 September, 2,023 people received individual protection assistance, including cash for protection. Since 1 September, 2,117 people have received individual protection assistance.
- Protection Cluster partners reached 1,824 people (adults and children) with emergency psychosocial and mental health support during the reporting period across seven provinces. Since 1 September, Protection Cluster partners have reached 11,873 people with emergency psychosocial and mental health support.
- Since 1 September, 1,697 cases were identified and referred for case management.
- During the reporting period, 8,250 people were reached through border protection monitoring interviews. In total, 10,131 border protection monitoring interviews were conducted with returnees (Afghanistan nationals) across border crossing sites since 1 September.
- 1,104 people were reached through protection monitoring interviews, awareness raising activities and sensitisation during the reporting period, with a total of 4,886 people supported since 1 September.

11,873

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 salaries for staff and contractors and the procurement and transport of equipment/material to humanitarian facilities (severity: 5).
- The dignity kit pipeline remains in need of replenishment to cover the needs of women and girls. Partners face transportation challenges related to procuring dignity kits from outside the country. Delays in delivering dignity kits to women and girls will further limit their mobility and capacity to meaningfully participate in daily life activities (severity: 5).
- There is a limited capacity and equipment available in the humanitarian mine action sector in Afghanistan to respond to the increased number of requests for clearance of abandoned improvised mines (AIM) also known as victim operated improvised explosive devices (VOIED) (severity: 5).
- A range of challenges and operational constraints including negotiations process continue impeding on Housing, Land and Property (HLP) partner to resume work with information sessions on HLP rights, counselling and legal assistance on HLP issues, and capacity-building trainings of government and informal justice actors (severity: 3).
- Protection Cluster partners are concerned about reports of restriction on women's right to move freely and actively participate in society. This will affect women and girls' access to humanitarian assistance and other basic services. There is need for greater integration of GBV services in humanitarian action and activities (severity: 3).
- Mental health and psychosocial support (MHPSS) activities are currently suspended by DoRR and DoPH in Badghis province as partners are asked to wait for further instructions by the de facto authorities (severity: 4).

- All protection activities, including community-based protection monitoring, identification of persons with specific needs (PSN) and MHPSS services have been impacted by the restrictions placed by the de facto authorities on female staff. Protection Cluster partners report that while some protection activities are ongoing, several female staff are working remotely until partners receive clarity from the de facto authorities regarding safety of staff to conduct the full spectrum of humanitarian response. Protection Cluster partners report challenges related to female staff working remotely and conducting remote case management modalities with clients as it does not guarantee sufficient space and privacy for female people of concern (severity: **5**).
- Protection partners report grave concerns about data protection, particularly on GBV clients, which can put both service providers and clients at risk. Since data and information collection must be done in a manner that protects the individuals and groups providing information from harm, the GBV sub-cluster has instructed partners not to collect data on GBV survivors until this data can be safely handled and protected – in line with GBV in Emergencies minimum standards as well as the global standards for data protection (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. Restrictions on female humanitarian staff's involvement in humanitarian activities will directly impact women and girls' ability to access critical services.
- Discussions at high level need to consider the stability of the financial system to avoid a financial crisis that would further exacerbate humanitarian needs. The Protection Cluster asks the HC to continue advocating for flexibility from the banks in terms of increased cashflow to allow humanitarian partners to implement critical projects and services to reach those in need.
- Continue dialogue and advocacy with the de facto authorities to improve the coordination of humanitarian activities across the country.
- Principled engagement should not be optional; need for the HC to ensure that all partners and agencies abide by the Joint Operating Principles (JOPs).
- Donors are urged to fast-track funding for known humanitarian needs to reduce suffering. Donors are also urged to ensure that funding is flexible enough to adapt to the fast-changing conditions on the ground.
- The Housing, Land and Property (HLP) Sub-Cluster seek support to advocate with the de facto authorities to respect the HLP rights of Afghans, including those residing on land of the former government. The HLP Sub-Cluster is particularly concerned about the 1,000 families living on government land in the Firqa area in police district (PD) 1 and 13 in Kandahar city for whom officials from the de facto authorities are pressing to vacate their properties. Given that the former government provided the land to these families through a mixture of petitions or customary deeds; many families no longer have the proper documents because they were recently lost or destroyed.

Water, Sanitation and Hygiene

Response:

- During the reporting period, 186,204 drought-affected people across five provinces were assisted with water trucking to avoid displacement and outbreaks. 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.
- 16,276 conflict-affected IDPs were assisted by the WASH Emergency Response Mechanism (ERM) with hygiene kits and water supply across 18 provinces as well as 2,713 vulnerable individuals across three provinces with WASH assistance, bringing the total to over 150,000 people reached since 1 September.
- 219,200 people once again received access to drinking water in Kabul from urban network following fuel donation as part of a mass response to the acute watery diarrhoea (AWD) outbreak.
- WASH Cluster partners provided 23,000 soap bars and 18 chlorine drums to the regional hospital in Nangarhar as well as to the provincial hospitals in Laghman and Kunar provinces in response to the AWD outbreak.

186,204 
people were assisted with water trucking for the drought response at their places of origin

Challenges & Operational Constraints:

- Currently, all WASH-related activities are stopped by MRRD, NWARA (National Water Affairs Regulation Authorities) and UWASS-SoC (Urban Water Supply and Sewerage State Owned Corporation) as staff are either still not paid, without means, or have left the country (severity: **3**).
- Unclear messaging by the de facto authorities regarding female staff participation in WASH activities – both during hygiene promotion, consultations and assessments – remains a challenge. Discussions with the de facto authorities are ongoing to help resolve the issue. Similarly, WASH Cluster partners report challenges related to female beneficiaries participating in WASH project activities (severity: **5**).

- Partners report several challenges faced by the sector, including cash and liquidity issues affecting salaries for staff and contractors, political instability, ongoing drought and consequent water scarcity, devaluation of the Afghan currency, non-payment for ongoing projects, and human capital flight as many technical staff have left the country due to fear. Some WASH contractors have halted ongoing projects due to bank closure and shortages of funds (severity: **5**).
- While IEA local authorities, particularly in Faryab province, agreed with NGOs to distribute family hygiene kits to households in need, the de facto authorities are not allowing NGOs to collect female beneficiary contact details (e.g. their names, ID number, mobile number etc.) in their distribution lists. This creates a challenge for auditors and monitoring teams to cross-check or validate distribution information (severity: **5**).
- Security remains a challenge for partners in some remote areas such as Nangarhar province (severity: **3**).
- The WASH Cluster report that most of the IDPs have returned to their places of origin in the southern region and are in urgent need of WASH assistance (severity: **3**).
- Due to the drought, the water table is gradually depleting across many provinces causing more waterpoints to dry up severity: **5**).

Advocacy Points:

- Advocacy is required at the HCT-level with the de facto authorities regarding the safe participation of women in humanitarian activities, both as beneficiaries and staff members.
- High-level advocacy is required to overcome the climate change impacts on drinking water resources in Afghanistan. The WASH Cluster urges governments, donors and development actors to increase investments in longer-term climate change mitigation and adaptation programmes.
- Donors are urged to ensure transactions and other activities required for humanitarian operations are excluded from the scope of sanctions regimes in order to allow humanitarian activities to continue without impediment.
- The WASH Cluster is concerned about NGO MoUs requested by MRRD continuing to become a bureaucratic and strategic impediment for the humanitarian response. Sharing information with the interim Government counterparts remain vital for coordination.

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 **Cash and Voucher Assistance Working Group (CVAWG)** continue to follow the cash liquidity issue closely. Agencies attempting to resume operations are battling with high commissions charged by financial service providers (FSPs) when remitting cash support to humanitarian aid recipients. The CVAWG is in the process of refining a cash guidance note to help partners navigate through challenges faced in the current environment. Some CVAWG partners are planning to carry out assessments including on banking options which in turn will support partners in their decision making. Once finalised, the guidance note and the assessments will be shared with the wider humanitarian community. The CVAWG is also finalising an advocacy brief which aims to inform the de facto authorities about CVAs and solicit support for the continuation of this modality. The advocacy brief will soon be disseminated with the authorities.

The **Disability Inclusion Working Group (DIWG)** is yet to resume its regular meetings, but is working to re-start them between October and November. In the meantime, meetings with several member agencies were organised to better understand the challenges that persons with disabilities are faced with – particularly in relation to movements within the region and how to better support returnees with disabilities and their caregivers. Furthermore, the DIWG is planning engagement of multiple healthcare actors to maintain the focus and advocacy efforts related to the continued provision of physical rehabilitation services across the country. The co-chairs also continues to advocate bilaterally with donors and UN agencies to ensure inclusiveness is mainstreamed across strategies.

The **Gender in Humanitarian Action (GiHA)** Working Group is supporting gender mainstreaming 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 jointly with the GBV sub-cluster conducted 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. Women across the country report instances of increased levels of restrictive gender norms and practices, preventing their freedom of movement (without mahram or male accompaniment) and expression, and access to life-saving services, information, protection, education and livelihood opportunities. This situation has left Afghan women in a state of fear, anxiety and despair, and is leading to negative coping mechanisms including increase in tension and domestic violence in homes. Women also report feeling unsafe and

uncomfortable to report their issues using hotlines and reporting channels. Female humanitarian staff and women's CSOs face barriers to delivering services to women (with full agreement for their access only in 6 out of 34 districts), and assessment teams face barriers in engaging female enumerators, despite being essential for adequately and safely reaching women and girls. It is essential for the humanitarian response to go beyond a focus only on the protection and safety of women and girls, to also focus on women, women humanitarian staff and women's CSOs participation, contribution and decision making in all stages, levels and clusters of the response to ensure all women and girls can fully, equitably and safely access and benefit from information/communication, relief, services, assessments and opportunities.

The **Logistics Working Group (LWG)** report that the Global Logistics Cluster held its second Global Call on Afghanistan on 4 October. The topics of discussion included an update on logistics coordination and supply routes, gaps and needs review, and a partner roundtable discussion on current challenges and contingency planning. Reviews of LWG partners' current challenges and needs, coordination structures, and contingency plans were conducted at local, regional, and HQ levels during the last week of September. Twelve partners with significant supply chain operations in Afghanistan were surveyed. Preliminary findings among partners in-country showed very minimal disruption to current logistics operations with no gaps in in-country transport or storage reported. The main common challenges reported were supply chain disruptions due to customs clarity, suspension of commercial air cargo, and cash availability in the financial services sector.

The **Protection from Sexual Exploitation and Abuse Task Force (PSEA TF)** continues to support partners with the technical review of the AHF proposals by ensuring that PSEA is mainstreamed in the applications. At the same time, the Taskforce continues coordinating with different clusters, working groups and OCHA to ensure inclusion of the PSEA considerations in the 2022 HRP processes. A PSEA TF meeting was held on 29 September and focused on the new PSEA implementation plan under the current context. On 3 October, the UN SG's Deputy Special Representative for Afghanistan, UNAMA, UN Resident and Humanitarian Coordinator issued a PSEA statement of commitment emphasising that PSEA is a top priority for humanitarian aid workers in Afghanistan. The statement asks the humanitarian community to keep this issue high on their agenda, exercise zero tolerance to SEA, and take all the necessary measures as outlined in the statement. At the community level, one PSEA TF member (UNICEF) continues to support the PSEA TF with sending life-saving information on issues that matter to communities, with positive feedback from the affected communities during the reporting period. Through the U-report chatbox, more than 500 questions related to PSEA were recorded during the reporting period. Affected people also received information on where to report SEA cases through the U-report mechanism. The U-report chat box allows the PSEA TF to reach out to people in need with sensitive information as the platform is unanimous.

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