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This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. This report covers activities carried out between **16 and 31 December 2021**. It aims to provide a frequent overview of response activities against the needs articulated in the Flash Appeal. The reporting timeframe will match the Flash Appeal which details a four-month – from 1 September to 31 December 2021 – strategic response to the current crisis. The plan draws largely on unmet needs detailed in the 2021 HRP (Humanitarian Response Plan) while also incorporating new emerging needs, as they are currently understood.

This will be the last ICCT Real-Time Response Overview Situation Report focused on activities since the launch of the Flash Appeal. The ICCT will return to its regular pattern of monthly and quarterly reporting in 2022.

HIGHLIGHTS

- Humanitarians sought US\$606 million as part of the [Flash Appeal](#) to provide prioritised multi-sectoral assistance to 11 million people in the last four months of 2021. With thanks to donors' generous support, the Flash Appeal has received USD 823 million (135.8 per cent of the total ask) as of 31 December.
- Humanitarians remain concerned about "conditional humanitarianism" or attempts to "leverage" humanitarian assistance for political purposes. Further, donors are urged to ensure transactions and other activities required for humanitarian operations are excluded from the scope of sanctions regimes to allow humanitarian activities to continue without impediment.
- Since 1 September 2021, partners have reached 145,605 children with community-based education activities, supported 192,294 people with household items, provided 9.4 million people with food assistance, reached 1,611,921 people with primary and secondary healthcare (direct consultations), provided treatment for Acute Malnutrition to 275,584 children under five, supported 64,038 people with individual protection assistance including cash for protection, and reached 552,665 people with WASH assistance including through hygiene promotion and hygiene kits.

SITUATION OVERVIEW

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

Even prior to the events of 15 August, the humanitarian situation in Afghanistan was one of the worst in the world. By the mid-year mark, nearly half of the population – some 18.4 million people – were already in need of humanitarian and protection assistance in 2021.

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

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

In rural areas, this is largely driven by the drought. In urban areas, income loss (driven by economic shocks) has contributed to the rapid deterioration in food insecurity. 10 out of 11 most densely populated urban areas are anticipated to be in IPC 4.

Sharp drops in income, surging food and other commodity prices, growing unemployment and severed remittances are expected to contribute to the deterioration of food security. No population group had a net positive income in 2021. Assessments show that more households have higher than average debt this year. While markets continue to function, prices for key commodities remain well above pre-pandemic levels and the purchasing power of casual labourers and pastoralists remains significantly reduced. WFP market monitoring shows that wheat and fuel (diesel) prices are 46 and 39 per cent higher as compared to June 2021. As the country experiences sharp economic shocks and de-couples from the global economic system and international development support, the value of the Afghani currency is falling, affecting import of essential goods and people's ability to buy them. This is critically concerning as already, food – on average – constitutes more than 82 per cent of a households' income.

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

Humanitarians in Afghanistan are in a race against time to deliver life-saving aid to crisis-affected people and preposition supplies ahead of winter. By the end of 2021, humanitarian partners reached almost 18 million people with life-saving multi-sector assistance in 384 of Afghanistan's 401 districts.

HUMANITARIAN RESPONSE

Key Cumulative Response Figures Since 1 September By Cluster/Sector

Education	• 4,957 new community-based classes established across twelve provinces. • 4,957 teachers recruited to facilitate community-based classes across eleven provinces. • 145,605 children reached with Community-Based Education (CBE) activities across twelve provinces.
Emergency Shelter & NFI	• 192,294 people across 19 provinces reached with standard NFIs assistance. • 26,680 people received emergency shelter assistance across seven provinces. • 353,216 people received winterization assistance across the country, including heating/fuel assistance, winter clothing and blankets.
Food Security	• 9.4 million people reached with food assistance by FSAC partners across 34 provinces. • 1,814,256 people reached with agriculture and livelihood assistance across 31 provinces.
Health	• 1,611,921 people reached with primary and secondary care (direct consultations). • 2,544 emergency medical kits delivered to health facilities across 33 provinces to meet the urgent needs of 2,212,650 people over three months. • 61,051 people were reached with trauma care at first aid trauma points. • 169 Inter-Agency Reproductive Health Kits (IARH kits) have been distributed across four provinces to meet the emergency reproductive health needs of 14,850 people. • 266.5 tons of medical supplies have been dispatched to the regional/provincial warehouses of Health Cluster partners. • 92,374 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. • 335,171 people were screened at points-of-entry by Health Cluster partners for tuberculosis with nearly 5,279 presumptive cases identified and 70 cases confirmed as positive. • 51,056 people have been screened for COVID-19 at points-of-entry. • Health Cluster partners provided more than 32,400 liters of fuel to three hospitals in Kabul and six hospitals in Nangarhar provinces to enable uninterrupted in-patient secondary and 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. • 43 RRTs have been deployed across nine provinces to support with provincial COVID-19 response at points of entries. • 288,859 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.
Nutrition	275,584 children aged 6-59 months received treatment for Acute Malnutrition across the country. 114,136 pregnant and lactating women (PLW) were admitted and treated for acute malnutrition.
Protection	64,038 people received individual protection assistance (IPA) and including cash for protection. 50,090 people (adults and children) were provided with psychosocial support and counselling. 11,845 cases were identified and referred for case management services. 88,641 people were reached through border protection monitoring interviews conducted in six border crossing points. 77,704 people were reached through protection monitoring interviews, awareness raising activities and sensitisation. 23,551 dignity kits were distributed across 11 provinces. 13,052 people were reached with awareness raising sessions including on children's right, GBV across the country. 37 Family Protection Centers (FPCs) across 26 provinces are providing health, psychosocial counselling and referral services. 29 Women Friendly Health Spaces (WFHSs) across 11 provinces are providing Psychosocial counselling, Awareness, Vocational training/ life skill activities and referral services 18 GBV PSSC Mobile Teams are Active across 10 provinces (including 3 integrated MHTs in Kabul). Service provision includes psychosocial counselling, awareness and referral services. 46 Child Friendly Spaces (CFSs) established various provinces by child protection partners 17 Community Based Child Protection Committees were established in Ghor, Herat and Badghis. - Between 1 September and 31 December, 17,116 winterization kits for children were distributed across the country. - Reunification and reintegration of 256 separated children, including 18 girls was supported. 9,592 beneficiaries were reached through Mine Risk Education (MRE) in three provinces. 40 justice professionals have been certified in dealing with child offenders and child victims in Nangarhar province. 525 protection partners including community based-protection actors and newly recruited officials (DoLSA, DoRR, and education departments) were trained on the norms and standards including protection in emergency and child protection. 72,182 people were reached with information on HLP rights and counselling and legal assistance on HLP rights.
Water, Sanitation and Hygiene	209,007 drought-affected people across 6 provinces were reached with water trucking. 552,665 people reached with WASH assistance including through hygiene promotion and hygiene kits. 12,865 wells across 24 provinces have been regularly chlorinated as part of a mass response to the AWD outbreak, benefitting up to more than 3 million people. 119,371 people were reached with durable solutions (solar pipe water supply systems). 13,649 people were 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 acute watery diarrhoea outbreak. 23,000 soap bars and 18 chlorine drums were distributed to one regional hospital and two provincial hospital to help respond to the AWD outbreak. - Estimated 7 million people across the country reached through a social media campaign for AWD awareness. - Around 463,460 people reached for AWD awareness through house to house and community campaign by 50 social mobilizers in 20 police districts (PDs) of Kabul city with 250,000 brochures and 5,000 flipcharts distributed.

Education

Response:

- Between 16 and 31 December, 55 new community-based education (CBE) classes were established across Kunar province, bringing the total to 4,957 new CBEs since 1 September across Uruzgan, Kunduz, Nangahar, Ghazni, Zabul, Ghor, Faryab, Baghlan, Wardak, Badakhshan, Farah and Kunar provinces.
- 44 teachers (43 males, 11 females) were recruited during the reporting period to teach CBE classes across Kunar province. Since 1 September, a total of 4,957 teachers have been recruited across eleven provinces.
- 1,684 children (722 boys, 962 girls) were reached through CBE activates across Kunar province, between 16 and 31 December. Since the start of the four-month reporting period for the Flash Appeal, 145,605 children have been

145,605

children reached with
community-based
education activities

reached with CBE activities across Uruzgan, Kunduz, Nangahar, Ghazni, Zabul, Ghor, Faryab, Baghlan, Wardak, Badakhshan, Farah and Kunar provinces.

Challenges & Operational Constraints:

- The Education Cluster partners – particularly international organisations – report that many of their programmes were either suspended or hibernated during the reporting period. This has 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**).
- Education Cluster 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**).
- 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 are taken 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.
- 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 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 committed to provide winterization assistance to 770,000 people country wide. So far heating assistance, winter clothes and blanket assistances been provided to 353,216 people across the country between 1 September 31 December 2021.
- 192,294 people received standard NFIs assistance across 19 provinces between 1 September and 31 December.
- 26,680 people across 7 provinces received emergency shelter assistance between 1 September and 15 December.

192,294
people reached with
standard NFIs
assistance

Challenges & Operational Constraints:

- ES-NFI Cluster partners report that 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 in operational activities (severity: **4**).
- Partners report that the implementation of cash assistance is hindered due to the issues faced by the banking sector (severity: **4**).
- There is an increase in market prices for NFIs, warehouse rents and transportation costs (severity: **2**).
- ES-NFI Cluster partners are reporting local authorities' interference in winterization activities including assessments, selection of target areas as well as beneficiaries (severity: **5**).

Advocacy Points:

- The ES-NFI Cluster calls for a joint approach among humanitarian partners to get clarity from the de facto authorities regarding the safe participation of women 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 Cluster partners had prioritised immediate food assistance to about 7.2 million food-insecure people, including those in areas affected by drought between September and December.
- Between 1 September and 30 December, WFP reached approximately 9.4 million people with food assistance across 34 provinces. The majority of this consists of unconditional emergency food or cash-based assistance to meet emergency food needs and protect livelihoods as well as support to displaced populations (IDPs, refugees and returnees). The number of people requiring assistance is more than what was planned under the Appeal mainly due to the increased food insecurity as highlighted by the last IPC report.
- WFP prepositioned food across its area offices to assist people during the winter months and continues to provide early distributions in areas that are hard to access due to heavy snow and road blockages.
- During the same reporting period, WFP has reached approximately 90,700 people with food security assistance coupled with livelihood support in the form of asset creation and resilience activities across 9 provinces and in the form of vocational skills training in 6 provinces.
- 1,814,256 people have been reached with agriculture and livelihood assistance between 1 September and 30 December across 31 provinces. Out of these 1,814,256 people assisted, 99,974 people were supported with multiple assistance packages (inputs in-kind and UCT (Unconditional Transfers) or 2 different in-kind inputs) while 1,714,552 people were “uniquely” assisted (supported with a single assistance package).
- FAO has started its winter wheat distribution campaign and will aim to distribute 10,251 MT of wheat seed to be distributed to 1,435,126 people across 31 provinces by November. As of 30 December, FAO has distributed certified seeds of the facultative wheat varieties to 1,192,625 people. The distribution of wheat seeds will be followed by a fertilizer distribution, enabling an average household to produce enough wheat to cover the cereal needs for one year. Additionally, the distribution of feed for livestock is being scaled-up to assist the most vulnerable herding households during winter and avoid further distress livestock sales with substantial negative impacts on households’ nutrition and income.
- From 1 September to 30 December, FAO has distributed concentrate animal feed and deworming support to 362,810 people.

9.4M

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 most recent impact of this instability has been the rapid exchange rate fluctuations between the USD and the Afghani. The risk of currency devaluation and inflation is creating concerns around continuity of economic activity, increasing prices and creating challenges for the management of supplier, transporter and partner relations for delivery of assistance. Some suppliers are now asking for contract revisions to account for increased service charges as well as requesting to be paid in cash instead of bank transfers (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 (severity: 2).
- Some FSAC partners – both national and international organizations – report that certain security measures and restrictions, particularly in Kabul, have 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. (severity: 3).
- An increase in imports by FSAC partners will be needed over the coming period to mitigate the risk of pipeline break, to scale up the response and to respond to the rising food needs across the country (severity: 4).
- Vocational skills training projects in Kabul have resumed in the second half of November thanks to successful negotiations with the de facto authorities (severity: 2).
- A sudden sharp increase in the price of DAP (Di-Ammonium Phosphate - fertilizer) 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 resultant effects on existing contracts, related current procurements and budget management challenges ahead of the next planting seasons (severity: 5).

- Heavy snow and road blockages affected food dispatches across most of the country, particularly in the central region and central highlands, while in the last week of December access restrictions due to heavy snow also slowed down food distributions particularly in rural, hard-to-reach areas (Severity: 2).

Advocacy Points:

- To contain a high rate of asset depletion and lack of access to quality agriculture inputs to cover food consumption and livelihoods' protection gaps, FSAC relies on donors to fund a scale-up of emergency life-saving food assistance and emergency agriculture livelihoods protection support.
- As of end-November, 98 percent of the population have insufficient food consumption, according to WFP surveys. This is an alarming increase of 17 percentage points compared with before 15 August. Most families report having insufficient money to buy food. The struggle that Afghans face to feed their families is stark:
 - Roughly three out of four households now limit portion sizes (almost double that prior to 15 August); many adults are eating less so their children can eat more.
 - Three out of four households are borrowing food (up from 60 percent) or consuming cheaper food (up from 56 percent).
 - More than half of the population (55 percent) are resorting to drastic measures to feed their families. This is a five-fold increase from before 15 August. Food-based coping strategies include consuming less expensive food, skipping meals, limiting portion sizes, and borrowing food.
- Smallholder farmers and livestock keepers' household level reporting facing significant crop/livestock production difficulties with drought, access to quality inputs and markets, and pests/diseases infestations being the key constraints. 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.
- There is need for continued blanket humanitarian exemptions to allow for humanitarian assistance operations to continue under sanctioned-party control, including finding solutions to facilitate payments.
- High-level advocacy with the de facto authorities is required to ensure that all humanitarian workers – including women - are allowed to do their vital work in safety — without harassment, intimidation, or fear.
- Discussions at high level are needed to ensure the stability of the financial system to avoid a financial crisis that would further exacerbate humanitarian needs. There is also a need to protect key vendors – that cooperate with humanitarian agencies – from economic sanctions.
- 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.
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Health

Response:

- Between 1 September and 31 December, 1,611,921 people have been reached with primary and secondary care (direct consultations).
- Since 1 September, Health Cluster partners have delivered 2,544 emergency medical kits across 33 provinces to meet the urgent needs of 2,212,650 people over three months.
- 169 Inter-Agency Reproductive Health Kits (IARH kits) have been distributed across Kabul, Nangarhar, Laghman and Kunar provinces to meet the emergency reproductive health needs of 14,850 people.
- Since 1 September, 266.5 tons of medical supplies have been dispatched to the regional/provincial warehouses of Health Cluster partners. These medical supplies distributed 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.
- 92,374 IDPs in Kabul province have been reached with consultations, outpatient department visits, antenatal and postnatal care, family planning, diarrheal disease treatment, acute respiratory infection, psychosocial support, health education, malnutrition, and referrals and screening for COVID-19 between 1 September and 31 December.

92,374

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

- 335,171 people were screened at points-of-entry by Health Cluster partners for tuberculosis with nearly 5,279 presumptive cases identified and 70 cases confirmed as positive since 1 September.
- 51,056 people have been screened for COVID-19 at points-of-entry.
- 61,051 people were reached with trauma care at first aid trauma points.
- Health Cluster partners provided more than 32,400 liters of fuel to three hospitals in Kabul and six hospitals in Nangarhar provinces to enable uninterrupted in-patient secondary and 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.
- 43 RRTs have been deployed to Hirat, Nimroz, Kandahar, Balkh, Badakhshan, Hilmand, Badghis, Ghor and Nangarhar provinces to support with provincial COVID-19 response at points of entries.
- 288,859 people were reached with health promotion and COVID-19 risk communication across four border provinces.
- 463,460 people were reached in Kabul province through AWD RCCE campaign, including the distribution of 250,000 brochures and 5,000 flipcharts.
- 100,000 posters and 250,000 brochures delivered to Nangarhar province for dengue RCCE campaign.

Challenges & Operational Constraints:

- Lack of cash to process local vendor payments at the national and sub-national levels which is affecting service delivery, causing delays in salary payments to health staff and the procurement of supplies (severity: **3**).
- High turn-over of staff particularly female health providers. This has a direct impact on the delivery of lifesaving health services to targeted beneficiaries (severity: **3**).
- Due to disruption in the provision of health services, there is an increased case load of client in health facilities supported under emergency health response. Responding to the current level of needs is difficult given the resources currently available (severity: **3**).
- Interference from the de facto authorities in staff recruitment has led to delays in the provision of services delivery (severity: **3**).
- The dire economic situation has led to the closure of key media channels which in turn has impacted Health Cluster partners' capacity to roll out awareness campaigns and advocacy efforts (severity: **3**).
- Lack of funds availability for COVID-19 treatment hospitals and RRTs is hampering the COVID-19 response. This is particularly worrying considering the emergence of new COVID-19 variants, as reported in several countries, and the increase in the number of positive COVID-19 cases in Afghanistan (severity: **4**).
- Due to heavy snowfall in the past weeks, road closers in some provinces impacted partners operations as well as people's ability to access health facilities in time. (severity: **3**).

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 urge the HAG to continue advocating with the de facto authorities at national and provincial levels to respect the humanitarian principles and to not interfere in the recruitment of staff, procurement of goods, and other internal matters of humanitarian agencies.
- Donors are requested to consider facilitating greater flexibility in the spending of specified budget lines. Considering the sustained volatility of the conditions, it would be helpful to have greater agency to address arising needs without delay.

Nutrition

Response:

- Since 1 September, the Nutrition Cluster sustained equitable access to timely and qualitative life-saving curative and preventative nutrition services for vulnerable people – including treatment of children under five and pregnant and lactating women affected by acute malnutrition, promotion of adequate feeding practices, and provision of supplementary feeding, micronutrient supplementation.
- Out of 426,739 children under five screened for acute malnutrition, 37,361 were admitted for treatment, including 16,833 severe cases (SAM) in the therapeutic programme, and 20,528

275,584
children aged 6-59
months received
treatment for Acute
Malnutrition across the
country

moderate cases (MAM) in the targeted supplementary feeding programme. Additionally, 14,267 pregnant and lactating women (PLW) with acute malnutrition have received assistance through targeted supplementary feeding programmes (TSFP).

- Since 1 September, a total of 275,584 children under five and 114,136 PLW have been admitted and treated for acute malnutrition.

Challenges & Operational Constraints:

- Some partners are experiencing increased staff turnover; with their operations and capacity impacted and still recovering from the recent changes in the operational environment in the country (severity: 4).
- Nutrition Cluster partners report interferences by de facto authorities in their operations, including staff recruitment and delivery of supplies (severity: 4).
- Some Cluster partners are still reporting difficulties in recruiting and retaining female nutrition workers partly because of individual apprehension associated with unclear / mixed messaging from the de facto authorities regarding participation of females in the full spectrum of humanitarian operations.. 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: 4).

Advocacy Points:

- Continued advocacy with the de facto authorities, especially at the sub-national level, to provide assurances to communities on the involvement of women staff in humanitarian interventions and not to interfere in humanitarian operations, including recruitment of staff and delivery of supplies.

Protection

Response:

- Since 1 September, 64,038 people received individual protection assistance (IPA) and including cash for protection, (among them, 15152 people assisted from 16 to 31 December 2021).
- Protection Cluster partners reached 50,090 people (adults and children) with psychosocial support and counselling between 1 September and 31 December.
- Since 1 September, 11,845 cases were identified and referred for case management services.
- During the same period, 88,641 people (22,076 from 16 to 31 December) were reached through border protection monitoring interviews conducted in across border crossing sites in Islam Qala, Zaranj, Torkham, Hairatan, Sher Khan and Spin Boldak border crossing points.
- 77,704 people were reached through protection monitoring interviews, awareness raising activities and sensitisation, since 1 September.
- 37 Family Protection Centers (FPCs) across 26 provinces are providing health, psychosocial counselling and referral services.
- 29 Women Friendly Health Spaces (WFHSs) across 11 provinces are providing Psychosocial counselling, Awareness, Vocational training/ life skill activities and referral services
- 18 GBV PSSC Mobile Teams are Active across 10 provinces (including 3 integrated MHTs in Kabul). Service provision includes psychosocial counseling, awareness and referral services.
- 46 Child Friendly Spaces (CFSs) established in various provinces by child protection partners
- 17 Community Based Child Protection Committees were established in Ghor, Herat and Badghis.
- Between 1 September and 31 December, 23,551 dignity kits were distributed across 11 provinces.
- 13,052 people reached with awareness raising sessions including on children's right, GBV throughout the country, since 1 September.
- Distribution of 17,116 winterization kits for children
- Reunification and reintegration of 256 including 18 Girls, separated children in 9 provinces including Nimroz, Faryab, Hilmand, Kunar, Logar, Nangarhar, Kandahar, Nuristan, Zabul the Spin Boldak zero point of Kandahar.
- 9,592 beneficiaries reached through Mine Risk Education (MRE) in Kandahar, Helmand and Zabul provinces during the reporting period.
- 40 justice professionals have been certified in dealing with child offenders and child victims in Jalalabad of Nangarhar province in December.
- 525 protection partners including community based-protection actors and newly recruited officials (DoLSA, DoRR, and education departments) trained since September, on the norm and standards including protection in emergency and child protection.

50,090

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

- HLP partners reached 72,182 people since 1 September in Kunar, Nangahar, Khost, Kandahar, Nimroz, Herat, Badghis, Balkh and Kunduz provinces (with 12,182 people reached from 16 to 31 Dec.). The breakdown of this is as follows:
 - 69,290 people reached through information on HLP rights, including at Islam Qala and Milak border points
 - 2,892 people reached through counselling and legal assistance on HLP rights

Challenges & Operational Constraints:

- One of the biggest challenges is access to cash and not having available cash to distribute it for IPA (Severity: 5)
- Limited female presence in the field – in many locations, field access of female staff remains conditional to the presence of a Mahram and specific clothing, particularly in rural areas. (Severity: 4)
- Remote working modalities are in place for case management where staff do not feel safe or comfortable accessing communities (Herat, Kandahar, Nangahar and Nimroz) and partners continue to work on access negotiation to obtain safe and equal access for male and female staff. (Severity: 5)
- GBV sub-national coordination hubs are not functioning in all regions and coordination is proving challenging at sub-national level, requiring National Level Coordination team to step in and bridge the gaps. (Severity: 4)
- Follow up of individual GBV cases is challenging in areas where mahram requirements are in place. (Severity: 4)
- Banks continue to face cash shortages and it negatively impacts organizations' ability to pay their staff salaries. This is resulting in the threat of loss of quality staff and services including GBV staff and creating recruitment and training needs among partners. (Severity: 5)
- Movement restrictions imposed by the de facto administration make it difficult for clients, especially female clients to reach services. (Severity: 5)
- Increased attention from local authorities to GBV partners requesting to provide reporting on their activities and interventions. (Severity: 5)
- There is still growing concern about how to scale up services without clear safeguards and risk mitigation measures for staff, clients and data management requirements to scale up certain GBV services. (Severity: 4) Data protection is a serious concern in the country, especially data on GBV clients, which can put at risk both service providers and clients.

Advocacy Points:

- Protection Cluster calls for finding immediate solutions to the banking challenges to facilitate humanitarian assistance and to enable humanitarian agencies to deliver their services to the remote areas in such a critical time.
- Enforce the JOPs (Joint Operating Principles) and ground rules documents for all organisations delivering humanitarian assistance. Principled engagement should not be optional.
- Continue to enhance coordination at sub-national level.
- Requests for GBV related administrative data are postponed until it's safe and feasible to resume in line with GBViE Minimum standards and global standards for data protection.
- Continue dialogue and advocacy with the de facto authorities to ensure the full participation of women and girls in public life and allowing female humanitarian workers to conduct missions without the requirement to be accompanied by Mahram, as restrictions in women's involvement in humanitarian activities, directly impact on the ability of women and girls to access critical services.

Water, Sanitation and Hygiene

Response:

- WASH Cluster partners has continued to assist 209,007 drought-affected people across Balkh, Badghis, Kandahar, Hilmand, Nimroz and Wardak provinces with water trucking to avoid displacement. Water trucking is a last resort option to avoid displacements in areas where people rely on rainwater due to unavailability of potable water or due to high salinity groundwater.
- Cluster partners reached 552,665 people with WASH assistance including through hygiene promotion and hygiene kits. 64,322 of these people were reached between 16 and 31 December.
- 12,865 wells across 24 provinces have been regularly chlorinated as part of a mass response to the AWD outbreak, benefitting up to more than 3 million people. Of these, 4,536 water points were chlorinated between 16 and 31 December.
- 119,371 people were reached with durable solutions (solar pipe water supply systems) since the 1st of September; of which 88,231 people were reached between 16 and 31 December.
- 13,649 people were reached with sanitation services since the 1st of September; of which 1,614 people were reached between 16 and 31 December.
- 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.

209,007 

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

- 555,661 people regained access to drinking water in Kabul from the urban network following fuel donation as part of a mass response to the acute watery diarrhoea (AWD) outbreak.
- 23,000 soap bars and 18 chlorine drums were distributed to one regional hospital and two provincial hospital to help respond to the AWD outbreak.
- Estimated 7 million people across the country reached through a social media campaign for AWD awareness.
- Around 463,460 dwellers reached for AWD awareness through house to house and community campaign by 50 social mobilizers in 20 police districts (PDs) of Kabul city with 250,000 brochures and 5,000 flipcharts distributed.

Challenges & Operational Constraints:

- Request from de facto authorities for partners to sign MoUs before starting new WASH projects is affecting close to 90 per cent of new WASH projects across the country. Some partners reported that at the moment, the only pressing challenge they face is the prolonged process of MoU signing (severity: 5).
- WASH partners still report cash and liquidity issues due to banks closure, as well as expensive bank fees/charges, which in turn are affecting salaries for staff and contractors and suppliers (severity: 5).
- WASH partners are still facing access constraints with female staff for assessments and response activities to some areas. However, most of the partners have been able to gain verbal agreement to allow female staff to work (severity: 4).
- Donors' sanctions regimes which halted development funding are also impacting partners' operational capacity which partly relied on these funds, not least for support costs (severity: 3).

Advocacy Points:

- Advocacy from the Humanitarian Country Team (HCT) is still required for the de facto authorities to issue a clear communication towards the sectoral ministries on their requests for MoUs.
- Advocacy continues to be required at the HCT-level with the de facto authorities to formalise a clear national communication regarding the safe participation of women in humanitarian activities, both as beneficiaries and staff members. This also includes following up with the ulema and tribal leaders on the issue of women's rights.
- Drought is not only a food security crisis – the drop down of safe drinking water and water for handwashing have led to the spread of the AWD outbreak, particular affecting children. 18 provinces are currently facing catastrophic AWD situation.
- Advocacy at the HCT-level and among donors remains critical to end the lack of cash and liquidity across the country, as the current major operational bottleneck is reducing partners capacity to deliver WASH services on the ground.

GENERAL COORDINATION

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

The **Gender in Humanitarian Action (GiHA)** Working Group is supporting gender mainstreaming in the joint response through the different cluster/sub-clusters and WGs through gender training, guidance notes and technical support. The GiHA co-leads provided additional inputs to the final draft of the HRP in coordination with the Senior Gender Advisor (GenCap). Following the presentation of the HCT Afghan Women's Advisory Group (WAG) at the HCT meeting on December 16, the GiHA WG as its secretariat, facilitated the second meeting of the WAG on December 30 focused on the selection of a representative and the preliminary agenda for the retreat planned on the 16-17 January. The main findings of the second round of the GiHA WG Rapid Perception Survey on the Shift in Social Practices and Access to Services for Women and Girls in Afghanistan were presented at the GiHA WG meeting held on December 20 and circulated among its members, the ICCT and the HCT. The preparations of the Round 3 have started and the support of ICCT members was requested to identify key informants. A concept note for developing a guidance note on how to promote recruitment and retention of female humanitarian workers in Afghanistan was circulated for contributions from GIHA WG members. The recruitment process for a consultant to conduct a research on the Challenges, Barriers and Opportunities for women-led CSOs in Afghanistan is ongoing.

The **Cash and Voucher Working Group (CVWG)** has been in the process of revising the 2022 Minimum Expenditure Basket (MEB) for Afghanistan which is being finalized. The process has been coordinated with all Clusters. All Clusters have agreed to use a household size of seven members and to peg the MEB value against the USD which is more stable than the Afghani. REACH conducted a reality check on the MEB using data from the JMMI and their own findings from the Whole of Afghanistan Assessment (WoAA). At the same time, the CVWG Procurement Taskforce has worked to develop and refine an advocacy

note aiming to support partners tackle cash liquidity challenges. CVWG plans to develop additional advocacy messaging for donors and the HCT.

The **Disability Inclusion Working Group (DIWG)** continued its work coordinating with agencies and clusters including the Protection Cluster to organise tailored trainings on age and disability inclusion. In addition, the DIWG continues to liaise with organisations of people with disabilities (OPDs) to monitor their status, challenges and whether they remain active. As for many other stakeholders in country, some OPDs are faced with multiple challenges, including lack of funding that does not allow them to continue their activities. They also have limited visibility, thus in 2022 the DIWG will work to support them and provide a platform for them to be able to share their experiences and raise their voices.

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