

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. This report covers activities carried out between **1 September and 30 November 2021**. It aims to provide a frequent overview of response activities against the needs articulated in the Flash Appeal. The reporting timeframe will match the Flash Appeal which details a four-month – from 1 September to 31 December 2021 – strategic response to the current crisis. The plan draws largely on unmet needs detailed in the 2021 HRP (Humanitarian Response Plan) while also incorporating new emerging needs, as they are currently understood.

The next ICCT Real-Time Response Overview Situation Report will be released on 22 December and cover activities carried out between 1 September and 15 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 7 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.
- 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. 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 130,025 children with community-based education activities, supported 148,891 people with standard NFIs assistance, provided 7.9 million people with food assistance, reached 1,160,077 people with primary and secondary healthcare (direct consultations), provided treatment for Acute Malnutrition to 201,560 children under five, supported 44,903 people with individual protection assistance including cash for protection, and reached 488,343 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. This is increasingly concerning as food basket costs are steadily rising, constituting more than 82 per cent of the average HH income. While markets continue to function, prices for key commodities remain well above pre-pandemic levels and the purchasing power of casual labourers and pastoralists remains significantly reduced. It is anticipated that current political uncertainty, devaluation of the Afghan currency, import challenges and cash availability may lead to further inflationary impacts.

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

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

HUMANITARIAN RESPONSE

Key Cumulative Response Figures Since 1 September By Cluster/Sector

Education	<ul style="list-style-type: none"> • 4,442 new community-based classes established across 10 provinces. • 4,442 teachers recruited to facilitate community-based classes across 10 provinces. • 130,025 children reached with Community-Based Education (CBE) activities across 10 provinces.
Emergency Shelter & NFI	<ul style="list-style-type: none"> • 148,891 people across 19 provinces reached with standard NFIs assistance. • 24,631 people received emergency shelter assistance across five provinces. • 52,770 people received winterization assistance across 34 provinces, including heating/fuel assistance, winter clothing through cash modalities and in-kind blanket distribution.
Food Security	<ul style="list-style-type: none"> • 7.9 million people reached with food assistance by FSAC partners across 34 provinces. • 979,321 people reached with agriculture and livelihood assistance across 31 provinces.
Health	<ul style="list-style-type: none"> • 2,166 emergency medical kits delivered to health facilities across 33 provinces to meet the urgent needs of 1,868,300 people for three months. • 118 Inter-Agency Reproductive Health Kits (IARH kits) have been distributed across four provinces. • 80,574 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. • 248,570 people screened at points-of-entry for tuberculosis by Health Cluster partners. • 38,292 people screened at points-of-entry for COVID-19 by Health Cluster partners. • Mobile health teams (MHTs) reached 13,479 patients including 1,627 people with outpatient consultations, 5,030 people with health education sessions and 2,559 people with psychosocial support. • 114,163 people have benefited from medical consultations and essential health care services through static clinics and 48,742 people have been reached with trauma care at first aid trauma points. • 1,160,077 people reached with primary and secondary care (direct consultations). • 265 tons of medical supplies have arrived in Afghanistan and have been dispatched to the regional/provincial warehouses of Health Cluster partners. The distribution of these medical supplies has commenced across the country. • 30,000 litres of fuel delivered to three hospitals in Kabul province to enable uninterrupted in-patient tertiary services to severely ill patients. • A media campaign was launched involving 30 national and local TV 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. A 14-day media campaign on dengue prevention and awareness was recently launched. • 7 rapid response teams deployed to enhance the active surveillance of AWD across Kabul province.

	<ul style="list-style-type: none"> • 10 rapid response teams have been deployed across eight provinces to support with provincial COVID-19 response at points of entries. • 84 pneumonia kits – able to treat 840 pneumonia cases – distributed to 43 health facilities across 28 provinces. • 216,636 people reached with health promotion and COVID-19 risk communication activities. • 463,460 people reached in Kabul province through acute watery diarrhoea (AWD) risk communication and community engagement (RCCE) campaign, including the distribution of 250,000 brochures and 5,000 flipcharts. • 100,000 posters and 250,000 brochures delivered to Nangarhar province for dengue RCCE campaign.
Nutrition	<ul style="list-style-type: none"> • 201,560 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces. • 85,099 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) across 27 provinces.
Protection	<ul style="list-style-type: none"> • 27,954 people supported with protection monitoring, awareness raising activities and sensitisation • 44,903 people received individual protection assistance, including cash for protection to mitigate the impact of COVID-19. • 41,109 border protection monitoring interviews conducted. • 35,433 people (adults and children) received emergency psychosocial and mental health support. • 8,422 cases identified and referred for case management services. • 37 Family Protection Centres, 29 Women Friendly Health Spaces, 18 GBV psychosocial mobile outreach teams, and 2 shelters for GBV survivors across the country remain operational and provided GBV services to people in need. • 17,540 dignity kits distributed across the country. • 9,281 people reached with Explosive Risks Ordnance Education (EORE) messages across the country. • Mine Action activities including survey, clearance and provision of explosive ordnance risk education (EORE) operational across 13 provinces, including at transit centres in Nimroz and Kandahar provinces targeting returnees from Iran and Pakistan. • 1,095 students in Kabul and Nangarhar provinces supported with sport and recreational activities as well as computer and art therapy for children. • 27,233 people reached with information on HLP rights and legal assistance across nine provinces. • 46 child-friendly spaces established by Child Protection actors across the country in addition to 12 community-based child protection committees (CBCPCs) across three provinces. • 11,615 people reached with awareness raising activities on children's rights by community-based child protection mechanisms (CBCPM) members. • 23,000 people received IEC materials on key Child Protection information in local languages.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> • 204,033 drought-affected people across five provinces were reached with water trucking. • 488,343 people reached with WASH assistance including through hygiene promotion and hygiene kits. • 8,329 wells across 24 provinces have been shock chlorinated as part of a mass response to the AWD outbreak, benefitting up to 3 million people. • 31,140 people reached with durable solutions, including solar pipe water supply systems. • 12,035 people reached with sanitation services. • 1 million chlorine tablets for household water treatment 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 AWD outbreak. • 23,000 soap bars and 18 chlorine drums were distributed to one regional hospital and two provincial hospital to help respond to the acute watery diarrhoea outbreak.

Education

Response:

- Between 1 September and 30 November, 4,442 new community-based education (CBE) classes have been established across Uruzgan, Kunduz, Nangarhar, Baghlan, Wardak, Zabul, Ghor, Faryab, Badakhshan and Ghazni provinces.
- 4,442 teachers have been recruited between 1 September and 30 November to teach CBE classes across 10 provinces.
- Since the start of the four-month reporting period for the Flash Appeal, 130,025 children have been reached with CBE activities across eight provinces.

130,025

children reached with community-based education activities

Challenges & Operational Constraints:

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

 **Emergency Shelter & NFI**
Response:

- ES-NFI Cluster partners have commenced winterization assistance across all 34 provinces. The 2021-2022 joint winterisation plan is now 88 per cent funded while delivery of activities is underway. Some 52,770 people reached with heating/fuel assistance and winter clothing through cash modalities as well as in-kind blanket distribution. ES-NFI Cluster partners continue winterisation assessments across 34 provinces.
- 148,891 people received standard NFIs assistance across 19 provinces between 1 September and 30 November.
- 24,361 people across five provinces received emergency shelter assistance between 1 September and 30 November.

148,891people reached with
standard NFIs
assistance**Challenges & Operational Constraints:**

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

Advocacy Points:

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.

- 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 some 7.2 million food insecure people, including those in areas affected by the drought, between September and December 2021.
- Between 1 September and 30 November, FSAC partners reached over 7.9 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.
- 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.
- 979,321 people have been reached with agriculture and livelihood assistance between 1 September and 30 November 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 774,865 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.

7.9M

people have been reached with food assistance across 34 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. The banking crisis has impacted the capacity of financial service providers to deliver cash transfer across the country. Some suppliers are now asking for contract revisions to account for increased service charges as well as requesting to be paid in cash instead of through bank transfer (severity: **5**).
- There is lack of clarity from the de facto authorities regarding the safe participation of female staff in the full spectrum of humanitarian response. However, according to a communique received from MoRR, female staff are allowed to return to work provided that certain conditions are adhered to during working hours. FSAC partners will closely observe the actualisation of the communique across the various provinces (severity: **2**).
- Some FSAC partners – both national and international organizations – report that certain security measures and restrictions, particularly in Kabul, has impacted programme implementation. Issues around collecting beneficiaries' information (national IDs, photo, etc.) and biometric data through WFP SCOPE, which is used for cash-based transfer distribution, has particularly been affected. Other partners report experiencing constraints in registering women-headed households for unconditional cash transfer in some districts due to restrictions imposed by the de facto authorities at local level. According to reports, some women beneficiaries are preferring to register male members of the household instead in order to receive the UCT (severity: **3**).
- 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:

- 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 to allow humanitarian operations to continue under sanctioned-party control, including finding solutions to facilitate payments.
- More than half the population of Afghanistan – a record 22.8 million people - will face acute food insecurity 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.
- It is vital to help keep farmers on their farms and herders with their herds, by providing time-sensitive and season-critical inputs to these groups and protecting agricultural livelihoods. This is particularly important considering the moderate La Niña event forecast for the wet winter precipitation season between November 2021 to March 2022 that could result in a consecutive second drought in 2022 and the third severe drought in the recent five years (2018 to 2022). Unless farmers, herders and landless people in rural areas are urgently supported with emergency livelihoods protection assistance, the cumulative and cascading impacts of back-to-back droughts coupled with the financial sector crisis may result in a famine that will devastate the rural economy and tip the millions of already food and livelihood insecure smallholder farmers, herders and the landless people into adopting negative coping actions including forced displacement and distress sale of productive assets in the coming months. This may take the current humanitarian crisis to catastrophic levels, which will necessitate humanitarian resources of a magnitude that is multiple times higher than the current funding commitments.

Health

Response:

- Between 1 September and 30 November, 1,160,077 people have been reached with primary and secondary care (direct consultations).
- Since 1 September, Health Cluster partners have delivered 2,166 emergency medical kits across 33 provinces to meet the urgent needs of 1,868,300 people over three months.
- 118 Inter-Agency Reproductive Health Kits (IARH kits) have been distributed across Kabul, Nangarhar, Laghman and Kunar provinces.
- Since 1 September, 265 tons of medical supplies have arrived to Afghanistan and 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.
- 80,574 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 30 November.
- 248,570 people were screened at points-of-entry by Health Cluster partners for tuberculosis with nearly 3,830 presumptive cases identified and 57 cases confirmed as positive since 1 September.
- 38,292 people have been screened for COVID-19 at points-of-entry.
- 48,742 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.
- 10 RRTs have been deployed to Hirat, Nimroz, Kandahar, Balkh, Badakhshan, Badghis, Ghor and Nangarhar provinces to support with provincial COVID-19 response at points of entries.
- 216,636 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.

1.1M

people reached with
primary and
secondary care
(direct consultations)

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 of 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**)

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.



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.
- 201,560 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces since 1 September.
- 85,099 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.

201,560

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

Challenges & Operational Constraints:

- Due to continuous population movements coupled with requests from the de facto authorities, partners are being pressured to relocate their existing projects to new locations with guidance from the Ministry of Public Health. This results into postponement of project kick-off dates causing further delay in timely provision of emergency nutrition services (severity: **3**).
- Some Nutrition Cluster partners are reporting difficulties in recruiting and retaining female nutrition workers partly due to the uncertainties surrounding female staff members participation in the full spectrum of humanitarian activities. If the trend continues, it is likely to affect delivery of key components of emergency nutrition programming, especially in the provision of IYCF messaging and counselling, screening of pregnant and lactating women for malnutrition as well conducting house-to-house surveys and assessments (severity: **3**).
- The increased trend of IDPs relocating into densely populated urban and peri-urban settlements has resulted into a rapid increase in the number of children and women requiring emergency nutrition support. This has stretched the cluster partners providing services in these locations since the pre-planned resources were original meant for smaller caseloads. This equally has a related bearing on the underlying causes of acute malnutrition such as health care, access to safe water, food security and livelihoods (severity: **5**).

Advocacy Points:

- The Nutrition Cluster is calling upon donors and other relevant agencies to prioritise 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.
- Continued engagement with development agencies and donors to ensure interconnectivity through humanitarian-development nexus in an effort to sustain social service delivery platforms for health and nutrition.

Protection

Response:

- Since 1 September, 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.
- 17,540 dignity kits were distributed across 11 provinces since 1 September.
- Between 1 September and 30 November, 44,903 people received individual protection assistance, including cash for protection to mitigate the impact of COVID-19.
- Protection Cluster partners reached 35,443 people (adults and children) with psychosocial support (PSS) and counselling between 1 September and 30 November.
- Since 1 September, 8,422 cases were identified and referred for case management services.
- Since the start of the four-month reporting period for the Flash Appeal, 41,109 people were reached through border protection monitoring interviews conducted with returnees (Afghanistan nationals) across border crossing sites.
- 27,954 people were reached through protection monitoring interviews, awareness raising activities and sensitisation between 1 September and 30 November.
- 1,095 students in Kabul and Nangarhar provinces were supported with sport and recreational activities as well as computer and art therapy for children.
- 27,233 people were reached with information on HLP rights and legal assistance across five provinces between 1 September and 30 November.
- 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.

44,903

people have received individual protection assistance, including cash for protection to mitigate the impact of COVID-19

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 none-functioning across all 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. Restrictions in terms of women's involvement in humanitarian activities will directly impact on the ability of women and girls to access critical services.
- The Protection Cluster requests finding workarounds the banking crisis and ensuring the availability of cash and liquidity. This remains critical to address logistics shortfalls.
- The increase in the number of people in need and exacerbation of vulnerabilities require more flexibility from donors in order to scale-up response activities.
- Principled engagement should not be optional; need for all partners' leadership to ensure that all partners and agencies delivering humanitarian assistance abide by the Joint Operating Principles (JOPs).
- The lack of trained PSS counsellors for children in certain regions needs to be addressed.
- There is need for capacity building and sensitisation on Child Protection interventions for new Directorate of Labour and Social Affairs (DoLSA) staff members at the provincial level. This will also support DoLSA in resuming the Child protection Action Network (CPAN) which is currently suspended at provincial levels

Water, Sanitation and Hygiene

Response:

- WASH Cluster partners have continued to assist 204,033 drought-affected people across Balkh, Badghis, Kandahar, Hilmand and Wardak province with water trucking. 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 488,343 people were reached with WASH assistance including through hygiene promotion and hygiene kits between 1 September and 30 November.
- 8,329 wells across 24 provinces have been shock chlorinated by WASH Cluster partners as part of a mass response to the acute watery diarrhoea (AWD) outbreak, benefitting up to 3 million people.
- 31,140 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.
- 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.

488,343 

people were reached with WASH assistance including through hygiene promotion and hygiene kits

Challenges & Operational Constraints:

- 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).
- Water supply-related state entities like the National Water Affair Regulation Authority (NWARA) and Urban Water Supply and Sewage State-Owned Corporation (UWASS) are not undertaking regular water quality testing in the urban context (severity: 4).
- WASH-related governmental entities do not coordinate with the private sector on water resource management which is particularly crucial in the urban context facing the dual threat of drought and AWD/cholera outbreak (severity: 4).
- WASH partners still report cash and liquidity issues due to bank closure, as well as expensive bank fees/charges, which in turn are affecting salaries for staff and contractors and suppliers (severity: 5).

Advocacy Points:

- Advocacy continues to be required at the HCT-level with the de facto authorities to formalise a clear national communication regarding the safe participation of women in humanitarian activities, both as beneficiaries and staff members. 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 **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 **Gender in Humanitarian Action (GiHA)** Working Group is supporting gender mainstreaming in the response through the different clusters/sub-clusters and working groups through gender training, guidance notes and technical support including for the upcoming HNO/HRP process. The GiHA WG has finalised the selection process for the HCT Afghan Women Advisory Group. The HCT Afghan Women Advisory Group is convened its first introductory meeting on 2 December to agree on its scope and working arrangements in line with the proposed ToRs. The GiHA WG along with GBV sub-cluster is finalising the summary analysis for the second round of the joint phone-based key informant interview with women and men across the country, including women's CSOs, to map out the current situation for social practices and access to services for women and girls. The GiHA WG has conducted consultations with women's CSOs in Afghanistan to assess their current challenges and barriers based on the mapping and is planning for further research in this area. The GiHA WG developed a guidance note on women's safe participation in assessments in Dari, Pashto and English. Female humanitarian staff and women's CSOs face continued barriers in delivering services to women, and assessment teams face barriers in engaging female enumerators, despite being essential for adequately and safely reaching women and girls. The GiHA WG notes that it is essential for the humanitarian response to go beyond a focus only on the safety of women and girls and their access to healthcare only, to also focus on women, women humanitarian staff and women's CSOs participation, contribution and decision-making across all stages, levels and sectoral areas of the response. This is to ensure that all women and girls can fully, equitably and safely access and benefit from information/communication, relief, services, assessments and opportunities.

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.

The **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 (mhGAP) 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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