

HUMANITARIAN NEEDS OVERVIEW

AFGHANISTAN

HUMANITARIAN
PROGRAMME CYCLE
2022
ISSUED JANUARY 2022



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team (HCT) and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER

Badghis, November 2021.

Seven-year-old Najiba and her family left Ghor province due to drought and conflict. Now they have settled in Zymati camp, Qala-e-Naw, Badghis.

Photo: UNICEF.

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Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.


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Summary of Humanitarian Needs and Key Findings

Current figures

PEOPLE IN NEED	TREND (2015-2021)	WOMEN	CHILDREN	WITH SEVERE DISABILITY
18.4M		22%	53%	8.5%

Projected figures (2022)

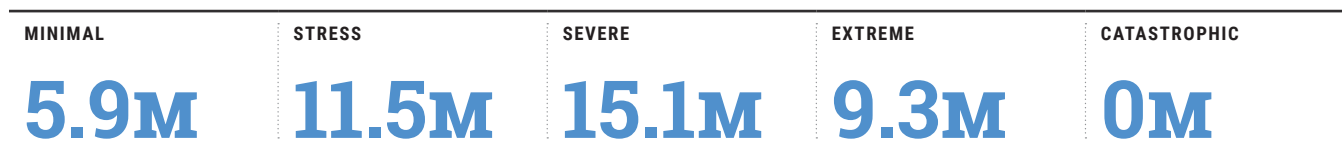
PEOPLE IN NEED	TREND (2015-2022)	WOMEN	CHILDREN	WITH SEVERE DISABILITY
24.4M		22%	54%	8.3%



HIRAT, NOVEMBER 2020

Children warm up themselves around a charcoal fire. Photo: AFP/Hoshang Hashimi

Severity of needs: projected (2022)



By Population Group

POPULATION GROUP	PEOPLE IN NEED	% PIN
Vulnerable people with humanitarian needs	23 m	95.3%
Cross-border returnees	785 k	3.2%
Internally displaced people	504 k	2.1%
Shock-affected non-displaced people	150 k	0.6%
Refugees & asylum seekers	72 k	0.3%

By Sex

SEX	PEOPLE IN NEED	% PIN
Girls	6.3 m	26%
Women	5.5 m	22%
Boys	6.8 m	28%
Men	5.8 m	24%

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	9.7 m	54%
Adults (18 - 64)	8.2 m	44%
Elderly (65+)	505 k	2.7%

With Severe Disability

AGE	PEOPLE IN NEED	% PIN
People with disabilities	2 m	8.3%

Context, Shocks/Events, and Impact of the Crisis

Following 40 years of war and an already dire situation of increasing hunger, economic decline, price rises in food and other essential needs, and rising poverty over the past several years; in 2021 the people of Afghanistan faced intensified conflict, the withdrawal of international forces and then the takeover of the country by the Taliban in August.

The resulting political, social and economic shocks have reverberated across the country with a massive deterioration of the humanitarian and protection situation in the 4th quarter of 2021 and the outlook for 2022 remaining profoundly uncertain.

Afghanistan's population is estimated to be 41.7m in 2021, of whom 51 per cent are men and 49 per cent are women. A staggering 47 per cent of the population are under 15 years old, giving Afghanistan one of the highest youth populations in the world. With a projected population growth rate of 2.3 per cent per annum, one of the steepest in the region, the country's financially-dependent youth population is set to grow even further.

Population growth, internal displacement, higher-than-usual rates of cross-border return are contributing to increased strain on limited resources, livelihood opportunities and basic services, as well as an increase in protection risks especially for most at risk groups. It is estimated that there are more than 2.6 million Afghan refugees worldwide and more than 5.5 million people displaced by conflict inside the country.

Scope of Analysis

This Humanitarian Needs Overview (HNO) looks at a likely evolution of humanitarian needs in Afghanistan throughout 2022 with an inter-sectoral approach to the analysis that recognises the multi-dimensional nature of people's needs across sectors. The situation beyond 2022 remains extremely uncertain with a wide-range of risks that could upset planning assumptions. These risks and potential implications to 2022 planning are outlined in the risks section of this analysis (pg 49). The political takeover by the Taliban and the possible range of geo-political responses, as well

as transformed security dynamics have made much previous analysis used to anticipate needs (trends in the "fighting season") of questionable utility. Thus, forward projections beyond 2022 would be unreliable and so have not been included in this analysis.

All 2022 calculations are based on the joint planning assumptions that are outlined in the risk sections in regard to the evolution of the political and security situation, with different seasonal influences on needs throughout the year including the onset of winter, rainfall patterns, agricultural planting and harvest seasons, and others (see pg. 51 for seasonal influences on needs). Greater emphasis in the analysis has been placed on the drought impact and economic fallout from the crisis, under the assumption that large-scale conflict is likely to be a relatively smaller factor in driving needs than in previous years. This analysis will be updated on a rolling basis as conditions change.

Population groups

Because of the multi-dimensional threat facing Afghanistan of economic collapse, political instability, conflict and climate, needs are deep and widespread across the country, affecting all provinces. While the broader categories of the populations of concern for 2022 will remain similar to 2021, new sub-groups of Afghanistan's rural and urban communities whose vulnerabilities have been aggravated by the conflict, drought and economic shocks and years of lack of recovery, have been included.

- Internally Displaced People (only includes newly displaced due to all causes in 2022)
- Shock-Affected Non-Displaced People (people newly affected by floods and other natural disasters in 2022)
- Vulnerable People with Humanitarian Needs (including protracted IDPs and those displaced before 2022, vulnerable protracted cross border returnees, IDP returnees, people affected by economic shock and income loss)
- Cross-Border Returnees (newly returned in 2022)
- Refugees and Asylum Seekers

This HNO applies protection, gender, age, disability, mental health and AAP lenses to its analysis with disaggregated data used throughout, where available.

Humanitarian Conditions, Severity and People in Need

The deteriorating context and an increase in population estimates (now 41.7 million people) have combined to leave a projected 24.4 million people in humanitarian need in 2022, up from 18.4 million people at the start of 2021. These humanitarian needs estimates were calculated using the Joint Inter-sectoral Analysis Framework or JIAF approach, which looks holistically at the needs facing people in Afghanistan and measures the severity of these needs using a series of inter-sectoral indicators. The JIAF inter-sectoral analysis of needs revealed that there are needs in every province of the country. With extreme need in 29 out of 34 provinces and the rest in severe need, with almost all population groups of concern present in every province (except refugees who are centred in Khost and Paktika).

The analysis shows that the intensification of the conflict through August 2021, a consecutive year of drought, other natural disasters, COVID-19 and the broad-based economic crisis following the collapse of the Government has tipped many people from extreme poverty into outright catastrophe. With coping mechanisms and safety nets largely exhausted – as previous HNOs have warned – the collapse of basic services and development programming since

August has pushed a large number of people reliant on development assistance into crisis. An updated Integrated Food Security Phase Classification (IPC) analysis shows that in the first quarter of 2022, a staggering 23 million people, or 55 per cent of the population, are expected to be in crisis or emergency levels of food insecurity (IPC 3 and 4). 8.7 million people are projected to be in IPC 4 – the highest number in the world. The fundamental drivers of food insecurity in Afghanistan include widespread poverty and economic fragility, extreme weather and climatic shocks, land degradation, and decades of conflict that have limited the spread of essential public services and safety nets.

According to the Global Citizen report on the Worst Countries for Gender Equality, Afghanistan is the worst place to be a woman. Afghan women and girls face unique vulnerabilities and risks as gender inequality is interwoven with the conflict dynamics and humanitarian needs. There are grave concerns about the roll-back on women's rights and restrictions on their participation in life and society, with impositions introduced on education, right to work and freedom of movement of girls and women.

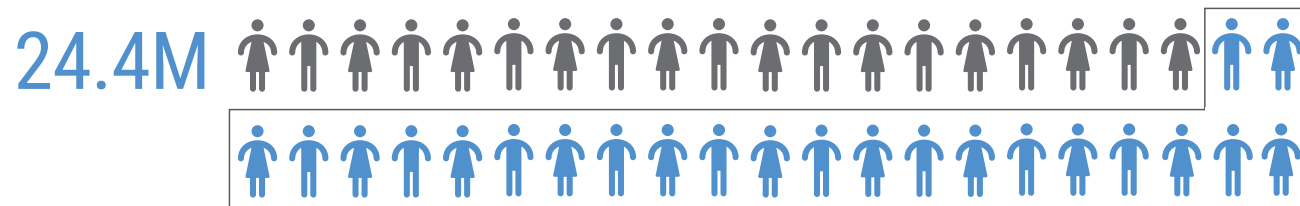
Even with 55 per cent of the country already in humanitarian need, the possibility of a further deterioration is very real. The majority of the remainder of the country requires the continuation and restoration of services addressing basic human needs to prevent them from slipping into humanitarian crisis.

Estimated number of people in need

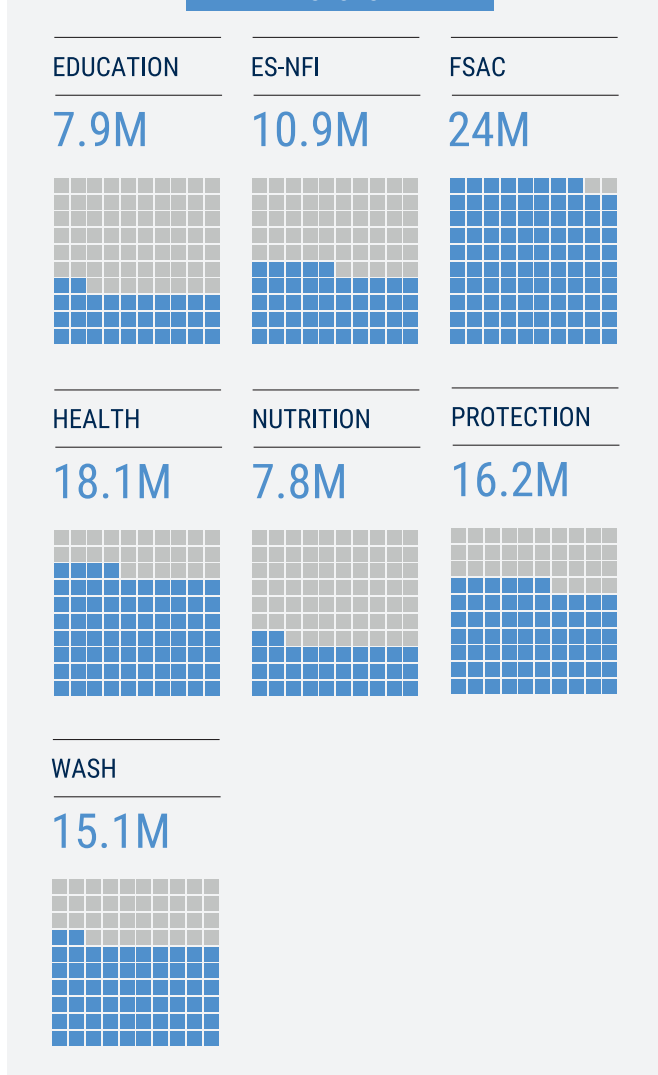
TOTAL POPULATION



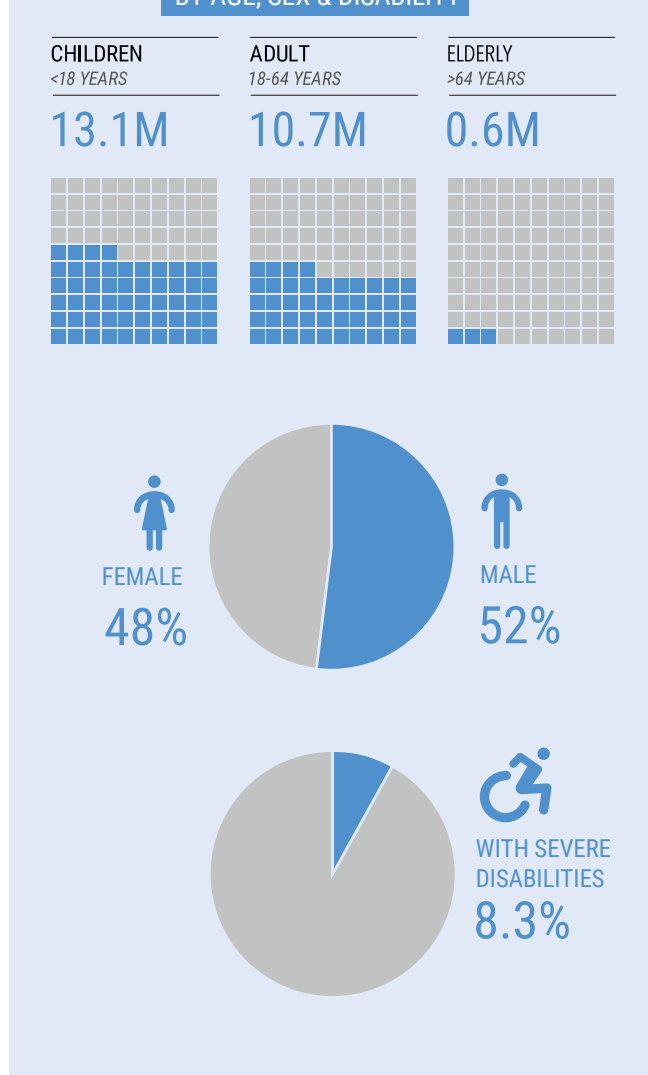
PEOPLE IN NEED



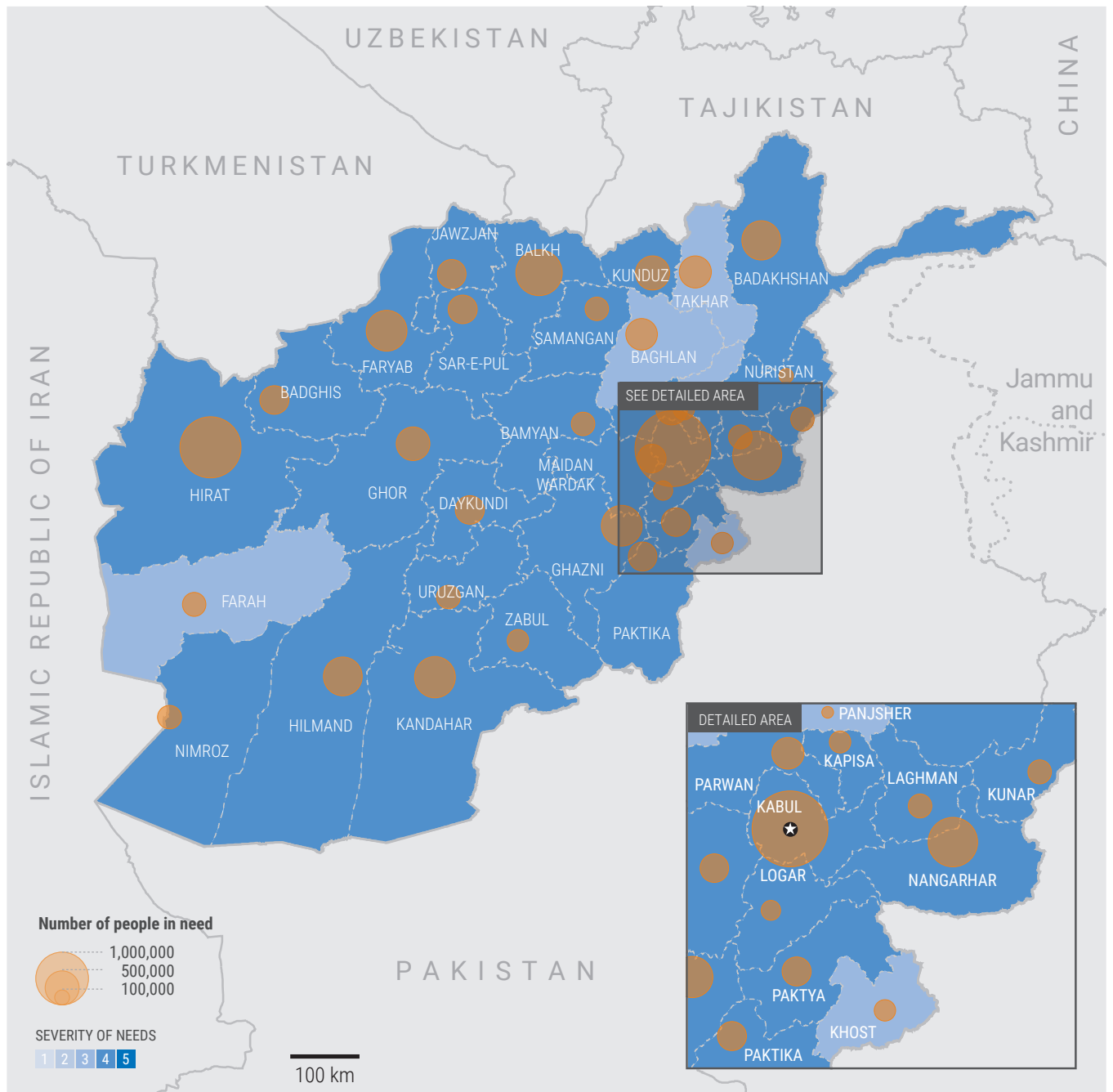
BY SECTOR



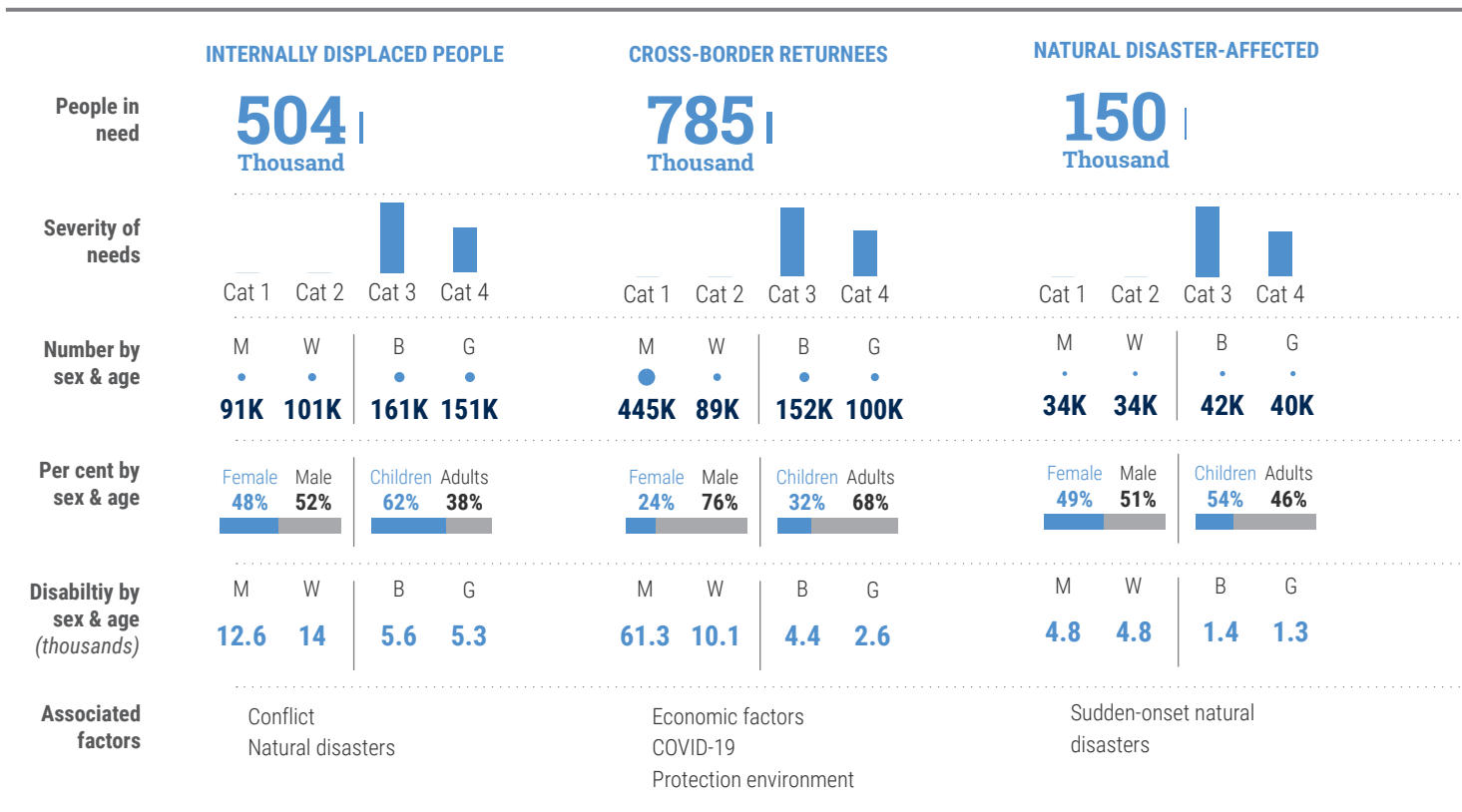
BY AGE, SEX & DISABILITY



Severity of Humanitarian Conditions and number of people in need



Severity of humanitarian conditions and number of people in need



VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS

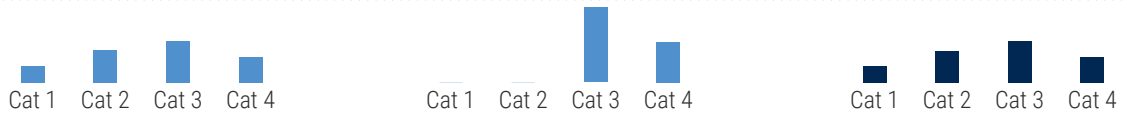
REFUGEES AND ASYLUM SEEKERS

TOTAL

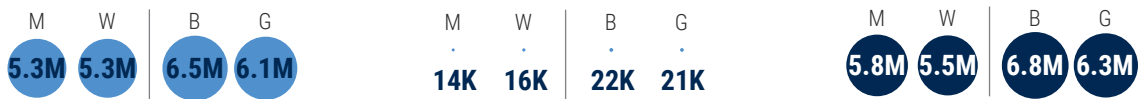
People in need



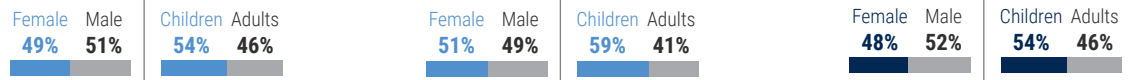
Severity of needs



Number by sex & age



Per cent by sex & age



Disability by sex & age (thousands)



Associated factors

<ul style="list-style-type: none"> Food insecurity & deteriorating livelihoods Malnutrition and access to services Debt 	<ul style="list-style-type: none"> Protection concerns Lack of durable solutions Food insecurity and access to services
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Part 1:

Impact of the Crisis and Humanitarian Conditions

HIRAT, FEBRUARY 2020

A woman lights a stove fire in her family's home in an internally displaced camp on the outskirts of the western city of Hirat. Photo: UNICEF/Modola



1.1

Context of the Crisis

Political, social, demographic, economic profile

Following 40 years of war and an already dire situation of increasing hunger, economic decline, price rises in food and other essential needs, and rising poverty over 2021, the people of Afghanistan faced intensified conflict, the withdrawal of international forces and then the takeover of the country by the Taliban in August.

The resulting political, social and economic shocks have reverberated across the country with a massive deterioration of the humanitarian and protection situation in the 4th quarter of 2021 and the outlook for 2022 remaining profoundly uncertain.

Afghanistan's population is estimated to be 41.7 million in 2022, of whom 51 per cent are men and 49 per cent are women. A staggering 47 per cent of the population is under 15 years old, giving Afghanistan one of the highest youth populations in the world. With a projected population growth rate of 2.3 per cent per annum,¹ one of the steepest in the region, the country's financially-dependent youth population is set to grow even further.

Population growth, internal displacement, higher-than-usual rates of cross-border return are contributing to increased strain on limited resources, livelihood opportunities and basic services, as well as an increase in protection risks especially for most at-risk groups. It is estimated that there are more than 2.6 million Afghan refugees worldwide² and more than 5.5 million people internally displaced by conflict³ since 2012.

Security environment

Widespread, sporadic conflict continues to inflict physical trauma and mental distress on the people of Afghanistan. WHO notes that decades of conflict

have left an estimated 800,000 Afghans (2.7 per cent of the population) with a range of severe disabilities.⁴ According to the 2018 National Mental Health Survey, commissioned by the European Union, approximately half of the population in Afghanistan were already experiencing depression, anxiety or post-traumatic stress due to violence.⁵ Afghanistan was ranked as the least peaceful country in the world by the Global Peace Index and the conflict remained one of the deadliest for civilians by global measures.⁶ It was also ranked lowest, out of 170 countries, on the 2021 Women, Peace and Security Index.⁷ Following the takeover in August, although violence overall has reduced, attacks continue to occur, with violence associated with the Islamic State – Khorasan province (ISK) in particular increasing from 60 in 2020 to over 300 attacks by November 2021.⁸ Further complicating the situation is the presence of explosive hazard contamination across the country, particularly improvised mines and explosive remnants of war, which impact at least 1,500 Afghan communities.

Legal and policy issues

The lack of government-issued identification documents continues to be a limiting factor for many of people in Afghanistan. According to 2021 Whole of Afghanistan (WoA) data, only 35 per cent of households reported that all household members had a Tazkira, while 31 per cent of households reported that no women had a Tazkira, 63 per cent of displaced households reported that some household members were missing a Tazkira, while 2 per cent of displaced households said that nobody has a Tazkira. While the lack of civil documentation has ramifications for all population groups, it is particularly challenging for Internally Displaced Persons (IDPs) and returnees who are unable to access the limited government services that do exist without being able to prove their



KANDAHAR, OCTOBER 2021

Photo: OCHA/Pierre Peron

identities. For example, women require both a Tazkira and a marriage certificate to secure housing, land and property (HLP) rights and women are at particular risk of inheritance problems when they lack proper documentation. The absence of a Tazkira limits the types of jobs people have access to.⁹ For example Tazkiras are often a pre-condition for government and NGO jobs and are required to set up official businesses. Lack of documentation also presents challenges to accessing health care (although not a legal requirement), the formal education system, statutory justice systems, the attainment of credit from banking institutions or obtaining a sim-card. Finally, the lack of a Tazkira can impede freedom of movement as it inhibits access to passports and the ability to formally migrate from the country.¹⁰

Forty per cent of the displaced households surveyed in the 2021 WoA Assessment reported insecure tenure

in their current shelter: verbal rental agreement, a Safayee notebook, or no rental agreement. This is a particularly serious challenge for those living in informal settlements¹¹ where people lack land tenure, reducing their access to essential services and placing them at constant threat of eviction and negative coping mechanisms.¹² Unequal access to land is also a major contributor to gender inequality in Afghanistan. Current estimates indicate that less than five per cent of land and housing tenure/ownership documents include the name of a female family member.¹³ Women's relationship to land in Afghanistan is typically secondary – through her relationship with a male owner. Consequently, this lack of independent access to land and housing rights constitutes a major cause of gender-based asset inequality, particularly given that land and housing is often a household's most valuable asset. For issues around gender-based violence (GBV), despite the creation of the Law on Elimination of

Violence against Women (EVAW), the judicial system still places an enormous burden on individual women to make the justice system work for them, rather than the system working on their behalf.¹⁴

Lack of progress in passing proposed legislation on asylum has left refugees and asylum seekers in Afghanistan without the necessary legal framework to enable them to obtain necessary documentation to move freely throughout the country, work in the formal sector, pursue higher education, or enter into contracts, leaving them dependent on humanitarian assistance and remittances to meet basic needs. Existing Proof of Registration (PoR) and Afghan Citizen Cards in Pakistan expired in June 2020 and are only expected to be renewed in 2021. In this regard, however, in April 2021 UNHCR jointly with the Government of Pakistan launched the Documentation Renewal and Information Verification Exercise (DRIVE), which is currently ongoing, providing PoR card holders with a new biometric smart PoR card. Following the takeover of the Government by the de facto authorities, the status of the legal system more broadly is in flux.

Infrastructure

Challenges stemming from under-investment in basic infrastructure continued to hamper quality of life and access to services throughout Afghanistan. Active conflict, large-scale population movements, recurrent natural disasters and the ongoing impact of COVID-19 on the social and economic fabric of the country have hindered longer-term urban planning, reduced attention on more expensive durable solutions and diminished people's access to essential services.

The physical environment and lack of transport and communications infrastructure remain a challenge in Afghanistan, with road access impeded by conflict, the potential presence of explosive hazards, poor road conditions as well as natural hazards, including seasonal flooding and heavy snowfall.

Less than half of all of Afghanistan's districts have phone coverage throughout the district, and disruptions remain common in many areas.¹⁵ Thirty five per cent of displaced households report that at

least one household member has sufficient phone coverage for Voice, SMS and Internet most days, while a further 60 per cent have Voice and SMS coverage only.¹⁶ The picture regarding access to electricity across Afghanistan is mixed. The United States International Development Agency (USAID) estimates that only 30 per cent of Afghans have access to electricity, while figures from Afghanistan Transparency Watch claim it may be 65 per cent. Regardless of these estimates, sustained and reliable access to electricity is an ongoing issue for many Afghans. Electricity supplies have been especially unreliable since 2020, including in Kabul.

Natural environment/disaster risk

While conflict and insecurity were the primary drivers of displacement up until 2021, natural disasters and environmental risks remain recurrent disruptors, frequently contributing to displacement and heightened vulnerability. Afghanistan has an INFORM Risk Index of 6.8, the fifth highest risk country out of 190 profiled. At the same time, the Notre Dame Global Adaptation Index ranks it as the 11th least prepared country against climatic shocks and the 10th most vulnerable country in the world to climate change.¹⁷

With its placement in a seismically active region, Afghanistan remains highly susceptible to catastrophic damage due to earthquakes – particularly across a number of densely populated urban areas along the Chaman, Hari Rud, Central Badakhshan, and Darvaz faults. Each of these faults is capable of producing 7 or 8 Magnitude earthquakes. In the last 10 years, more than 7,000 people have lost their lives because of earthquakes in Afghanistan, with an average of 560 fatalities per year.¹⁸ A contingency plan developed by the Inter-Cluster Coordination Team (ICCT) in late 2020 estimates that if an earthquake of 7.6 magnitude were to strike the seismically risky area between Kabul and Jalalabad, up to seven million people would be impacted in the areas of worst shaking, throwing three million of the most vulnerable people in need of humanitarian assistance.¹⁹



HIRAT, NOVEMBER 2021

Abdul Rafur, 60, has three children. His wife died during childbirth at 31. His crops were destroyed by drought, forcing him and his children to move to Hirat from a place 160 km away, in search of support. He hopes his children will study so they are not trapped in a cycle of poverty like him. Photo: WFP/Marco Di Lauro

1.2 Shocks and Impact of the Crisis

Shocks and ongoing events

Civilian safety and threats

Afghanistan is one of the most dangerous countries in the world for civilians. High-tempo conflict in the first seven months of 2021 brought severe harm to the people of Afghanistan. According to the UN Assistance Mission in Afghanistan (UNAMA),²⁰ civilian casualties in the first half of 2021 reached record levels, with particularly sharp increase in killings and injuries since May 2021 when international military forces began their withdrawal and fighting intensified. Some 5,183 civilian casualties (1,659 killed and 3,524 injured)

were recorded between January and June 2021 – a 47 per cent increase from the same period in 2020. The number of women and children killed and injured during the first six months of 2021 was almost twice the corresponding figure for 2020, and higher than for any other year since 2009; while casualties of boys increased by 36 per cent compared with 2020. UNAMA notes that the number of civilian casualties between May and June 2021 was nearly as many as those recorded in the entire preceding four months. UNAMA also notes that civilian casualties from non-suicide

improvised explosive devices increased by three times in the first six months of 2021, compared to the same period last year, which is the most since 2009.

Afghanistan is also one of the most dangerous places for a child to live and grow.²¹ A record number of child casualties were recorded in the first half of 2021, comprising 32 per cent of all casualties. Overall, 468 children were killed and 1,214 were injured during this period. Ground engagements caused 40 per cent of all child casualties, followed by non-suicide IEDs (36 per cent), airstrikes (11 per cent), and explosive remnants of war (seven per cent) approximately 80 per cent of ERW civilian casualties are children. Children were on at least one occasion deliberately targeted.

The 2021 WoA Assessment shows that conflict was experienced by a staggering 60 per cent of all households across the country. Of those reporting having been exposed to conflict, some 13 per cent reported their households directly experiencing death or injury. This is particularly concerning as Afghanistan has one of the highest rates of disability in the world, with the Asia Foundations Model Disability survey in 2019 finding 79 per cent of adults and 17 per cent of children living with some form of disability.²² Household dynamics also shift as primary earners are injured or killed, resulting in more female-headed households. Borrowing and household debts escalate to pay for funerals and medical care, leaving even less for daily nutrition and needs.

The intensified conflict seen in the second quarter of 2021 also increased the levels of wide-spread mine contamination, including in densely populated urban areas. The 2021 WoA Assessment shows that a third of all households report presence of explosive hazards in or closely around their location. The proportions are higher in the south with up to 79 per cent of all assessed households in Hilmand, 68 per cent in Logar and 64 per cent in Kandahar reporting so.

While active conflict has significantly reduced since the events of 15 August, fear, insecurity and protection concerns remain widespread. Reports indicate that there have been an increase in targeted attacks against civilians, civil society and journalists, as well as reports

of summary executions, assassination of human rights defenders, arbitrary detention, and unlawful restrictions on the human rights of women and girls.²³ Victims of these targeted killings have included media workers and journalists, both women and men. Women human rights defenders continue to report daily threats, fearing the repercussions for continuing their work on gender equality and women's rights.²⁴ This climate has created a 'chilling effect' for civil society with many reporting that CSOs have stopped operating.

Afghanistan has long been a very dangerous place for journalists and for press freedom. Even before the new realities of shift in governance transpired, the annual Press Freedom Index ranked Afghanistan at 122 out of 180 countries in 2021. Since August, many women journalists have been barred from working and those covering women's protests in Kabul report being attacked, detained and threatened.²⁵

Afghanistan's diverse ethnic and religious minorities are also at risk of violence and repression, given previous patterns of serious violations and reports of killings and targeted attacks, including instances of forced evictions, in recent months.²⁶

People on the move

The intensified conflict in the first half of the year, increased targeting of particular profiles of Afghans, drought, political uncertainty and a country-wide income drop following the economic upheaval experienced since 15 August 2021 continue to drive high volume of population movements. The 2021 WoA Assessment shows that 73 per cent of displaced people cited active conflict as a driver of forced displacement, followed by poverty (47 per cent). The majority (77 per cent) of assessed IDPs reported an intention to remain in their area of displacement.²⁷

However, against the backdrop of recent events in Afghanistan, the dynamics and drivers of movement and displacement are shifting. The 2021 WoA shows that 17 per cent of IDPs intend to return while another 26 per cent noted that they may return if there were indications of safety and security in their area of origin. However, assessments also show conditions

of deepened vulnerabilities amongst the displaced and damaged homes upon return, has increased concern that people who have returned to their place of origins may still face acute vulnerability, additional humanitarian need and the possibility of renewed displacement if support to these communities is not provided.

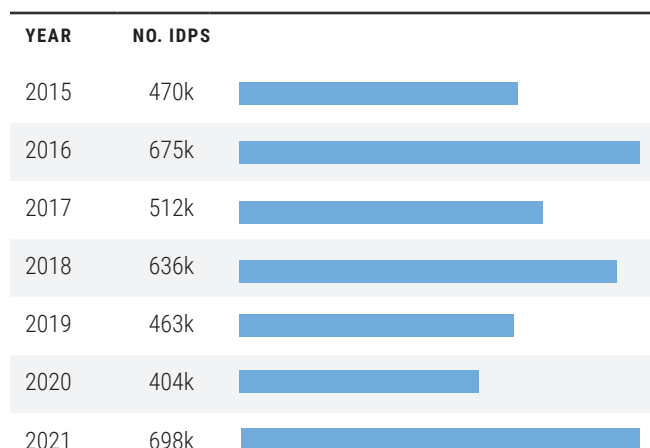
Increasing prices and the inability of people to find informal work due to the recent economic downturn may drive more people to move within and outside the country.²⁸ While conflict is progressively becoming less of a driver, poverty is gradually rising as a key factor pushing households to displace. According to DTM’s October 2021 Event Tracking Tool, nearly all (97 per cent) of communities who were reported to have moved had reported experiencing loss of employment.²⁹ Of these, some 95 per cent experienced reduced income, 96 per cent saw price rises and some 76 per cent faced drought effects.

Displacement causes rupture of community networks and safety nets, creating barriers to seeking support and hence putting people on the move more at risk of GBV and sexual exploitation and abuse. During conflict, moreover, GBV is more likely to occur due to increased vulnerability and overall impunity. Such rupture also has a major impact on displaced individuals with disabilities, as barriers to access care and humanitarian aid are likely to sharply increase, whilst the few existing enablers embedded within their communities no longer exist, exposing them to increased risks and vulnerabilities, and exacerbating the risk of exclusion.

Afghans continue to move outwards to neighbouring countries through regular and irregular channels. However, increasing numbers of undocumented individuals are being deported back into the country. IOM data shows that at least 1.2 million undocumented people have returned to Afghanistan since January 2021, although as people are moving back and forth an accurate estimate of net returns is not possible.³⁰ This level surpasses the record number of returns witnessed during the same period last year and is more than double the same period

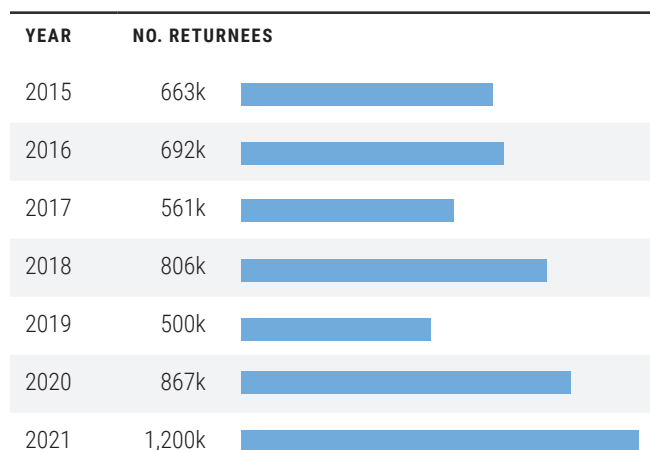
Internally displaced people

Thousands of people



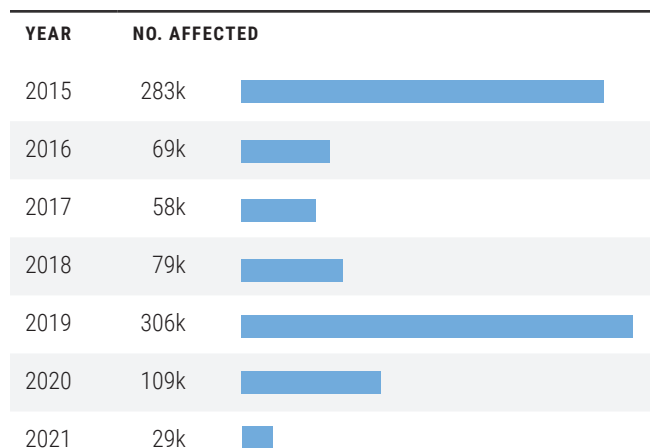
Undocumented returnees from Iran and Pakistan

Thousands of people



Natural disaster-affected

Thousands of people



in 2019. Deportations constitute the majority (60 per cent) of all returnees. All undocumented returnees are in need of humanitarian assistance given the dire conditions in which they are leaving neighbouring countries and the conditions they are returning to – crowded informal settlements without basic services and in undignified conditions exposed to health and protection risks.

The scale of voluntary return of Afghan refugees to Afghanistan has been limited in recent years, in part owing to conflict, uncertain political and socio-economic prospects coupled with the impact of the COVID-19 pandemic. Cumulatively a total of 1,317 refugees have returned in 2021 as of 3 December, with the majority from Iran (838), followed by Pakistan (421), and other countries (58).

Hunger and Malnutrition

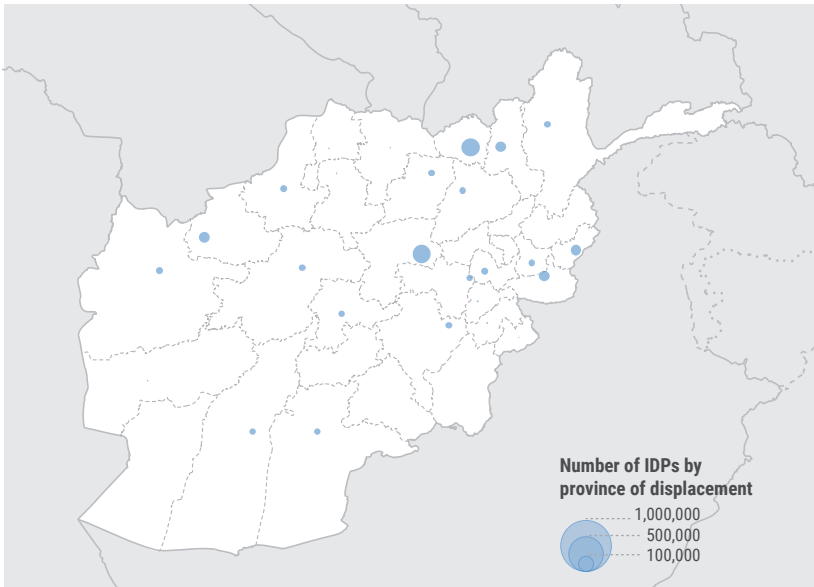
An updated Integrated Food Security Phase Classification (IPC) analysis shows that in the first quarter of 2022, a staggering 23 million people, or 55 per cent of the population, are expected to be in crisis or emergency levels of food insecurity (IPC 3 and 4). Some 8.7 million people are projected to be in IPC 4 – the highest number in the world. The fundamental drivers of food insecurity in Afghanistan include widespread poverty and economic fragility, extreme weather and climatic shocks, land degradation, and decades of conflict that have limited the spread of essential public services and safety nets. While the agricultural sector suffers from limited investment and low productivity, other economic sectors such as construction and services have declined as aid flows have slowed, and then halted almost entirely. Pervasive gender inequalities have limited women's economic opportunities, contributing to household food insecurity.

The food crisis' severity is compounded by the economic sanctions placed on Afghanistan after the change in government in August 2021. The economy has gone into free-fall with the disruption to markets, financial and trade mechanisms, the freezing of USD 9.5 billion in central bank reserves, loans and the sudden drop in direct aid. This has led to GDP contracting by an estimated 40 per cent. The

economic crisis has meant that 4.9 million people in urban areas are acutely food insecure.

Rural areas, and particularly farming and livestock rearing households, have been hard hit by the 2020-21 drought, the worst in 27 years. The drought is estimated to have caused a deficit of up to 3 million MT of wheat in the country.³¹ This is devastating to many households still reeling from the crippling effects of the 2018-19 drought who have not had the opportunity to recover, given the cumulative impacts of war and chronic poverty. Even after harvest, 57 per cent of households assessed in in the 2021 Seasonal Food Security Assessment (SFSA) reported not having food reserves that would last for three months.³² People's food consumption has visibly declined with the proportion of households falling into the "poor" category of the Food consumption score (FCS), which nearly tripled from 2020 (14 per cent) to 2021 (close to 40 per cent) across all population groups.³³ Despite widespread food support, limited assistance packages provided over the past years of increasing food insecurity were also seen to not have mitigated people's food insecurity to the extent hoped. The 2020-2021 Winterisation post-distribution monitoring (PDM) report shows that around half of people who received food assistance during winter still had poor FCS. Similarly, the COVID-19 end-line PDM shows that 80 per cent of households had poor FCS even after receiving assistance, highlighting the depths of the food deficit.³⁴

In urban areas, blanket income loss and evaporation of savings (across all wealth quintiles) has contributed to the rapid deterioration in food security and livelihoods. Ten out of the eleven most densely populated urban areas are anticipated to be in IPC 4. On average, no population group had a positive income in 2021, and households have reported carrying higher debt loads this year – more than six times the average of monthly income.³⁵ At the same time, the average food basket cost has increased by 22 per cent between June and October 2021 alone,³⁶ and is likely to increase even further with the current economic crisis, inflation and cash restrictions Afghanistan is facing. As the cost of food increases, households are likely to either procure less food (leading to greater food insecurity and malnutrition) or increase debt to survive.

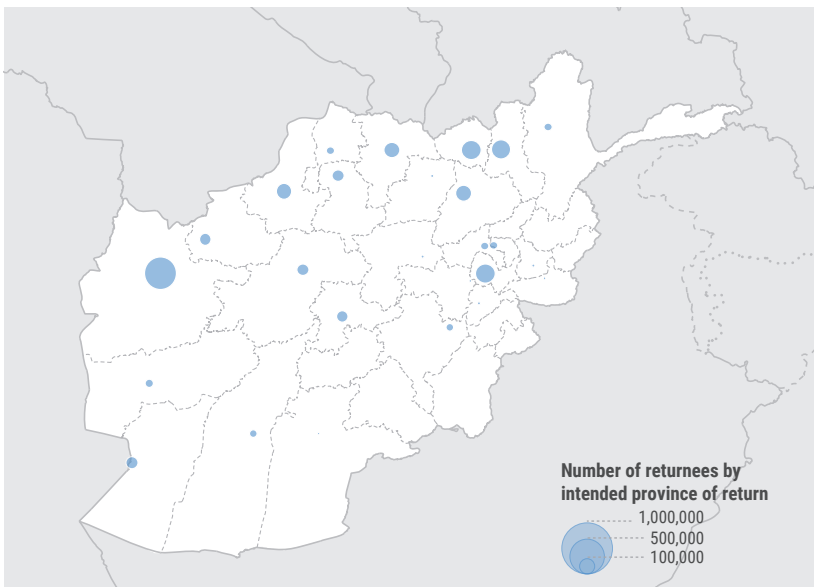


Impact on people: internal displacement

698,000

people newly displaced in 2021

Source: OCHA DTS, as of 27 December 2021

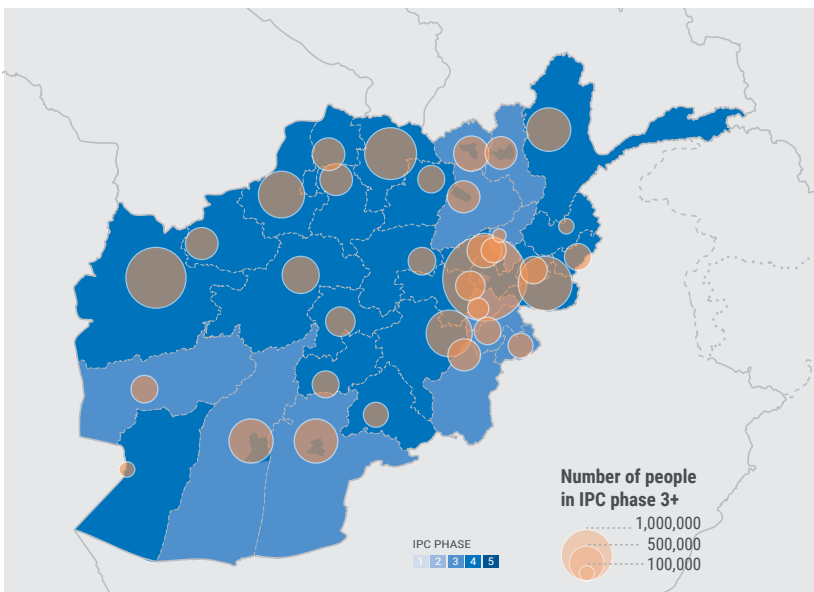


Impact on people: cross-border returns

1,200,000

returnees from Iran and Pakistan in 2021

Source: IOM, UNHCR, as of 5 December 2021



Impact on people: food insecurity

22,814,000

people facing 'emergency' or 'crisis' levels of food insecurity

Source: IPC Analysis for November 2021 - March 2022

According to the 2021 SFSA, 37 per cent of households adopted 'emergency' livelihood coping strategies – such as selling land or other productive assets, often irreversible in nature – to cover gaps in food consumption. According to the 2021 WoA Assessment, drought-affected households reported heightened reliance on extreme coping strategies compared to non-drought affected households.³⁷

Additionally, the recent conflict coupled with the political change has come with economical and financial uncertainties that has negatively affected nutrition systems. The pausing of development funding to the health system is likely to impact negatively on coverage of health and nutrition interventions. The Basic Package of Health Services (BPHS) programme previously accounted for more than 80 per cent of Community-based Management of Acute Malnutrition (CMAM) intervention reach. A health system collapse and reduced dietary intake (as a result of food insecurity) will not only contribute to higher morbidity rates related to malnutrition but also leave 1.1 million acutely malnourished children under the age of five years without access to treatment services. Based on published literature³⁸ the cluster further estimates that between 106,000 to 131,000 children among those left behind could die in the course of the year if no action is taken.

Climate and Disasters: Drought and Floods

A national drought was officially declared in June 2021, the worst for more than three decades. 80 per cent of the country is now suffering either severe or serious drought. This historic drought with exceptionally low precipitation below normal in 2020-2021 has added to a long silent crisis. Even the aquifers in the central region were affected by the water scarcity crisis touching two-third of the country with the diminution of the water levels resulting in the drying up of hand-dug wells, springs, kariz, boreholes and streams.

Findings from the 2021 WoA confirmed drought as the third most frequently reportedly experienced shock with 39 per cent of all households, reporting so.³⁹ More specifically, the west was one of the hardest hit areas with 94 per cent of households in Farah, 86 per cent in Ghor, 76 per cent in Hirat and 74 per cent in Badghis reporting being affected by drought. A large proportion

of households in Paktika (94 per cent) and Daykundi (94 per cent) also report being affected by drought.

Due to poor pastures conditions and high fodder prices driven by drought, over three million livestock are also estimated to be at critical risk during winter.⁴⁰ This has already seen to have resulted in increased distress livestock sales. The outlook remains grim with some 92 per cent of farmers reporting lack of wheat seeds for the next planting, while 83 per cent faced difficulties in cultivation and another 64 per cent faced challenges in raising livestock.⁴¹

In addition to grain deficits and livestock deaths in both rainfed and irrigated areas, the dry-spell induced drought in 2021 has added to the silent water crisis with two-third of the country affected.

Climate change has resulted in declining precipitation, putting additional pressure on water resources already strained from population growth (for example in the densely populated cities of Kabul, Kandahar and Hirat where 66 per cent of country's urban population live). Groundwater levels have progressively lowered across the country – in Kabul going from eight meters below land in 2003 to 45 meters in 2021.⁴²

In addition to the drought, more than 29,000 people in 13 provinces were affected by other natural disasters – mostly floods – throughout Afghanistan in the first eight months of 2021.

Disease Outbreaks

Infectious diseases, poor maternal and neonatal health, and malnutrition still cause substantial mortality and morbidity in Afghanistan. While non-communicable diseases already constitute a third of all deaths in Afghanistan, the largest proportion of deaths (42.6 per cent) is caused by communicable, maternal, prenatal, and nutrition conditions.⁴³ Women and children are reported to have poor access to health-care, driving maternal and child mortality. Afghanistan is also prone to malaria and has the world's third highest burden. Over 76 per cent of the population live in at-risk areas, especially in the east.⁴⁴ In 2021, four case of wild polio virus and 43 vaccine-derived poliovirus type 2 were also reported in the country. Further restrictions on door-to-door vaccination campaigns are expected to further exacerbate this issue in 2022.

COVID-19 continues to be a serious threat in Afghanistan. Different waves of the pandemic have torn through the country with arrival of new variants and poor preventative measures in place. As of 5 December 2021, more than 157,000 COVID-19 cases were confirmed across Afghanistan and some 7,312 deaths were reported.⁴⁵ Only 11 per cent of the population is vaccinated against the virus, with vaccination levels among women a particular concern.⁴⁶ The 2021 WoA Assessment found that 65 per cent of households reported experiencing

COVID-19 as an event and among these, 72 per cent reported diminished or lost income as a result.⁴⁷

The country is also grappling with an ongoing acute watery diarrhoea (AWD), Measles and Dengue Fever outbreak. From January to November 2021, more than 4,200 cases of AWD, 300 cases of Dengue Fever and 24,000 cases of measles were reported across the country.⁴⁸ This is partly fuelled by people's inability to access safe water.

Impact on systems and services

Collapse of development funded basic services

Some 70 per cent of the previous Government's civil/non-military budget was sourced from international development funding. Much of the development funding has ceased following the takeover by the de facto authorities. In light of recent changes, all basic services are at risk of being severed without continuity or appropriate replacement systems to maintain funding for basic services.

Without a quick re-establishment of service systems and sustainable funding for those systems, basic health, education, water and other services are at risk of collapse and expected to drive the 45 per cent of the country who are not yet in humanitarian need into a rapidly increasing crisis.

Impact on Health and Nutrition Systems

In the past two years, the COVID-19 pandemic had contributed to disruptions in access to health services, leading to a fall in in-patient admissions by 50 per cent in 2020.⁴⁹ While admission rates have since picked up, people's ability to access healthcare largely remained crippled – initially by active conflict and subsequently by cracks in the public health system coverage.

Even prior to the Taliban takeover, the health system was under duress from the high-tempo conflict that particularly intensified between May and July 2021. In the first nine months of 2021, direct attacks were recorded against 43 health facilities across 16 provinces in the country. This affected the access of some 300,000 people and led to 360,000

consultations to be missed. Some 19 per cent of the households assessed in the WoA Assessment⁵⁰ reported not having an active health centre in or close to their village. While health needs in rural areas had historically been higher, access to health services continued to decline in these areas.

The events of 15 August and the governance changes in the country has, most concerningly, created risks in ruptures in basic health-care provision across the country. Public sector health-care in the country consisted of more than 3,500 health facilities ranging from health center to provincial and regional hospitals. This was largely supported through international development funding channelled via the previous Government's Ministry of Health who subcontracted implementing NGOs to run health.

Without a clear way forward on how development financing can be channelled in the future, the majority of health facilities – upon which humanitarian health and nutrition services are delivered – are at risk of collapse.

Already, the geographic distribution of health facilities in the country has been uneven and insufficient to meet needs.⁵¹ Health facilities, including secondary and tertiary structures, are often understaffed, under-trained, and under-resourced. People's access to health-care is especially affected in rural areas.⁵² Afghanistan faces critical shortage of human resources for health with the second lowest health workforce density in the Eastern Mediterranean Region as of 2020, with 8.7 physicians, nurses and

midwives per 10,000 population. The most qualified health workers are in urban areas and are serving only 23 per cent⁵³ of the population. According to the 2021 WOA, the most commonly reported barriers for accessing health care facilities in 2021 were: not being able to afford treatment (25 per cent), unavailability of medicines or treatment (23 per cent) and non-functional health facilities (19 per cent).⁵⁴

A functionality assessment for static health facilities across the country conducted by WHO in September 2021 found only 17 per cent of health facilities were fully functional. This had improved by mid-November 2021, where 41 per cent of health facilities were fully functional and 58 per cent partially functional and less than 1 per cent were closed. Out of the 24 Physical Rehabilitation Centres (PRCs) in the country, 13 were fully functional as of mid-November, seven were semi-functional and four were temporarily closed. However, PRCs are usually located at provincial level, thus often unable to meet the needs of the population, particularly for those located in hard-to-reach and rural areas. Improvement in functionality was largely due to a temporary lifeline that was extended through rapid global funding channels. The suspension in funding has also impacted on the COVID-19 response with the closure of eight COVID-19 treatment centres/hospitals out of 39. The remaining 31 were only partially functioning due to disruptions in salary payments and other support. The events of 15 August and subsequent closure of most commercial land and air routes have also disrupted the scheduled import of critical pharmaceutical supplies.

Sixty-five per cent of key informants (18 respondents) of a perception survey conducted in October 2021⁵⁵ reported that women had faced increased challenges in accessing health services in the previous month. Women with more complex health needs, such as pregnant women, have reportedly been facing major access issues. Challenges cited include fear and insecurity, mobility restrictions (use of mahram), long distances to reach health services, lack of safe transportation for women (i.e., the need to use a private car rather than public transportation), and the lack of trained female staff.

If solutions are not found to sustain the existing health programme, the Health Cluster expects 10

maternal, 55 neonatal and 112 child deaths each day. The Nutrition Cluster further estimate that 1.1 million acutely malnourished children under the age of five years will be left without access to treatment services, hence contributing to about 106,000 to 131,000 deaths among children in the course of 2022.

Impact on Education

Children's access to education has largely been impaired by a combination of conflict, natural disaster, COVID-19, and economic decline. More recently, children's education is threatened by a near-collapse in the formal schooling system and possible bans against education for older girls.

Due to conflict, some 927 schools were destroyed, damaged or closed in the first nine months of the year, 877 of which occurred between April and June alone, at the height of active fighting. The rehabilitation of these schools is hindered by the potential presence of explosive hazards following the conflict. Already, the education of some 9.3 million had been largely interrupted since 2020 due to COVID-19 related challenges and restrictions. An estimated 4.2 million children are out of school (60 per cent are girls),⁵⁶ including children with disabilities, whose access to school is further limited by a combination of institutional, social, physical and financial barriers – children with disabilities often require personalised support and accommodation which, with very limited resources available, can rarely be guaranteed.

The flow-on effect of months of school closures due to COVID-19 and conflict escalation have also exacerbated underlying inequalities between public school and Education cluster targeted children. Households in remote and hard-to-reach areas, particularly where children's right to education is less institutionalised, may be slower to re-enrol children in schooling, as COVID-19, displacement, and conflict-related school closures may have precipitated child labour and other forms of exploitation during the last year.

Following the changes in governance of the country, children's access to education has become further impeded. The public education system is at risk of collapse as teachers' salaries – which were largely propelled by international conditional development

funding through the previous Government – remain unpaid. Moreover, the de facto authorities have suggested that the new administration is only capable of budgeting for some 30 per cent of the teaching workforce under current revenue estimates, meaning that some 10 million children may remain out of school. Changes of policy also threaten the right of all children to go to school. At the time of writing, schooling for girls has been capped to primary level in most of the provinces. All girls' schools between the grade 7 and 12 have been suspended by de facto authorities in 28 out of 34 provinces.⁵⁷ This creates the risk of reversal of gains made in education over the past two decades.

Impact on financial systems and markets

In addition to a crisis in basic services, the consequences of the current situation are resulting in a currency, trade, and banking crises. As Afghanistan's foreign financial reserves have been frozen, limitations have been imposed on people's ability to access their cash savings, carry out personal and business transactions, and access international markets.

There are grave concerns about the impact of limited in-country capital reserves on the ability of the country to import food, medicine, and other basic supplies and the ramifications of this on both the affordability and availability of critical commodities. Reduced grain production (especially in a drought year) is only expected to exacerbate the situation.⁵⁸

Some 80 per cent of Afghanistan's labour market is estimated to be in the informal sector. With reduced cash flows and limited working capital, market prices are skyrocketing, and goods are not being replenished in time. Already food and fuel prices are rising, and power generation could collapse. The usual issue of unaffordability may soon shift to commodity unavailability. The 2021 WoA Assessment shows that 59 per cent of households reported that high expense was a main barrier to accessing markets. Food basket costs are steadily rising,⁵⁹ constituting more than 82 per cent of the average household income at the time of the survey.⁶⁰

Impact on women's rights and access to services

According to the Global Citizen report on the Worst Countries for Gender Equality, Afghanistan is the worst place to be a woman.⁶¹ The impact of this complex humanitarian catastrophe is marked by gender-specific restrictions that directly impact the ability of women and girls to realise their rights. Afghan women and girls face unique vulnerabilities and risks as gender inequality is interwoven with the conflict dynamics and humanitarian needs. There are grave concerns about the roll-back on women's rights and restrictions on their participation in life and society, with impositions introduced on education, right to work and freedom of movement of girls and women.

The 2021 WoA Assessment shows that women had or perceived themselves to have less access to public spaces and services than men, with 31 per cent of female household members (interviewed across 16 provinces) reporting that at least one area in their settlement was unsafe for women and girls.⁶² Twenty-four per cent of the assessed households also reported that markets were unsafe for women and girls. Findings from a perception survey conducted in October 2021⁶³ confirm that there had been newly established rules and public announcements regarding the restriction of women's movement outside the home without male accompaniment (mahram) since August 2021. Lack or restricted freedom of movement will necessarily affect women and girls' access to services in a drastic way. This climate of fear, uncertainty and mobility restrictions on women will likely have a knock-on impact on women's mental health, their ability to work, pursue education, seek life-saving services, and to participate in public and political life. Addressing freedom of movement is an important component of addressing broader access to service challenges and a necessary condition to women's leadership and participation in decision making.

All women have the right to civil documentation, such as a Tazkira, in Afghanistan. However, the 2021 WoA found that 28 per cent of women in Afghanistan did not have a Tazkira.⁶⁴ Without this proof of identity, nationality and residency, women are inhibited from pursuing employment opportunities, accessing services and engaging politically. This negatively impacts the economic and social wellbeing of women

and their households, leading to health, protection and education needs, among others.

Furthermore, access to services and employment was frequently reported to be predicated on women being accompanied by a male relative, indicating greater access limitations, economic insecurity, and infringement of rights for female-headed households.

The recent leadership transitions in the country and the unfolding implications on basic services, markets and social structures have led to further protection risks to vulnerable people, especially women, children, and people with disabilities.⁶⁵ GBV remains widespread in Afghanistan⁶⁶ in the current context. Intimate partner violence, child early and forced marriage and 'honor'

killings remain prevalent.⁶⁷ Incidents of violence and harmful practices are drastically under-reported.

The restriction on women's participation in the economy will also have a broader economic impact contributing to increased poverty and humanitarian need across the country. A UNDP report has found that restricting female employment may inflict an immediate economic loss of between 3 to 5 per cent of GDP). The expected loss of output could be an underestimate, as it ignores the adverse effects on productivity from the acute gender segregation in employment that restricts women from working in certain sectors and positions and thereby reduces their productivity and limiting their potential contribution to the economy.⁶⁸

Impact on humanitarian access

Afghanistan continues to be a challenging access and security environment for humanitarians. By December 2021, some 2,050 access related challenges were recorded, a staggering increase as compared to 1,104 access constraints reported throughout 2020 and a five-fold rise from figures in 2019 (444).⁶⁹ These access incidents include interference in programming, ongoing fighting/military operations and kinetic activity, movement restrictions, violence/threats against humanitarian personnel/assets/facilities, levy requests and interferences in staff recruitment and beneficiary selection. The most frequently recorded constraint remains active interference on humanitarian programming. The increase in access incidents in the second quarter of the year was mainly attributed to a deterioration in the security environment, with kinetic activity and military operations impeding humanitarian access.

Humanitarians continue to face direct interference in their work. Majority of interferences experienced comprised interference with programming, followed by interferences with staff recruitment and beneficiary selection. This has affected critical humanitarian work. An OCHA rapid capacity survey conducted in October 2021⁷⁰ shows that 54 per cent of partners reported having paused or suspended programmes, with about 40 per cent of these attributing the stoppage to

inconsistent messaging and interference by de facto authorities in their work.

Eighty-two per cent of partners have noted an impact on programme delivery since 12 August due to changes in the operating environment, up from 74 per cent in the last survey in September. Of those partners who reported an impact on programme delivery, more than half (54 per cent) of their programmes were either suspended or hibernated, down from 62 per cent in the last survey.

Humanitarians also experienced attempts by de facto authorities to restrict or otherwise determine suitable activities for female staff. This has been a point of alarm and advocacy given that the safe, unrestricted engagement of female staff in humanitarian activities remains essential to deliver timely and lifesaving services for Afghan women and girls.

2021 has also seen one the deadliest periods for humanitarians since recording began. Between 1 January and 14 December 2021, at least 36 aid workers were killed, 111 injured, and 59 abducted.⁷¹ As a result of deteriorating economic conditions, criminality has also risen. For example, in October 2021 alone, there was a 42 per cent increase in criminality (e.g., theft, etc.) as compared to the preceding month.



FASL-E-BOLAN, HILMAND PROVINCE, OCTOBER 2021

Photo: OCHA/Pierre Peron

1.3 Scope of Analysis

Population Groups and Lenses of Analyses

Humanitarian need has rapidly deteriorated with more people falling into acute vulnerable conditions requiring humanitarian support to survive. While the broader categories of the populations of concern for 2022 will remain similar to 2021, new sub-groups of Afghanistan's rural and urban communities whose vulnerabilities have been aggravated by the conflict, drought and economic shocks and years of lack of recovery, have been included. The following population groups are considered for 2022:

- Internally Displaced People (only includes newly displaced in 2022)
- Shock-Affected Non-Displaced People (people newly affected by floods, winter and avalanches in 2022)
- Vulnerable People with Humanitarian Needs (including protracted IDPs and those displaced before 2022, vulnerable protracted cross border returnees, IDP returnees, people affected by economic shock and income loss)
- Cross-Border Returnees (newly returned in 2022)
- Refugees and Asylum Seekers

The simultaneous focus on those needing emergency assistance as a result of conflict and disasters, in addition to “vulnerable people with humanitarian needs” reflects the decision by the HCT in 2019 to expand the scope of humanitarian action in Afghanistan to include a wider range of people with ongoing need for support. This has been reinforced by the depth in vulnerabilities seen through the 2022 needs analysis highlighting people – in urban and rural areas – who have not traditionally been in the humanitarian caseload slipping into humanitarian need as their coping capacities have been exhausted.

Given the scope of needs broadening with threats to ruptures in basic services in 2022 and the dedicated

focus required to articulate these needs, the 2022 HNO will not include reference to people (outside the scope of humanitarian planning) who will be in need of broader assistance from development actors. These needs and urgent investments required to maintain basic services and support to social systems necessary to avert a catastrophe will be outlined in a separate document – the Transitional Engagement Framework – which will be launched in tandem with the 2022 Humanitarian Response Plan (HRP). This will underscore the focus required to maintain critical services necessary to meet basic human needs in tandem with a more comprehensive package of urgent measures to address humanitarian need.

Scope of Analysis Matrix

	POPULATION GROUPS				
	NEW INTERNALLY DISPLACED PEOPLE IN 2022	NEW CROSS-BORDER RETURNEES IN 2022	SHOCK-AFFECTED NON-DISPLACED PEOPLE	VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES & ASYLUM SEEKERS
CAPITAL	Yes	Yes	Yes	Yes	Yes
CENTRAL HIGHLAND	Yes	Yes	Yes	Yes	No
EASTERN	Yes	Yes	Yes	Yes	No
NORTH-EASTERN	Yes	Yes	Yes	Yes	No
NORTHERN	Yes	Yes	Yes	Yes	No
SOUTH EASTERN	Yes	Yes	Yes	Yes	Yes
SOUTHERN	Yes	Yes	Yes	Yes	No
WESTERN	Yes	Yes	Yes	Yes	No



KANDAHAR, OCTOBER 2021

Photo: OCHA/Pierre Peron

1.4

Humanitarian Conditions and Severity of Needs

Overall needs analysis

Given the broad scope and depth of need nationwide, there is significant commonality of humanitarian conditions between the population groups. As such, the conditions of the nearly 24.4 million people – 55 per cent of the country – that fall into the “vulnerable people with acute humanitarian needs” and “Shock-affected non-displaced” (which primarily refers to people impacted by sudden-onset natural disasters), are widely reflective of the baseline conditions for all vulnerable people affected by humanitarian shock in the country. Within this wider group, the other population groups of concern have specific vulnerabilities that will be articulated where they

vary from the wider set of humanitarian needs in the majority of the population.

These five population groups have been articulated to support people in need (PiN) calculations and facilitate enhanced reporting. HNO needs figures are disaggregated and analysed in a number of ways including through the following lenses: sectoral needs, protection risks, inter-sectoral needs, severity and geographic spread of needs, specific needs of men, women, boys and girls across diversities ensuring inclusion of the most marginalised including persons with disabilities, the elderly, pregnant and lactating

women, and persons with mental health issues. Disaggregated data is provided where available.







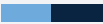



The intensification of the conflict through August 2021, a consecutive year of drought, other natural disasters, COVID-19 and the broad-based economic crisis following the collapse of the Government has tipped many people from extreme poverty into outright catastrophe. With coping mechanisms and safety nets

largely exhausted – as previous HNOs have warned – the collapse of basic services and development programming since August has pushed a large number of people reliant on development assistance into crisis. At the same time the majority of the remainder of the country requires the continuation and restoration of basic services to prevent them from slipping into humanitarian need.

Most vulnerable groups

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	ASSOCIATED FACTORS	LOCATIONS
New IDPs in 2022	504k	-	-	309k	195k	Conflict, natural disasters	All provinces
New cross-border returnees in 2022	785k	-	-	470k	315k	Economic factors, COVID-19, protection environment	All provinces
Shock-affected non-displaced people	150k	-	-	91k	59k	Natural disasters	All provinces
Vulnerable people with humanitarian needs	23.2m	6.3m	12.2m	14.3m	8.9m	Food insecurity & deteriorating livelihoods, malnutrition and access to services, debt, natural disasters	All provinces
Refugees and asylum seekers	72k	-	-	51k	21k	Protection concerns, lack of durable solutions, food insecurity and access to services	Khost, Paktika

MOST VULNERABLE GROUPS

POPULATION GROUP	BY GENDER WOMEN MEN (%)	BY AGE CHILDREN ADULTS ELDERLY (%)
New IDPs in 2022	48 52 	62 36 2 
New cross-border returnees in 2022	24 76 	32 64 4 
Shock-affected non-displaced people	49 51 	54 43 3 
Vulnerable people with humanitarian needs	49 51 	54 43 3 
Refugees and asylum seekers	51 49 	59 38 2 

People newly displaced in 2022



A total of 5.5 million people in Afghanistan have been displaced since 2012.⁷² By December 2021, 690,000 people had newly been displaced due to conflict across almost all provinces of which 80 per cent are women and children according to UNHCR,⁷³ with particularly high displacement in Kunduz, Bamiyan, Kabul and Badghis.⁷⁴ Most people were displaced to provincial or urban areas adding additional strain on saturated labour markets and essential services and systems, including electricity, water, shelter and access to sanitation. July 2021 registered the highest number of newly conflict-induced displaced persons in the past ten years with more than 253,450. While humanitarian actors managed to assist 360,442 people, about 46 per cent of conflict-induced displaced populations had not received any assistance, continuing to drive needs in 2022. At the same time, an estimated 170,000 newly displaced people returned to their places of origin (homes), where basic and essential services and facilities (including homes) are either completely destroyed and or damaged and need urgent assistance to rebuild their lives.

In 2022, humanitarians project 504,000 people will be newly displaced. Based on the change in context, the drivers, patterns and impact of internal displacements and population movements are expected to alter from 2021 to 2022 with impact of the drought on living conditions and livelihoods, the consequences of the economic crisis and conflict are expected to be the main drivers. Of these, continued drought impacts are predicted to displace 284,500 people, mostly in Hirat, Hilmand and Badghis, while other drivers are expected to increase displacement in Kabul and Kandahar.

While newly displaced people share needs and have similar living conditions with other vulnerable populations, the following section sets out additional conditions, needs and coping mechanisms.

Physical and mental well-being

In 2022, most IDP households fled conflict and reported a variety of needs impacting their safety and well-being, including trauma, mental health needs and other protection concerns. Assessments show worse food security scores⁷⁵ among recently displaced IDP households than any other population category in Afghanistan⁷⁶ with 60 per cent of households struggling to obtain food within the month prior to data collection.⁷⁷ According to the IPC analysis, 42 per cent of urban IDPs have a poor and 36 per cent have a borderline food consumption score and a very low level of income, far below the cost of a basic food basket. Due to the severity of the conflict, most of the livelihood assets of IDPs have been either looted, sold at very meagre prices or, in the case of livestock, lost. Therefore, in the absence of agriculture and livestock-based livelihoods and with no urban labour skills, they are left with almost no livelihood options in their new environment. In addition, the arrival of IDPs increases the pressure on the local job market, reduces wages and adds strain on infrastructure, ultimately risking to fuel tensions and conflict with the local population.

The majority of newly displaced people fled conflict, which often resulted in trauma and mental health issues. They remain exposed to a variety of protection risks, such as explosive hazards in or near their communities and emerging IDP settings.⁷⁸ According to WHO, many will be left with life-long disabilities,

requiring post-operative care, MHPSS, rehabilitation and prosthetics.⁷⁹ IDPs are more exposed to protection concerns than other population groups, with 56 per cent reporting at least one traumatic incident within the household, which is the highest rate among surveyed groups.⁸⁰ The rapid uprooting did not allow women and girls to flee rapidly without being able to collect the necessary items to respond to their specific needs.

Living conditions

Due to their uprooting and significant displacement to urban areas, recent IDPs tend to reside in poorly constructed shelter, face disproportionate shelter, education and WASH needs and are cut-off their regular nutrition and health service provision. According to WoA assessment findings, 53 per cent of IDP households reported shelter as one of the top three priority needs (compared to 39 per cent cross-border returnees and 26 per cent host communities). In addition, 85 per cent of IDP households reported at least one shelter issue, with 45 per cent reporting leaks during heavy rain and 32 per cent reporting a lack of insulation, with 43 per cent of the IDP population needing shelter repairs and upgrades, although host communities had similar challenges showing the broad based need for shelter repairs.⁸¹ A study on local architecture practices in Afghanistan by REACH Initiative found the most housing materials were inherited from generation to generation, making the process of constructing or repair shelters by IDP households significantly more difficult than for non-displaced.⁸²

Due to high displacement flows to urban areas, IDPs are exposed to insufficient shelter, insecure rental agreements and tend to spend more than twice the amount on rent than host communities,⁸³ further exacerbating their vulnerability and ability to cater for other needs. Thirty-nine per cent of recent IDP households reported either a verbal tenancy or no tenancy agreement for their shelter.⁸⁴ While reported incidents of evictions remain low, there is a significant risk of IDPs losing shelter and thereby increasing protection needs. For example, an early 2021 unpublished assessment by NRC in Kunduz

province found that 50 per cent of respondents had faced forced eviction in the last two years; and another unpublished 2021 assessment by NRC in Hirat province indicated that about 62 per cent of residents in IDP settlements had faced forced eviction, rendering IDPs more vulnerable, particularly in the winter. In addition, 16 per cent were found to live in either an emergency shelter (tent provided by NGO) or makeshift shelter (tent, hut, kapa, or kodai), which is insufficient to survive the winter according to the WoA Assessment.⁸⁵

IDPs have the greatest education needs across all WoA Assessment surveyed populations, including comparably lower proportions of boys and girls enrolled in school (47 per cent for boys and 39 per cent for girls) than other population groups.⁸⁶ Almost half of IDP households reported that no school-aged child (6 - 17 years) in the household was enrolled in school (compared to 36 per cent of cross-border returnee and 36 per cent of host households), leaving some 278,648 internally displaced children, including those in camps in need of emergency education support.

Newly displaced populations are disproportionately affected by WASH needs, with 79 per cent of IDP households reporting insufficient water access, being unable to meet households needs beyond drinking, washing and handwashing. In addition, IDP households were similarly more likely to rely on an unimproved latrine and to have no hand washing station,⁸⁷ further enhancing health risks. For those living in informal settlements, about 90 per cent are in need of WASH assistance.

The improved security situation is anticipated to increase the return of conflict-displaced populations to their place of origin. This is expected to drive shelter, food, livelihoods and protection needs, particularly if basic service provision and infrastructure has been compromised by conflict. Initial assessment⁸⁸ of needs among returnees highlight food and cash, WASH and immediate health needs. At the same time, reduced remittances, loss of livelihood opportunities in places of origin and loss of family support networks all add to returnees' vulnerability. Even for those that return

to their places of origin, the need for shelter repairs and upgrade and legal assistance to access their land remains high. These areas of IDP return include provinces like Kunduz, Takhar, Badakhshan, Faryab, Baghlan, Nangahar, Kunar and Badghis.

Coping mechanisms

The uprooting and move to urban areas with limited livelihood opportunities drives the use of negative coping mechanisms. Among the recently displaced

IDP households, 90 per cent were impacted by conflict, 89 per cent of which reported diminished or lost source of income affected by conflict, and 54 per cent reported reduced access to food, exacerbating socio-economic vulnerabilities, protection concerns and driving food, shelter and livelihood needs.⁸⁹ A worrying 13 per cent of recent IDP households reported engaging in high-risk activities to obtain food in the 30 days prior.⁹⁰



KANDAHAR, NOVEMBER 2021

This internally displaced child lives among many other vulnerable displaced families along the Afghanistan-Pakistan border. Photo: OCHA/Sayed Habib Bidell

Cross-border returnees in 2022



Since January 2021, some 1.2 million deportees and undocumented returnees and 1,300 refugees returned to Afghanistan, mostly from Iran and Pakistan.⁹¹ According to IOM DTM, undocumented returnees and deportees from Iran and Pakistan returned mostly to Kandahar, Kabul, Hirat and Hilmand. While in some districts the majority of people returned voluntarily to their homes, like in Spin Boldak and Torkham, the number of involuntary returnees and deportees from Iran has increased since the beginning of the year, representing 71 per cent of cross-border returnees in November.⁹² In this vein, the WoA Assessment found that 40 per cent of recent returnees were forced to leave by the host country, representing the most frequent primary push factor, followed by unemployment and poverty (26 per cent)⁹³ - which indicates that returnee households may be especially socio-economically vulnerable upon return to Afghanistan.

Cross border movement will remain a significant humanitarian challenge in 2022 with a projected 785,400 undocumented returnees and refugees returning to Afghanistan, mostly from Iran and Pakistan, requiring humanitarian assistance. There is, however, a pendular movement of deported persons again returning to neighbouring countries. IOM suggests that there will be 78,830 undocumented returnees from Pakistan directed towards Kandahar and Kunduz and another 606,570 people from Iran, mostly towards Hirat, Kunduz, Nimroz and Takhar. IOM assessment data shows that 121,000 (20 per cent) of returnees from Iran will need humanitarian assistance.

Based on the differences in their socio-economic status, demographic and destination, refugee returnees, undocumented returnees and deportees report distinctly different needs. However, they face similar underlying challenges related to the limited absorption capacity of basic services and infrastructure, slow progress on land allocation and lack of economic opportunities coupled with uncertain political prospect in Afghanistan, which remain key concerns in relation to sustainable reintegration of returnees.

Physical and mental well-being

According to the WoA Assessment, almost all cross-border returnees have been exposed to shocks in the past year, particularly COVID-19 (75 per cent) and active conflict (71 per cent). Eighty-eight (88 per cent) of cross-border returnee households reported food as a priority need and more than half of cross-border returnee households (57 per cent) reportedly struggled to obtain or afford food. Returnees are expected to face significant food needs.⁹⁴

In addition, undocumented returnees and deportees face significant protection and assistance needs, compounded by their vulnerable socio-economic and shelter situation. This continues to drive GBV risks, with just under half of cross-border returnee households reported at least one place that was unsafe for women and girls (43 per cent).⁹⁵ Also, unaccompanied children and single women faced heightened risks upon return to Afghanistan especially due to lack of access to essential services and safe onward transport to their final destination.⁹⁶

Undocumented returnees and deportees face critical health and protection needs, including severe injuries sustained from razor wire, gunshot wounds and car accidents whilst attempting to cross the border. This group of persons may also include persons who were not able to claim international protection, even though they may have wished to do so. Deprivation of basic services, violence and coercion such as forced recruitment are all threats forcing undocumented returnees to move again through unsafe and irregular pathways.⁹⁷ For those undocumented persons, protection risks have escalated as outward movement picked up pace through unofficial crossing points with particular focus on Nimroz, Hirat and Kandahar provinces as a departure point. The record numbers of undocumented returnees continue to strain resources at Afghanistan's official borders, creating worrying downstream impacts for families who rely on remittances to survive. A sharp rise in outward irregular migration abroad is also creating trafficking and other protection risks to vulnerable people, particularly women, children and elderly.

Mine action awareness needs are predicted to remain high in the upcoming year as many returnees may not be familiar with the risks around unexploded ordnance as they return to rural areas and engage in coping mechanisms like scrap metal or firewood collection. As 33 out of 34 provinces have extant explosive ordnance located across 253 districts, affecting more than 1,500 communities, as well as more recent contamination this is a broad-based risk for almost all returnees.⁹⁸

The combination of these factors drives mental health needs – 72 per cent of cross-border returnee households reported at least one behavioural change. However, 82 per cent of cross-border returnee households were unaware of any mental health and psychological support services (MHPSS) in or near their community. Disconcertingly, 40 per cent of cross-border returnee households reported that at least one male household member was engaging in more angry/aggressive behaviour, increasing GBV risks. The primary reported causes for behavioural changes, across age and gender among cross-border returnee households, was poverty and family

issues - indicating that socio-economic stress may be driving MHPSS need.⁹⁹

Living conditions

Cross-border returnees face significant humanitarian needs and often struggle to access basic services due to their vulnerable socio-economic situation, lack of civil documentation¹⁰⁰ and a precarious shelter situation.

WoA Assessment findings suggest that a significant proportion of cross-border returnees may have greater health related needs than other populations. Sixty-three per cent (63 per cent) of assessed cross-border returnee households reported healthcare as one of the top three priority needs (compared to 48 per cent IDP households and 54 per cent host households) while reporting at the same time the highest expenditure on healthcare (3,005 AFN, compared to 1,903 AFN among IDP households and 2,094 AFN among host households). In addition, access to health and nutrition services have been compromised. 78 per cent of cross-border returnees stated that they did not have access to nutrition services in the past 3 months largely due to non-availability of this facility.¹⁰¹

While returnees were found to largely live in non-permanent, non-robust shelters (62 per cent) they remain highly vulnerable to winter conditions, as half of the returnee households continue to face lack of insulation and 39 per cent reported leaks during heavy rain. Similarly, 48 per cent of returnees rely on wood and bushes and 12 per cent reported relying on animal dung/waste as primary heating source suggesting they are poorly prepared for the winter. Cross-border returnees are specifically ill-prepared for the winter months with 49 per cent stated that they did not have winter clothing and 63 per cent stated that they have inadequate heating sources. Amongst the various sources of energy, none reported having access to electricity.¹⁰²

Access to education for cross-border returnees has been compromised, with 36 per cent of cross-border returnees stating that at least one child in the household (ages 6 to 17 years) were not enrolled in any

formal school in the past 6 months.¹⁰³ In 2022, 225,276 returnee children are expected to face education needs. Barriers to education for returnees and deportees vary across gender. While most families indicated that schools were either closed due to the COVID-19 pandemic (40 per cent boys and 33 per cent girls) or too far (8 per cent for boys and 8 per cent girls), boys were taken out of school more often to earn money (13 per cent boys and 2 per cent girls), while more girls did not attend school due to cultural reasons (2 per cent boys vs 13 per cent girls) or because they were given in marriage (2 per cent girls).¹⁰⁴

Returnees crossing the border from Iran and Pakistan have little access to water, sanitation and hygiene services. Continuously high predicted returns will increase the need for water, sanitation and hygiene promotion support, not only at the cross-border points, but also when back to their households of origin or other places of settlement.

Coping mechanisms

Due to their specific shelter, food and health expenses, and a general lack of income opportunities affecting

the country, the economic situation of cross-border returnees is dire. Although cross-border returnee households were found to have the highest average income, they also had the largest average monthly negative net income at -3,538 AFN (compared to -2,119 AFN for IDP households and -2,221 AFN for host households) reflecting that they had the highest average monthly expenditures at 11,871 AFN (versus 9,742 AFN for IDP households and 10,036 AFN for host households).¹⁰⁵

Reported negative coping strategies to obtain food or money to buy food included spending savings (67 per cent), selling household assets (42 per cent), and decreased healthcare/education expenses (34 per cent). Disconcertingly, 24 per cent of returnee households reported sending children to work and 19 per cent reported engaging in high-risk activities - indicating that a significant minority of cross-border returnee households are relying on negative coping strategies that directly contribute to protection needs.¹⁰⁶

Vulnerable people with acute humanitarian needs



*Above figures also include people affected by natural hazards and shocks not resulting in displacement

Conflict and violence

2021 has seen multiple complex dynamics coincide to produce unprecedented levels of humanitarian need in Afghanistan. As noted above, according to UNAMA, the total number of civilians killed and injured increased by 47 per cent compared with the first half of 2020, reversing the trend of the past four years of decreasing civilian casualties in the first six months of the year. Record numbers of girls and women killed and injured, as well as record numbers of overall child casualties. Compared with the first six months of 2020, the number of civilian female children (girls) and female adults (women) killed and injured each nearly doubled. Male child (boy) civilian casualties increased by 36 per cent, and adult male (men) civilian casualties increased by 35 per cent.¹⁰⁷ On at least one occasion children were deliberately targeted, including the 8 May attack outside the Sayed ul-Shuhada school in Kabul city, which resulted in more than 300 civilian casualties, mostly girls and young women.

As violence and complex attacks continue, trauma injuries caused by a variety of dangers including suicide attacks, landmines and others, are leaving people with life-long disabilities, requiring post-operative care, MHPSS, rehabilitation and prosthetics.

During the first six months of 2021, and in comparison, with the same period last year, UNAMA documented a nearly threefold increase in civilian casualties resulting from the use of non-suicide improvised explosive devices (IEDs) by Anti-Government Elements. This was the most civilian casualties caused by non-suicide IEDs in the first six months of a year since UNAMA

began systematic documentation of civilian casualties in Afghanistan in 2009.

Civilian casualties from ground engagements, attributed mainly to the Taliban and Afghan national security forces, also increased significantly. Targeted killings by Anti-Government Elements continued at similarly high levels. Airstrikes by Pro-Government Forces caused increased numbers of civilian casualties, mainly attributed to the Afghan Air Force.

Post-August, as direct conflict declined, the main drivers of humanitarian needs affecting physical and mental well-being are the lack of adequate food and water, driving millions into crisis.

The legacy of years of conflict remains fundamentally unaddressed. Afghanistan has one of the highest levels of explosive hazard contamination in the world and the country suffers from legacy explosives contamination, with children disproportionately impacted.¹⁰⁸ In the 2021 WoA Assessment, 17 per cent of the assessed households indicated that explosive ordnance from the conflict negatively impact their livelihood opportunities. Furthermore, respondents indicated that household members were subject to violence of explosive hazards, including 19 per cent for men, 14 per for boys, 13 per cent for women, and 11 per cent for girls.¹⁰⁹

The scale of violence and protection risks for children in Afghanistan is on the rise. Girls and boys continue to be affected by conflict, displacement, disrupted community and social supports, and limited safe access to essential services, which has exacerbated

already existing levels of violence, abuse, exploitation, and family separation. With 68 abductions and 78 reported incidents of child recruitment into armed forces or groups in the last year, the safety, wellbeing, and proper development of children is negatively impacted.¹¹⁰ The conflict has profoundly affected children's physical and psychosocial wellbeing. During the first half of 2021, children made up one third of civilian casualties according to reports from the Monitoring and Reporting Mechanism (MRM).

Food security and malnutrition

It is likely that household food access between the end of winter and the following spring season will further deteriorate due to the continuing La Niña climatic episode bringing below-average winter precipitation for the second consecutive year, the impact of high food prices, sanctions on the de facto authorities, growing unemployment and possibly increased displacement. An estimated 8.7 million people in Emergency (IPC Phase 4) and 14 million people in Crisis (IPC Phase 3) require urgent action to save their lives, reduce food gaps and protect their livelihoods.

Almost all the SFSA 2021 outcome indicators confirmed that the food security situation has severely deteriorated. 92 per cent of farmers reported a lack of wheat seeds for the next planting. As a key food insecurity driver in urban areas, income has reduced for 97 per cent of households in 11 main urban domains. Furthermore, FAO collected additional data during August and September 2021 using a household survey to assess impact of multiple shocks on rural livelihoods. The survey highlights that while conflict has affected 40 per cent of households analysed, the most-frequently reported shocks by rural households were drought and soaring food prices. As the conflict in the country was unfolding Afghan farmers and livestock keepers were already suffering from the impacts of a drought and intensified conflict that hit the country during the main 2020-21 agricultural season – between June and August 40 per cent of the farming households in the country faced disaster or crisis affecting their ability to raise income and/or to produce food for their own consumption. Many are still reeling from the crippling effects of the 2018-19

drought and have not had the time, resources, or opportunity to recover, given the cumulative impacts of war and chronic poverty.¹¹¹

The massive increase in food insecurity, the precariousness of the socio-economic and political situation, decades of conflict and displacement, droughts, COVID-19 pandemic, and unaddressed nutritional needs in the past years have combined to drive a surge in acute malnutrition amongst vulnerable populations. An estimated 4.7 million people will suffer from acute malnutrition in 2022, an increase of 21 per cent from 2021, including 1,078,804 children with severe acute malnutrition (SAM), 2,807,452 children with moderate acute malnutrition (MAM), and 836,657 pregnant and lactating women (PLW) with acute malnutrition.

Despite the significant increase in the absolute number of children who received treatment for acute malnutrition over the past years, largely due to increased number of facilities (from 1,028 in 2017 to 1,411 in 2021), a large proportion of children remain without access to nutrition services, essentially because of limited access. For example, the percentage of SAM cases admitted for treatment out of the projected number of children in need of SAM treatment stood at 41 per cent, 51 per cent, 50 per cent and 40 per cent in 2017, 2018, 2019 and 2020, respectively, and 25 per cent, 30 per cent, 29 per cent, and 34 per cent for MAM. 85 per cent of assessed households reported a barrier to nutrition services.¹¹² Reasons for limited achievements include that 38 per cent of the health centres do not provide services for SAM children, 55 per cent for MAM, and barely one hundred of mobile teams have been deployed to complement the health facilities in hard-to-reach areas. In 2021, the third wave of COVID-19, the armed conflict, and the weakening of the health system have further affected capacity to reach people in need with nutrition services. Data analysis from the national HMIS/Nutrition database shows that while the number of admissions for SAM in the first semester 2021 was slightly higher than that in 2020, there was a substantial decline in the second part of the year driven by a collapse in access.

There are also gendered impacts that restrict women's ability to access nutrition and related services.¹¹³

Analysis showed that one of the main barriers for women not to access nutrition treatment services is due to Mahram's inability to accompany them to facilities.¹¹⁴

Water and sanitation

The historic drought with an exceptional below normal levels of precipitation in 2020/2021 has added to a long silent water crisis. As of mid-2021, rainfall was 41 per cent below the 2012-2019 average.¹¹⁵ Two thirds of the country are already in severe water scarcity with a projected trend of continued drought. Drought is a major driver of needs in rural populations with 46 per cent of households, according to WoA Assessment 2021, reporting drought as an event affecting communities, compared with 28 per cent in urban population. A total of 13 per cent of the assessed households in the Whole of Afghanistan reported relying on inadequate water sources.¹¹⁶ The WASH cluster has identified 14 provinces as of high priority need for WASH services, particularly water supply, due to drought with a further 18 provinces at medium priority.

The abnormal severity of the drought was first observed in the water scarce areas, such as Badghis, Ghor and Faryab provinces, with 53 per cent of the water points dried up due to the recent drought, 35 per cent water points reporting drops in water levels. Only, 35 per cent of water points had water and only at reduced levels.¹¹⁷

Aquifers in the central region have also been severely affected by the water scarcity crisis, with reduced water levels resulting in the drying up of hand-dug wells, springs, kariz, boreholes and streams. In Kabul province an increase of turbidity and salinity in drinking water was reported in June 2021 by 45 per cent of the respondent's interviewees.¹¹⁸

Recharge of aquifers has also been deeply reduced and will have longer term consequences. Hydrographs reveal that groundwater levels have progressively lowered for decades, dropping from 8 to 45 meters

in the shallow aquifers in Kabul since 2003. This has impacted both quantity and quality of the water available for drinking and domestic use, leading to the first reported cases of cholera since 2016. Concurrent to the drought impact, the WoA Assessment 2021 also found an increase of households reporting children with acute watery diarrhoea from 33 per cent to 54 per cent. Moreover, an indicative relationship between water scarce areas and where women and girls feel unsafe in accessing water points was noted – such as in Badghis province where up to 38 per cent of female household members interviewed reported that women and girls who feel unsafe in their area also feel unsafe accessing water, and where 37 per cent of households reported that they did not have access to a sufficient amount of water to meet their household needs.¹¹⁹

Since the fall of Kabul in mid-August, the drinking water supply has drastically reduced in both quantitative and qualitative aspects in cities across the country. Due to financial and bureaucratic disruptions, Urban Water Supply and Sewerage State Owned Corporation (UWASS SoC) has slowed down or outright stopped the water supply to the point that less than 20 per cent of the urban population has access to piped water in cities including Kabul, Kandahar, Hirat, Mazar Jalalabad and Kunduz. The urban water networks and the basic equipment in the water pumping stations and storage systems – such as simply the chlorine dosing pumps – are in a poor repair and system water losses are high – up to 50-60 per cent in UWASS SoC's estimate,¹²⁰ resulting in contamination from surface drainage and untreated wastewater.

The population not connected to the piped network continues to rely predominantly on groundwater, tapping into shallow aquifers via private wells, or buying from water trucks without any quality control, and at a substantial cost.

Overall, in the Whole of Afghanistan study, 35 per cent of households reported the use of unimproved sanitation facilities while 17 per cent per cent reported that they did not have a sanitation facility at all. From a key informant perspective, 54 per cent of assessed settlements reported an unimproved sanitation facility (e.g., family pit latrine without slab, open hole, bucket,

plastic bag, open defecation or other) as the most common type available.¹²¹

Most people with disabilities still face barriers to access WASH facilities – with water points and latrines either too far or with obstacles, such as slippery ramps, or lack of handrails, access for wheelchairs or easy-to-use taps for handwashing. With 16 per cent of assessed households reporting a person with disability, this poses a serious obstacle to access to safe water and sanitation for a substantial portion of the most vulnerable people.¹²²

Shelter

Whole of Afghanistan Assessment conducted in 2021 informs that 31 per cent of households impacted by conflict have lost or severely damaged their shelters. In 2022, nearly 11 million persons will be in need of adequate shelters and Non-Food Items including life-saving winter support in the form of heating items, blankets and winter clothing. Many families have lost or damaged their shelters during the conflict in 2021, requiring immediate shelter assistance including provision of emergency shelters, shelter repairs/upgrade and transitional shelter support designed and adapted to the geographical context.

Mental health

The diversity of shocks and limited access to services is also driving a mental health crisis with long-term and unpredictable consequences. At national level, 74 per cent of PU-AMI assessed households reported that at least one member in their household level has experienced behavioural change and mental health condition. In particular, women were considered more prone to suffer from problems due to cultural barriers, domestic violence, increased difficulty accessing health facilities, stigma, low coping capacity, among others.¹²³ Thirty-seven per cent of women were found to be suffering from depression, crying or hyper-vigilance compared to 30 per cent among men. Meanwhile men reported a higher proportion of suffering from excessive worry with no hope for the future (22 per cent) as compared to women (16 per cent). PU-AMI assessment result has also shown

that poverty (49 per cent for male and 41 per cent female), family issues (17 per cent male and 23 per cent female) and conflict or violence (15 per cent male and 15 per cent female) are some of the major causes behaviour changes related to mental health. Results highlighted that the prevalence of stress, depression and anxiety are higher than other troubles, as they are the most common mental health problems mentioned. Nonetheless, people also mentioned severe distress such as use of narcotics, experiencing excessive anger, epilepsy, psychosis, PTSD, personality disorder, OCD, GAD, ADHD and loss of concentration.

Psychological distress among caregivers directly affects the emotional and physical wellbeing of children in the home, impacting their needs for stability and safe, nurturing care. Major causes of distress and mental health issues include due to poverty/financial stress (37 per cent), family issues (21 per cent), and experiencing conflict and violence (18 per cent).¹²⁴

Natural hazards and shocks not resulting in displacement

Each year, freezing winter temperatures, especially in high altitude locations such as Bamiyan, Ghazni, Nuristan, Wardak and Paktya drive the need for provision of life saving winter assistance for the majority of affected persons whose shelters do not protect against the cold and who do not have the financial capability to purchase fuel and heaters to supplement their heating requirements. The lack of warm clothing, insulation, heating heightens the risk of respiratory infections, hypothermia and preventable mortality among children and the elderly are prevalent in these areas.

Recurrent natural disasters, particularly the seasonal floods that are expected in April to June, also increase the mortality and morbidity of the most vulnerable population, both directly and due to secondary impacts on shelter, WASH and livelihoods. Homes, businesses and agricultural land are often destroyed leaving households in a precarious economic situation and unable to generate the income they need, further limiting their ability to seek services. People with a disability struggle even more as they are less able to

escape from danger in the event of a natural disaster. In 2022, 150,000 people are expected to be affected by shocks and natural disasters, including flash floods, avalanches and landslides. It is projected that all the non-displaced natural disaster affected people will need multi-sectoral humanitarian assistance, with the largest group requiring some form of food or livelihood support to avoid falling into crisis.

Living standards

As the conflict intensified towards June and July, so did the looting and destruction of civilian homes, schools, clinics, electricity and mobile phone towers, city water supplies, bridges, shops, and residential apartment buildings.¹²⁵ Long-running neglect in conflict areas, targeted destruction of infrastructure during the first half of the year, followed by the collapse in funding and developmental support following the August takeover of the Government has resulted in widespread collapse of services addressing basic human needs – notably health and education.

The conflict has taken a severe toll in terms of damage to shelters - slightly more than 70 per cent of households reported living in a significantly or partially damaged or fully destroyed shelter, with provinces reportedly mostly affected by conflict (Farah, Hilmand, Kandahar) having more than 20 per cent of households living in significantly damaged shelters.¹²⁶ Considering the high cost of shelter repairs, and the already negative net income of households, reconstruction comes at a high cost that may not be affordable for most. A study on local shelter conditions and practices by REACH Initiative found most Afghan household to already have to make choices between meeting basic needs and repairing their shelters, and are unable to sustain any major shock that severely damaged or destroyed their shelter.¹²⁷ Additionally, 31 per cent of households reporting experiencing conflict, also report having loss of access to basic services, highlighting how months and years of conflict have repercussions on broader systems and the population's ability to rely on essential services.

Overall access to general services supporting basic needs has greatly diminished. Protection monitoring

reports indicate community members increasingly being denied access to services with fees (71 per cent), and discrimination or exclusion (36 per cent) cited as the top barriers. Focus group discussions carried out by Protection partners additionally cite corruption and marginalization and discrimination based on sex, disability and religion. In general, female headed households were considered the most affected.

Women's access to services has always been a challenge in Afghanistan despite various policies, campaigns and incentives to increase female participation in the social, political and economic activities. Emerging policies of the Taliban which tacitly or explicitly exclude women from participation in social, economic and political sphere along with the imposition of movement limitations further subject women to various risks by limiting their access to services and livelihood opportunities and increasing the likelihood of adopting negative coping mechanisms.

Access to health services

Among the 18.1 million people in need of health services, 3.19 million are children under 5 years of age; 3.4 million are women of reproductive age, including 348,651 women who are expected to become pregnant in 2022; 482,627 are elderly and those with early-onset chronic disease. Persons living with disabilities, an estimated 8.4 per cent of the people in need (1.5 million), as well as those with functional difficulties require specialised services and access considerations.

Given the increase in poverty, diminished access to free-of-charge health care services inclusive of an effective referral system and trauma care, further exacerbated by the suspension of development aid, may have dramatic consequences for all crisis affected people. Availability of life-saving reproductive, maternal, new born and child health services remains a critical gap in Afghanistan, resulting in maternal deaths, unintended pregnancy, sexually transmitted infections, unsafe abortion, and gender-based violence. The infant mortality rate is 46.5 per 1,000 births,¹²⁸ and a maternity mortality rate of 638 deaths per 100,000

births.¹²⁹ Pregnant women are in dire need of pre- and post-natal care, as well as access to skilled birth attendants. An estimated 20 per cent of deliveries and 20 per cent of new-borns will require life-saving emergency intervention in Afghanistan.

People in urban setting have better access to health services comparing to rural areas, however, lack of comprehensive free-of-charge treatment, inclusive of medicine and supplies, is a challenge in both rural and urban settings. Despite the different impact witnessed in the provinces, access to quality primary and secondary healthcare is a cross-cutting challenge across Afghanistan following the suspension of development programs and the challenges in resuming the activities in all health facilities that were operational before the 15 August.

According to the 2021 WoA, the most commonly reported barriers for accessing health care facilities are: not being able to afford treatment (25 per cent), unavailability of medicines or treatment (23 per cent) and functional health facilities (19 per cent).¹³⁰ Additional challenges for women were cited by key informants of the perceptions survey conducted in October, including fear and insecurity, mobility restrictions (use of mahram), long distances to reach health services, lack of safe transportation for women and lack of trained female staff. Inability to afford care forces many people to adopt negative coping mechanisms, making this a cyclical issue. The cost of medicines is also an issue suggesting that there is a need to support people to purchase the drugs they are prescribed when they do see a doctor.

Children are disproportionately suffering from poor health care in Afghanistan. One of every 20 children die before reaching their fifth birthday. Only 50 per cent of children aged 12-23 months have received the full series of recommended vaccinations. Afghanistan continues to have one of highest rates of child stunting (36.6 per cent) which has serious implications for children's long-term physical and cognitive development.¹³¹ Afghanistan is also one of two countries where wild polio remains endemic.

In terms of pandemic response, COVID-19 mitigation measures have deteriorated dramatically past August 15, 2021 and the vaccination rate remains at around 11 per cent. Dedicated COVID-19 facilities are closing due to lack of funding. Unclear positioning from de facto authorities on the continuation of COVID-19 vaccination, high population movements and health system collapse make subsequent waves of the pandemic likely for the foreseeable future. The COVID-19 pandemic continues to be felt across the country as it affects livelihoods and undermines coping capacity of an already vulnerable nation. WoA found that 65 per cent of households reported experiencing COVID-19 as an event. Among these, 72 per cent reported diminished or lost source of income as in impact of COVID-19, 54 per cent, loss of or diminished access to clean water and sanitation, 47 per cent limited access to food, and 4 per cent injury or death of household members.¹³²

Where health structures are damaged or do not exist, mobile teams are needed to fill gaps while repairs are addressed. Referral capacity, including ambulances, is needed to overcome gaps in secondary care and connect patients to humanitarian life-saving care. Specialized services are needed for physical rehabilitation, assistive devices, in-patient treatment of severe acute malnutrition with medical complications. Protection of health care and health care workers remains a priority while repair and re-equipping of health facilities are needed to ensure safe and quality delivery of essential health services.

Access to education and child protection

The mass closure of schools during the COVID-19 pandemic, the 927 schools damaged and destroyed in the first half of the year, and now the lack of funds to pay 70 per cent of public schools' teachers have severely restricted access to education, disproportionately affecting girls. Qualified female teachers are scarce in remote and hard-to-reach areas, largely due to a lack of girls' enrolment past primary grades, which further limits access for girls, making the issue a cyclical one. In addition, displacement and negative coping strategies for vulnerable households prevent children from enrolling and attending school,

especially in hard-to-reach areas. Additionally, gender and cultural norms further restrict access to girls, children with disabilities, and kuchi children. In the uncertain security environment, 16 per cent of WoA assessed households reported children felt unsafe while going to school.

Children in need have extremely limited access to core child protection services in hard-to reach areas. Analysis from the Children Protection AOR in September 2021 showed a gap of over 80 per cent or more in the number of targeted children reached in 14 provinces which includes Baghlan, Daykundi, Farah, Faryab, Ghazni, Hilmand, Khost, Kunduz, Logar, Paktika, Paktya, Samangan, Takhar and Uruzgan, due to geographic inaccessibility especially in rural areas, or conflict during the months prior to change of government.

Coping mechanisms

The susceptibility of the most vulnerable households to adopt negative coping mechanisms has been exacerbated in recent months. The impact of the transition and loss of employment and livelihood, rising food prices and devaluation of Afghani currency, has led to an increase in negative coping mechanisms, including an increase in debt, sales of assets, marrying off girls or the sale or exchange of children. Average household debt was reportedly 48,739 AFN – More than six times the average monthly income. This is slightly higher than the average household debt amount reported in 2020 (45,889 AFN), reflecting a 6 per cent increase in average reported debt.¹³³ The use of extreme coping strategies is likely to undermine economic resilience in the face of any future shock.

Under these circumstances, the likelihood of children dropping out of school in search of work is high, exposing them to risks of child exploitation, including child trafficking and dangerous forms of child labour that may lead to severe injuries and needless death. An average of 13 per cent of WoA assessed households had at least one child between the age of 11-17 working outside of the household in the 30 days prior to assessment. Separately, 17 per cent of assessed households reported collecting metal parts/scrap of explosive ordinance to sell to obtain food or money to buy food, either currently or in the past - which could also directly injure household members.¹³⁴

Other negative coping strategies may force more people in illegal or high-risk activities. Twenty-two per cent of assessed households reported migrating outside the country to look for work to obtain food or money to buy goods¹³⁵ - which may directly expose household members to protection incidents while in-transit or force household members into illegal or high-risk activities due to a lack of legal status or lack of socio-political connections in their country of migration.

In addition, pre-existing vulnerabilities among assessed populations also indicated higher levels of need, or more commonly, higher levels of economic insecurity and/or reduced access to income and livelihoods. For example, households with at least one disabled household member (16 per cent overall) were found to be more economically vulnerable than households without, incurring, on average, a larger negative net income per month (5,638 AFN vs 1,628 AFN per month). Separately, households with a disabled household member were more likely to report debt and to report a higher average debt (62,477 AFN vs 45,632 AFN).¹³⁶

Refugees and asylum seekers



According to UNHCR data, there are approximately 72,000 refugees living in Afghanistan, the vast majority of whom were displaced from Pakistan to Afghanistan in 2014 and settled in Khost and Paktika provinces in the south-eastern region. A small number of asylum seekers and refugees (approximately 380 people) are residing in urban areas in Kabul, Hirat and Kandahar provinces. Refugees and asylum seekers constitute one of the most vulnerable populations in the country, notwithstanding the fact that Afghanistan has ratified the 1951 Refugee Convention. While a National Law on Asylum has been developed it has not been enacted and in consequence, refugees and asylum seekers face significant challenges as there is no legal framework to safeguard their rights or ensure their access to basic services.¹³⁷

Physical and mental well-being

Food security continues to be critical amongst the asylum seeker and refugee population with the 2021 WoA Assessment indicating that 76 per cent of refugee households scored poor or borderline level in their food consumption score (compared to 94 per cent in the WoA Assessment 2020).¹³⁸ In addition, the Reduced Coping Strategy Index (RCSI) is significantly higher (91 per cent)¹³⁹ compared to cross-border returnees (41 per cent), host communities (44 per cent) and IDPs (51 per cent), highlighting the fact that the population is quickly exhausting its strategies to cope and are at high risk of falling into a catastrophic situation.

In addition, indicative 2021 WoA Assessment findings show that there is a high need for enhanced health care as well, given that three fourths of refugees claimed having health problems and had to access health care in the last 3 months. Of particular concern is the level of need revealed for Mental Health and Psycho-Social Services (MHPSS). The finding is consistent with the 2020 WoA Assessment findings, based on which refugees were shown to have the second-highest level of severe or extreme health needs at 68 per cent. According to the 2021 WoA Assessment, the percentage of household members displaying behavioural changes amongst men, women, boys, and girls were higher than other population groups with households reporting at least one behavioural change at 125 per cent for men, 85 per cent for girls and 100 per cent for boys, compared to the average for other population groups which are 66 per cent (men), 35 per cent (girls) and 34 per cent (boys). Furthermore, awareness on how to access MHPSS was indicated to be low, as 84 per cent of respondents stated not being aware of where to access such services.

Living conditions

The overall conditions of refugees in Afghanistan have largely remained identical in comparison to last year with a few deteriorations. In line with 2021 HNO findings, shelter needs remain extremely critical with the WoA Assessment 2021 showing that 95 per cent of refugee respondents in Khost and Paktika indicated residing in an inadequate shelter, including 47 per cent in an emergency shelter and 39 per cent in a makeshift shelter, rendering them vulnerable to the harsh winter conditions. In addition, their shelter

provides poor access to water, sanitation and hygiene, with 54 per cent of them in need of WASH assistance.¹⁴⁰ The collapse of health and nutrition facilities in Khost and Paktika resulted in insufficient access to nutrition services. According to the WoA Assessment, 84 per cent of households did not access nutrition services in the last 3-months, with 47 per cent indicating that the main barrier was a lack of facilities.¹⁴¹

Access to humanitarian assistance for refugees has been an issue in 2021. The 2021 WoA Assessment refugee sample highlighted that nearly all refugees (99.8 per cent) reported not receiving humanitarian aid in the last 30-days, requiring refugees to borrow money to buy food. Linked to this, the 2021 WoA indicates that 80 per cent of refugee respondents reported that they were not aware of any mechanism to contact aid providers about community needs, assistance received, problems with humanitarian assistance received, or bad behaviour/misconduct of aid workers etc. As a consequence, the asylum seeker and refugee population group in Afghanistan constitutes one of the most vulnerable populations in the country.¹⁴²

Coping mechanisms

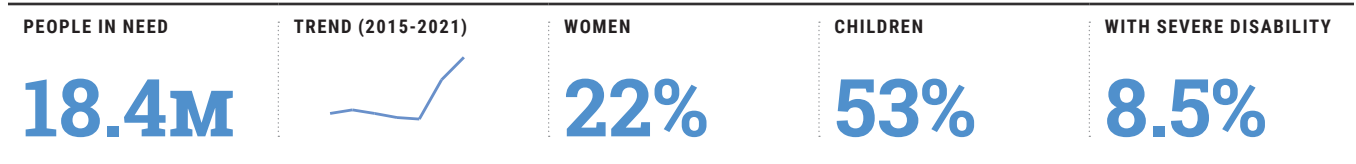
The 2021 WoA Assessment findings reveal that the proportion of refugees carrying debt is extremely high

with 88 per cent of refugee respondents indicating having debt compared to an average of 73 per cent among other population groups. In addition, the average debt was 86,535 AFN, by far exceeding the average debt of other population groups (48,739 AFN) and consistent with 2020, indicating perpetual levels of deep debt. 64 per cent of refugee households reported the amount of debt increased in the last 6-months. 49 per cent of refugees reported that health care was the primary reason behind incurring debt followed by 18 per cent who reported that it was linked to the purchase of food.¹⁴³

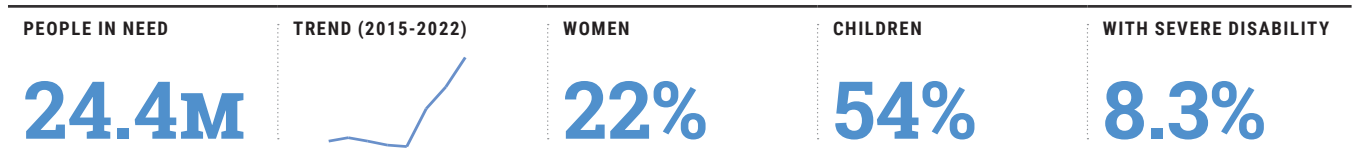
Negative coping mechanisms are pervasive with 31 per cent reported already having exhausted selling household assets (e.g., radio, furniture, refrigerator, television, jewellery, clothes, etc.) or income generating equipment (e.g., productive assets) or means of transport during the 2021 WoA Assessment. 62 per cent said they sold houses or land, 36 per cent mentioned having decreased expenditure on education or health services, 93 per cent reported collecting metal parts/scrap of explosives ordnance to sell and 88 per cent said they sent children to work.¹⁴⁴

1.5 Number of People in Need

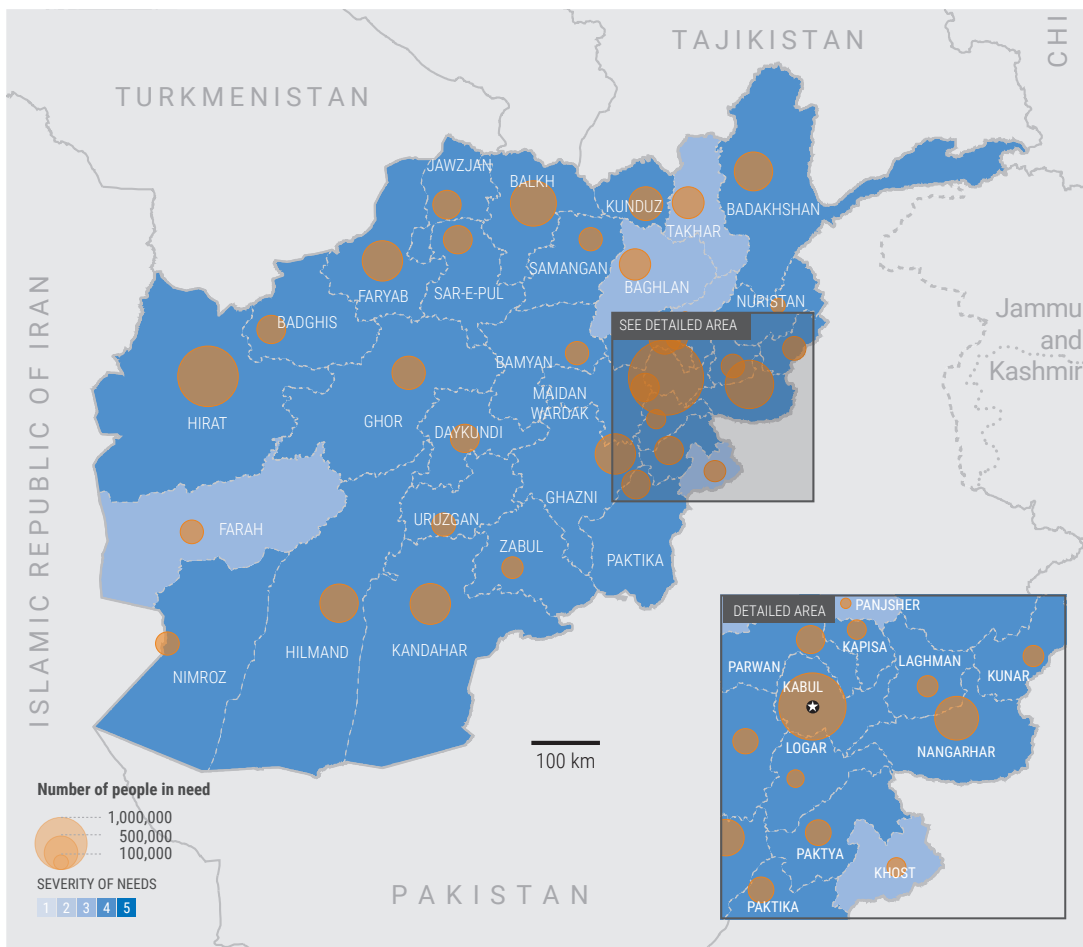
Current figures



Projected figures (2022)



Severity of inter-sectoral needs and estimated number of people in need



PiN by severity phase and location

PROVINCE	TOTAL POPULATION	AREA SEVERITY PHASE	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				TOTAL PEOPLE IN NEED	PIN VARIATION WITH 2021 (%)
			MINIMAL	STRESS	SEVERE	EXTREME		
Badakhshan	1.4M	4	130K	326K	500K	429K	928K	18% ^
Badghis	731K	4	43K	86K	321K	241K	562K	28% ^
Baghlan	1.3M	3	349K	338K	372K	238K	609K	45% ^
Balkh	2.0M	4	270K	360K	826K	516K	1.3M	33% ^
Bamyan	659K	4	126K	126K	234K	167K	401K	22% ^
Daykundi	687K	4	67K	89K	314K	196K	510K	33% ^
Farah	748K	3	134K	200K	276K	118K	395K	11% ^
Faryab	1.5M	4	124K	256K	602K	458K	1.1M	14% ^
Ghazni	1.8M	4	259K	431K	644K	460K	1.1M	67% ^
Ghor	1.0M	4	77K	154K	434K	326K	760K	18% ^
Hilmand	1.9M	4	266K	705K	604K	308K	912K	14% v
Hirat	2.8M	4	223K	517K	1.1M	1.0M	2.1M	39% ^
Jawzjan	800K	4	71K	186K	289K	239K	528K	9% ^
Kabul	6.9M	4	652K	2.6M	2.4M	1.1M	3.6M	49% ^
Kandahar	1.9M	4	274K	453K	689K	410K	1.1M	41% ^
Kapisa	649K	4	123K	215K	201K	101K	302K	76% ^
Khost	846K	3	254K	218K	241K	96K	337K	1% ^
Kunar	664K	4	95K	190K	237K	135K	372K	7% ^
Kunduz	1.5M	4	434K	263K	446K	288K	733K	45% ^
Laghman	656K	4	58K	204K	206K	172K	378K	26% ^
Logar	577K	4	107K	214K	153K	92K	244K	4% ^
Nangarhar	2.3M	4	289K	526K	818K	607K	1.4M	29% ^
Nimroz	244K	4	9K	31K	113K	204K	317K	12% v
Nuristan	218K	4	32K	43K	77K	66K	142K	45% ^
Paktika	1.0M	4	132K	308K	388K	166K	554K	60% ^
Paktya	813K	4	94K	165K	426K	122K	547K	120% ^
Panjsher	226K	3	55K	66K	69K	34K	103K	73% ^
Parwan	981K	4	138K	230K	401K	200K	601K	72% ^
Samangan	572K	4	54K	135K	232K	145K	378K	31% ^
Sar-e-Pul	826K	4	70K	174K	302K	258K	560K	35% ^
Takhar	1.5M	3	312K	495K	332K	256K	588K	3% v
Uruzgan	580K	4	28K	138K	234K	176K	410K	38% ^
Wardak	878K	4	113K	225K	339K	194K	532K	35% ^
Zabul	511K	4	48K	143K	209K	105K	314K	30% ^
Total	41.7M		5.9M	11.5M	15.1M	9.3M	24.4M	32% ^

AREA	PEOPLE IN NEED	NEW IDPS	NEW RE- TURNEES	SHOCK- AFFECTED	VUL. PEOPLE	REFU- GEEES	BY GENDER (%)		BY AGE (%)			WITH SEVERE DISABILITIES (%)
							WOMEN	MEN	CHILDREN	ADULTS	ELDERLY	
Badakhshan	928K	4K	14K	7K	911K	-	49	51	54	44	3	8.3%
Badghis	562K	77K	25K	10K	511K	-	48	52	53	44	3	8.4%
Baghlan	609K	16K	44K	5K	553K	-	47	53	53	45	3	8.4%
Balkh	1.3M	19K	27K	10K	1.3M	-	48	52	54	44	3	8.3%
Bamyan	401K	823	4K	3K	395K	-	49	51	54	43	3	8.3%
Daykundi	510K	3K	24K	1K	485K	-	48	52	53	44	3	8.4%
Farah	395K	3K	15K	8K	374K	-	48	52	53	44	3	8.4%
Faryab	1.1M	2K	33K	11K	1.0M	-	48	52	53	44	3	8.4%
Ghazni	1.1M	6K	14K	2K	1.1M	-	49	51	54	43	3	8.3%
Ghor	760K	8K	25K	3K	732K	-	48	52	53	44	3	8.4%
Hilmand	912K	39K	15K	9K	871K	-	49	51	54	43	3	8.3%
Hirat	2.1M	76K	384K	7K	1.8M	-	44	56	49	48	3	8.8%
Jawzjan	528K	5K	12K	7K	512K	-	48	52	54	44	3	8.3%
Kabul	3.6M	76K	61K	4K	3.5M	380	49	51	54	43	3	8.3%
Kandahar	1.1M	50K	55K	6K	1.0M	-	49	51	55	43	3	8.2%
Kapisa	302K	1K	8K	2K	292K	-	48	52	53	44	3	8.3%
Khost	337K	2K	2K	2K	296K	36K	49	51	55	43	3	8.2%
Kunar	372K	5K	3K	4K	365K	-	49	51	54	43	3	8.3%
Kunduz	733K	31K	72K	1K	643K	-	47	53	52	45	3	8.5%
Laghman	378K	12K	11K	2K	361K	-	49	51	54	43	3	8.3%
Logar	244K	3K	10K	2K	231K	-	49	51	54	43	3	8.3%
Nangarhar	1.4M	20K	63K	5K	1.4M	-	49	51	55	43	3	8.2%
Nimroz	317K	2K	243K	2K	134K	-	28	72	34	62	4	10.3%
Nuristan	142K	1K	33	1K	142K	-	49	51	54	43	3	8.3%
Paktika	554K	2K	2K	977	515K	36K	49	51	55	43	3	8.2%
Paktya	547K	3K	5K	3K	540K	-	49	51	54	43	3	8.3%
Panjsher	103K	508	634	1K	102K	-	49	51	54	43	3	8.3%
Parwan	601K	3K	10K	3K	588K	-	49	51	54	44	3	8.3%
Samangan	378K	1K	4K	3K	372K	-	49	51	54	43	3	8.3%
Sar-e-Pul	560K	3K	20K	7K	537K	-	48	52	53	44	3	8.4%
Takhar	588K	12K	51K	6K	525K	-	47	53	51	46	3	8.6%
Uruzgan	410K	4K	2K	5K	406K	-	49	51	54	43	3	8.3%
Wardak	532K	5K	4K	3K	525K	-	49	51	54	43	3	8.3%
Zabul	314K	6K	3K	4K	307K	-	49	51	54	43	3	8.3%
Total	24.4M	504K	785K	150K	23.2M	72K	48	52	54	44	3	8.3%



FASL-E-BOLAN, HILMAND PROVINCE, OCTOBER 2021

Photo: OCHA/Pierre Peron

The humanitarian conditions created by Afghanistan's multi-dimensional crisis continue to impact all parts of the country and affect every aspect of Afghan life. In 2022, the people of Afghanistan will be well into their fourth decade of grappling with the safety, security, financial and emotional consequences of war and political turmoil. A total of 24.5 million people, 55 per cent of the population, are estimated to need humanitarian assistance in 2022 of whom 9.3 million of which are in extreme need (severity 4). 5.35 million of these are women and 13.1 million are children – 6.3 million girls and 8.8 million boys, with nearly 2 million people with severe disabilities. There are needs in every province of the country, with extreme need in 29 out of 34 provinces and the rest in severe need, with almost all population groups of concern present in every province (except refugees who are centred in Khost and Paktika).

The collapse of basic services following the political takeover and freezing of development assistance puts the entire population at risk with a very real risk of systemic collapse and human catastrophe that threatens to cancel many of the development gains of the last twenty years, with nearly 97 per cent of the country at risk of falling into poverty.¹⁴⁵

Without massive intervention both for humanitarian assistance and restoration of basic services, the humanitarian needs are likely to continue to deteriorate over 2022. With 29 out of 34 provinces in extreme need and all the remaining in severe need already, a national response is required in all areas, both urban and rural. The most vulnerable households should be assisted regardless of where they are to ensure no exclusion of any population in need.

Part 2:

Risk Analysis and Monitoring of Situation and Needs

KANDAHAR, NOVEMBER 2021

Safiullah is one of the many people who have been displaced from various cities due to intensified conflict, and now live with great difficulty on the Afghanistan-Pakistan border. Photo: OCHA/Sayed Habib Bidell



Timeline of Events (Jan - Dec 2021)



JANUARY 2021

Peace talks reopen

Delegates of the Afghan Government meet with Taliban leaders in Doha, Qatar, to reopen peace talks.



APRIL 2021

US Announces troop withdrawal

US announces plans to withdraw troops from Afghanistan by 11 September.



MAY 2021

Taliban offensive begins

Taliban forces rapidly begin to take over government-controlled areas.



JUNE 2021

COVID-19

COVID-19 cases peak in June with over 2,000 cases/day. Over 7,300 people have died of COVID-19 in 2021.



JUNE 2021

Drought is declared

Government declares drought, the worst in more than three decades.



JULY 2021

Floods

Floods have affected more than 28,000 people in 2021, with the most affected areas in Badghis, Hirat and Nangarhar.



JULY 2021

US announces final troop withdrawal

US announces that all troops will leave by 31 August.



AUGUST 2021

Taliban take control of Kabul

On 15 August, the Taliban enter Kabul, effectively seizing control of the Government.



SEPTEMBER 2021

Afghanistan Flash Appeal

A Flash Appeal to address the needs of 18.4 million people, including over 600,000 newly displaced in 2021, is launched.



OCTOBER 2021

Food insecurity

New IPC analysis estimates that a record 22.8 million people are facing crisis or emergency levels of food insecurity.



NOVEMBER 2021

Attacks on health

At least 25 people killed in a large incident involving explosions and gun attacks at the 400-bed Daoud Khan Military Hospital.



DECEMBER 2021

Security Council Resolution 2615

SCR 2615 is adopted deciding that humanitarian assistance and other activities that support basic human needs in Afghanistan are not a violation of sanctions.

2.1 Risk Analysis

Scope of risk analysis

This HNO risk analysis looks at developments that are likely have an impact on needs for all population groups throughout 2022.

Potential risks and influences on the needs facing populations of concern throughout 2022 include:

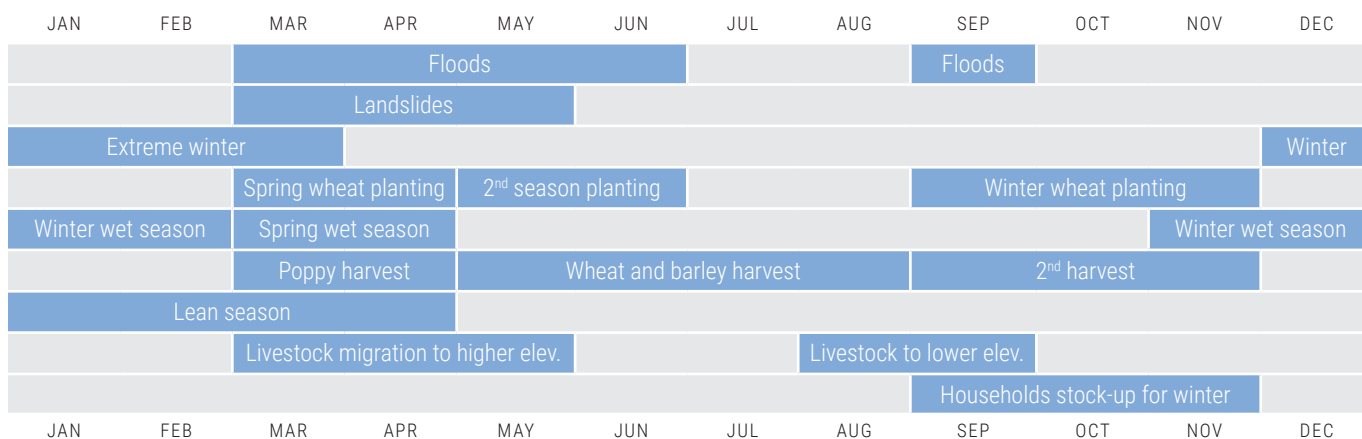
- Poor governance and sanction programmes
- Domestic economic forecasts
- Regional political and economic developments
- Food insecurity and malnutrition trends
- Household debt, remittances, negative coping strategies and related protection risks
- COVID-19 pandemic and other disease outbreaks
- Risks for women, men, boys and girls (including GBV, SEA burden of care, early marriage), including individuals with disabilities and mental health issues
- Internal and cross-border mobility patterns
- The security outlook

- The La Niña climate outlook and drought
- Natural disasters
- Residual impacts from inadequate investment, unmet needs and lower use of services in 2021.

It is important to note that these risks are sometimes seasonal with the highest impact at different times of the year - for example there are clear disaster months (flood, heavy snow, avalanche), a freezing cold winter, agricultural cultivation and harvest seasons during which weather variations can have a more profound impact, and, historically speaking, a fighting season during the warmer months, although attacks do occur year-round in urban centres particularly. Regarding the latter, normal patterns of conflict are expected to be altered in 2022 with continuing security incidents in some regional hotspots and isolated low-level conflict, particularly ISKP and remnants of the former governing coalition.

These seasonal patterns can clearly be seen below.

Seasonal Events



Forward projected risk and need

This iteration of the HNO comes at a time of massive uncertainty making it difficult to forecast risks or numerical trends beyond 2022. In particular, ambiguity over recognition for the de facto governments and workarounds for sanction programs, the stop in international development funding and the evolution of the COVID-19 pandemic make longer-term forecasting of risks and needs beyond 2022 challenging. For now, the IPC analysis projecting through until March 2022 has been used as the basis for calculating food insecurity throughout the year. The mid-year IPC numbers will indicate whether this assumption and the calculations flowing from it must be adjusted either up or down. Based on these uncertainties, the Afghanistan response has used this risk section of the HNO to highlight potential risks to 2022 planning assumptions and the impact these may have on various population groups should they materialise.

2022 planning scenario

The ICCT undertook one HNO workshop in October 2021 to look at risks, opportunities and drivers of need. The conclusions were used to develop a most-likely planning scenario and to calculate the number of people in humanitarian need. The workshop identified the most likely context people might face throughout 2022 to frame humanitarian planning parameters, evaluated risks to these assumptions that could affect common projections, and agreed on a collective set of indicators to derive the number of people needing humanitarian assistance in 2022 through the Joint Inter-Sectoral Analysis Framework (JIAF).

Based on this analysis, the humanitarian outlook and planning scenario for 2022 for all population groups remains bleak in both urban and rural settings, due to a series of factors including worsening food insecurity and malnutrition, drought and consequent water scarcity, COVID-19 and other disease outbreaks, the economy, natural disasters and climate patterns, and flow-on impacts from unmet needs in 2021. The impact of these factors span across all three humanitarian conditions.

Security

The ICCT considered three security scenarios for 2022: stabilisation of the conflict, a slight deterioration in the conflict situation and the resumption of large-scale conflict. It was collectively agreed that a 'stabilisation of the conflict situation' is the most likely scenario for 2022, largely connected with the fall of the previous government on 15 August. While it is expected that the security situation stabilises with significantly lower levels of violence than in 2019-2021, continuing security incidents are expected in some regional hotspots (Jalalabad, Panjshir) and isolated low-level conflict with armed groups, particularly ISKP and remnants of the former governing coalition. These entities may seek to exploit weak governance and the economic crisis to destabilise the government of the de facto authorities. This is reinforced by trends seen since 15 August 2021 as ISKP continues to carry out a high tempo of attack on the de facto authorities in the East and in Kabul. While the scenario further anticipates internal divisions between the Taliban, these are expected to be suppressed and not result in factional fighting. This forms the basis around which planning parameters have been set, specific population group projections are based (vulnerable people with humanitarian needs, internally displaced people, cross-border returnees, shock-affected non-displaced people, refugees and asylum seekers living in Afghanistan), and overall HNO numbers calculated.

The concentration of attacks in parts of eastern Afghanistan and Kabul as well as targeted attacks against civilians threatens people's safety and well-being as well as their living standards, due to reduced access to services and the development of negative coping mechanisms amid a stressed living environment. Such instability resulting from ISKP attacks may have implications for humanitarian access and access to services, as well as intensifying the risk from spoiler attacks.

At the same time, targeted killings, violent suppression of dissent and protests and increasing repression of fundamental and human rights are expected to continue. Similarly, the scenario projects an increase

in security and protection risks, including gender-based violence targeting women and human rights violations against individuals with risk profiles (e.g., journalists and media workers, teachers, health professionals, social activists, women's rights activists, individuals with real or perceived association with the ex-government, sexual and gender minorities). This could lead to some humanitarian partners and organisations finding the new security and governance environment too constraining, or unable to navigate the sanctions restrictions, leading to a loss of capacity in certain sectors and area. There is also a fear of a continued shrinking CSO space, especially for women's CSOs, and restricted participation of female humanitarian staff, which would severely impact partners ability to reach women and girls in need of humanitarian assistance.

Nevertheless, the scenario anticipates that the governing authorities by and large recognise their responsibilities and protect civilians from harm by armed group. It is also believed that the cohesive relationships between different community, ethnic and religious groups in the country is maintained and rebuilt by the de-facto government. The improved security situation could also result in a willingness of people who were displaced primarily by conflict to return to their areas of origin. This, however, will put strain on places of origin due to damage and insufficient basic services. There is a high risk that the Taliban engages in forced evictions, resulting in forced displacement, such as was seen in September 2021 in Kandahar and Daykundi, although at a relatively low level.

There is also a risk of civil unrest should the economic situation further deteriorate. Furthermore, with many currently reeling from cumulative debt, increased unemployment, and the ongoing financial crisis due to a lack of liquid cash, there is an increase in criminality, including robbery and kidnapping, despite the threat of harsh punishment by the Taliban. The anticipated scenario predicts that some public unrest is manifested but not widespread or quickly suppressed.

Governance

A turbulent transition to a de facto controlled government will show some signs of stabilization in

the beginning of 2022, characterised however, with some level of internal discord and division, particularly between provinces, and with serious reduction in Government services due to poor governance, a damaged economy and increasing limits on human rights, particularly for women. As part of this planning, the ICCT has assumed that the Sehatmandi and other key development programs will restart after some interruption and will be able to continue to provide essential services, though at a reduced level compared to before and only after a period of substantial disruption in 2021. This will also mean that most other development programmes will only fitfully restart at a more limited level as development partners develop new ways of working and, within a situation of sanction, priority is expected to be given to humanitarian programmes.

According to the above scenario, some specific areas of work may be more impacted than others, reflecting preferences of the governing authorities – such as a preference for in-kind and service programs like health provision over training and sensitisation programmes that require direct engagement with women and communities, such as handwashing programming. Other programmes focussing on women and girls, including protection and empowerment, are also likely to be significantly impacted. Additionally, the health and socio-economic impact of COVID-19 will likely be felt well into 2023 with an overwhelmed health system and interrupted primary health care for non-COVID patients. The severity of future waves will be determined by the pace of vaccinations and the introduction of possible new novel COVID-19 variants. People's needs will be deeper and more multi-sectoral in nature the longer the crisis continues without access to vaccines. The disruption in the Sehatmandi project and other primary health services is expected to have a major impact on humanitarian conditions, particularly impacting the most vulnerable and marginalised. There are increasing risks for women and girls with the added impact of the pandemic – in GBV, high burden of care and early marriage – while disability and mental health remain critical vulnerabilities.

Overall, the effects of a surge in COVID-19 cases and interruptions to other essential services (as resources

are diverted, care-seeking behaviour is reduced or services are suspended) affect people's immediate wellbeing, and erode people's coping capacities, making them vulnerable to all forms of future shocks, irrespective of the scale.

Finally, the HNO assumes that following interruption, land allocation schemes for refugee returnees and IDPs will resume, and the stakeholders involved and the priority the new authorities give to it will optimistically increase, but with changes in criteria potentially creating disruptions.

Geopolitical

Informal recognition of the de facto government and workarounds for sanction programmes to allow key support are expected to resume/continue in 2022. The HNO analysis anticipates that key donors will continue to provide humanitarian aid, no matter what political system emerges in Afghanistan. Much of the aid will be channelled through UN agencies, pooled funds or through a possible new trust fund from International Financial Institutions, to ensure that funding is not given to the Taliban. While terrorism sanctions are likely to remain in place, the sanctions could complicate aid efforts by NGOs despite keeping their political neutrality and simply aiding those in need. Furthermore, Western countries are expected to continue to engage with the de facto authorities on counterterrorism, human rights, and humanitarian issues. Given the Afghan economy is largely dependent on foreign aid and spending, the international community will likely continue to push the Taliban to be more receptive toward demands for moderation. On the other hand, the Taliban is expected to continue to link moderation to recognition and sustained funding or to reject these pressures.

As part of this planning, the ICCT has assumed that bilateral or multilateral ties increasingly bind Afghanistan's neighbours to each other. Regional players will likely position themselves with the new regime and fill some of the vacuum left by the United States and NATO. The governing authorities will increasingly seek regional economic opportunities as sanctions stymie engagement with the global economy. Despite this, Afghanistan's neighbours are

likely to be concerned about a strong Taliban regime that purposefully spreads instability across its borders or holds out the threat of doing so. Neighbouring countries could seek a *modus vivendi* with the de facto authorities, mitigating the risks of a new refugee crisis and an increase in drug and weapons smuggling across the borders.

The swift Taliban conquest of the country has already driven thousands of people to flee. The departure of foreign troops left behind tens of thousands of people affiliated with the NATO presence in the country, many of whom fear reprisals and want to leave. In addition, hundreds of thousands of people remain internally displaced, as a result of the effects of the conflict and the Taliban take-over and thousands more, such as human rights defenders, women activists, civil society actors, journalists and other persons could seek to relocate. On the other hand, neighbouring countries are expected to continue maintaining strict control of official and unofficial borders owing to concern regarding large-scale refugee outflows. Nevertheless, a steady outflow is likely to continue out of Afghanistan, primarily through unofficial border crossing-points. At the same time, with refugees in Iran and Pakistan being amongst the most impacted by economic shifts, return of refugees from both Iran and Pakistan are expected to increase. In addition, relative stability under the new authorities could lead to increased confidence, encouraging refugee returns at higher levels.

Economy

Even before the events of 15 August, Afghanistan's economy was fragile, highly aid dependent and struggling under the impact of COVID-19. The sudden halt in international assistance, freeze of foreign assets, and loss of key workers in the public sector are driving a liquidity crisis, resulting in the devaluation of the Afghani currency, and resulting in a severe economic shock.

While some international measures may be implemented to prevent a total collapse of the economy (e.g. limited physical shipment of USD cash, limited access to overseas assets, selective access

to foreign exchange reserves, facilitating international transactions between banks), it is unlikely that this will go beyond maintaining the most basic functioning of the financial sector. Based on indications by the US administration, it is assumed that sanction waivers for humanitarian aid to Afghanistan will allow humanitarian organisations and the private sector to import relief items. Furthermore, based on current efforts by development actors, the HNO analysis assumes that modalities are put in place to channel large parts of former development assistance directly to service providers, which would maintain a skeletal provision of basic services. Despite these mitigation measures, the economy is expected to shrink dramatically – the IMF indicates these shocks could cause up to a 30 percent output contraction, with falling imports, a depreciating Afghani, and accelerating inflation.¹⁴⁶ The worst-case scenario has poverty affecting 95 to 97 percent of the population. These factors could contribute to new internal displacement and cross-border movement. Negative coping mechanisms are also likely to continue, especially among vulnerable groups. Women face unique impacts from this economic risk due to their more precarious financial position, insecure property rights and the linkages between negative coping strategies and increased risks of GBV.

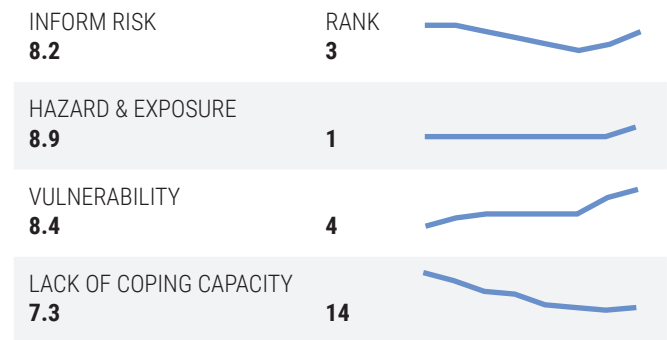
While operational challenges still exist, sanction waivers and the basic functioning of the financial system does allow for scale up of the humanitarian response to address increased needs. It is anticipated that if the financial sector stabilises with an acceptable liquidity and markets continue to function in the coming weeks at an acceptable level, cash and voucher assistance (CVA) actors can fully resume their CVA operations without major challenges.

Drought & Food Insecurity

The analysis assumes that the drought and economic shock result in displacement and increase in food insecurity and increase in long-term health problems leading to a rise in maternal, new born and under-five mortality and morbidity, spread of preventable diseases, upsurge in malnutrition caseload and decreased access to health services. More population displacements toward the urban centres are expected

seeking livelihood and income sources and creation of more slums and informal settlements. On the other hand, increase in malnutrition will result into related health needs due to frequent illnesses and negative impact on economic productivity. This in-turn perpetuates a cyclical outcome of poverty and ill health.

INFORM Index



For more information, visit: www.inform-index.org



Natural Disasters and Disease Outbreak

Afghanistan is highly prone to natural hazards, whose frequency and intensity are exacerbated by the effects of climate change, increasing humanitarian needs. Afghanistan has an Inform Risk Index of 8.2, the third highest country out of the 191 profiled. While the number of disaster-affected people has been lower in 2021 compared to previous years, this should not be considered as the norm based on patterns over a longer trajectory, as well as the immediate climate outlook. For this reason, the ICCT has forecast that flooding and other sudden-onset disasters will remain within the five-year average.

Afghanistan is highly prone to disease outbreaks of vaccine preventable diseases and water or food borne or vector borne diseases such as acute watery diarrhoea, measles, cholera etc. The deteriorating economic situation and access to health services is expected to result in an increase in outbreaks. However, the outbreaks are expected to be controlled or geographically limited.

Risk Analysis Table

The table below looks at the main categories of risk outlined above and provides expert analysis of the likelihood and impact of the main risks based on key indicators and the agreed planning scenario. Using this, a level of risk or score is generated. It is important to note that “most likely” impact has been considered

for this analysis although there remains the chance that the severity of impact could be greater if the risk occurs on a larger scale. Similarly, given the uncertain outlook, the table looks at the impact and likelihood of both increased and decreased humanitarian access in 2022.










CATEGORY: GOVERNANCE & SERVICES

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Inability of Government to deliver basic services	Much of the basic services that were delivered with the support of donors during the previous government, have either completely stopped or have been significantly reduced at the 4th quarter of 2021. This includes health services and rural development programs. Girls access to education remains uncertain. While there are efforts underway to find workaround arrangements to resume some of these services, they are unlikely to be as diverse and as wide-reaching as was the case during the previous Government. This situation is likely to continue into 2022.	5 	5 	25 	All groups	Wellbeing, Living standards, Coping Strategies
Legal and operational environment for humanitarian operation	Despite high-level assurances from the Taliban, female staff, particularly in field positions, find it challenging to work. At the same time, as the new de-facto authorities consolidate policies and procedures, humanitarian actors continue to receive conflicting messaging on their operational independence. Humanitarian actors are likely to continue to operate and manoeuvring these uncertainties going into 2022. If the de facto authorities increase such restrictive measures, it will have negative impact on their ability and willingness to deliver services.	3 	5 	15 	All groups	Wellbeing, Living standards, Coping Strategies
Struggling financial and banking sector	USD reserves are seized, and banks continue to face cash shortages. Similarly, households, business and humanitarian actors are facing severe challenges accessing deposits. This situation is likely to continue going into 2022 unless there is a significant shift in relationship between the Taliban and the international community.	4 	5 	20 	All groups	Wellbeing, Living standards, coping strategies

Indicators

- # of school-aged out of school girls
- per cent of access impediments for which the de-facto authorities bear responsibility
- # of humanitarian actors facing difficulties financing their operations due to liquidity issues

CATEGORY: GEOPOLITICAL

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPU- LATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Recognition/ Humanitarian funding	Informal recognition for the de facto governments and workarounds for sanction programs to allow key support to resume/continue in 2022. Key western donors continue providing humanitarian aid, no matter what political system emerges in Afghanistan. Most of the aid is channelled through UN agencies or through a possible new trust fund from the World Bank, to ensure that countries do not give funding directly to the Taliban. While terrorism sanctions are likely to remain in place, the sanctions could complicate aid efforts by NGOs despite keeping their political neutrality and simply aiding those in need. Western countries continues to engage with the de facto authorities on counterterrorism, human rights, and humanitarian issues. Given the Afghan economy being so dependent on foreign aid and spending, the international community continues to push the Taliban to be more receptive toward demands for moderation. On the other hand, the Taliban continues to peg moderation to recognition and sustained funding.	5 	5 	25 	All groups	Wellbeing, Living standards, Coping Strategies
Strengthened regional partnership	Bilateral or multilateral ties increasingly bind Afghanistan's neighbours to each other. Regional players position themselves with the new regime and fill some of the vacuum left by the United States and NATO. The governing authorities increasingly seek regional economic opportunities as sanctions stymies engagement with the global economy. Afghanistan's neighbours continues to be concerned about a strong Taliban regime that purposefully spreads instability across its borders. Neighbouring countries seeks a modus vivendi with the de facto authorities, mitigating the risks of a new refugee crisis and an increase in drug and weapons smuggling across the borders.	3 	5 	15 	All groups	Wellbeing, Living standards, Coping Strategies
High return figures	At the same time, with refugees in Iran and Pakistan being amongst the most impacted by economic contractions due to sanctions (Iran) and the socio-economic shock of COVID-19 (both Iran and Pakistan) coupled with potential additional waves of COVID-19 in neighbouring countries exacerbating economic pressures, return of Refugees from Iran and Pakistan increase. At the same time, the relative stability under the new authorities leads to increased confidence, encouraging refugee returns at higher levels.	4 	4 	16 	Returnees	Wellbeing, Living standards, coping strategies

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Human capital flight	The swift Taliban conquest of the country has driven thousands of people to flee. The departure of foreign troops left behind tens of thousands of people affiliated with the American presence in the country, many of whom fear reprisals and want to leave. In addition, hundreds of thousands of people remain internally displaced, as a result of the effects of the conflict and the Taliban take-over and thousands more, such as human rights defenders, civil society actors, journalists and educated and liberal-minded persons seek to escape. On the other hand, neighbouring countries, maintain strict control of official and unofficial borders owing to concern regarding large-scale refugee outflows.	4 	5 	20 	Human rights defenders; civil society actors; journalists; educated and liberal-minded persons	Wellbeing, Coping strategies
Indicators: % increase/decrease in humanitarian funding # of partners affected by sanction regimes and/or lack of funding % increase/decrease in cross-border returns						

CATEGORY: SECURITY & CONFLICT

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Stable conflict environment	The security situation stabilises significantly lower level of violence than in 2019-2021 though with continuing security incidents in some regional hotspots (Jalalabad, Panjshir) and isolated low-level conflict with NSAG, particularly ISKP and also remnants of the former governing coalition. Clashes between the de facto government and ISKP are concentrated in parts of eastern Afghanistan with occasional ISKP attacks in Kabul as well targeted attacks against civilians. Humanitarian access in areas with ISKP presence is challenging and unpredictable.	4 	2 	8 	Former governing coalition; civilians; minority groups	Wellbeing, Living standards, Coping Strategies
Protection of civilians	The governing authorities realise their responsibilities and protect civilians from harm by armed groups affiliated to governing authorities and/or others. The cohesive relationships between different community, ethnic and religious groups in the country is maintained and rebuilt by the de facto government. However, projected increase in security and protection risks, including gender-based violence targeting women.	3 	4 	12 	Women; minority groups	Wellbeing, Living standards, Coping Strategies
Voluntary return	The improved security situation results in those people who were displaced primarily by conflict to be willing to return, this however will put strain on places of origin due to damage and insufficient services.	5 	1 	5 	IDPs	Wellbeing, Living standards

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPU- LATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Public unrest	Some public unrest is manifested but not widespread or quickly suppressed. With many currently reeling from cumulative debt, increased unemployment, and the ongoing financial crisis due to a lack of liquid cash, with decreasing security particularly in Kabul and other major urban areas and increase in criminal cases including robbery and kidnapping.	4 	2 	8 	All	Wellbeing, Living Standards
Operational capacity	Some humanitarian partners and organisations find the new security and governance environment too constraining, or are unable to navigate the sanctions restrictions, leading to a loss of capacity in certain sectors and areas.	4 	5 	20 	All	Wellbeing, Living Standards, Coping Strategies
Shrinking CSO space	Shrinking CSO space, especially for women's CSOS, and restricted participation of female humanitarian staff.	5 	5 	25 	All	Wellbeing, Living Standards, Coping capacity
Continued splintering of parties to the conflict	Amid internal divisions within the Taliban, the group runs the risk of seeing its membership splinter. This would result in increasing groups operating outside the main structures of humanitarian engagement, creating challenges for access and protection of civilians. Nevertheless, internal divisions are expected to be suppressed and not break-out in factional fighting.	3 	4 	12 	All	Wellbeing, Living Standards, Coping Strategies










Indicators:

- # Civilian casualties
- % increase of access restriction incidents
- # of people living in areas highly affected by conflict
- % increase in attacks against health/education facilities and their personnel/students
- # ERW casualties
- # of districts reached with assistance
- # of partners with a presence in-country

CATEGORY: FOOD INSECURITY

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Crisis and Emergency food insecurity for the majority of the population	Up to 22 million, or 55 per cent of the population will be in moderate or severe food insecurity, with drought driving the rural numbers and economic shocks like inflation and loss of jobs and salaries driving much of the urban needs. Without intervention and stabilization the situation may continue to deteriorate.	5 	5 	25 	All	Wellbeing, Living Standards, Coping Mechanisms
Crop cycles are interrupted by La Niña rain deficiencies	A La Niña weather pattern emerges seeing rainfall departure away from Afghanistan during the first months of the year, but the exact timing of reduced rainfall will affect the agricultural implications.	5 	4 	20 	All (esp. farming households)	Wellbeing, Coping Strategies
Worsening nutrition among children and women	As with the risk of worsening food insecurity, this will be highly dependent on weather patterns, food availability, COVID-19 and the related economic situation. The extent to which humanitarians can reach sufficient numbers of acutely malnourished people with life-saving malnutrition treatment or preventative support to borderline cases will determine whether this figure increases. People's attitude to health-seeking behavior and confidence in infection-control at health facilities will also play a role.	4 	5 	20 	All but esp. children under five and PLW	Wellbeing
Famine	Afghanistan has the highest number of IPC 4 people in the world, and over the next 3-4 months will pass through an exceptionally difficult winter lean season in a context where the economic, security and climate drivers of food insecurity appear to be continuing to develop, and even strengthen, creating a medium risk of famine-like conditions emerging at least in parts of the country.	3 	5 	15 	All	Wellbeing, Living Standards, Coping Strategies
Indicators: # of people newly displaced inside Afghanistan # of protracted IDPs returning to their places of origin # of returnees (undocumented returnees and refugee returnees) # of people migrating out of Afghanistan						

CATEGORY: ECONOMY

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Economic collapse	<p>In addition to the economic shock experienced after the events of the 15 August, the already fragile economy may further deteriorate due to a lack of international support, continued freeze of overseas assets, disruption of financial services, and subsequent impacts such as lack of investments, inflation and a liquidity crisis.</p> <p>According to the World Bank, the Afghan economy could contract by around 30 per cent if no international mitigation measures are being implemented. According to UNDP, a worst-case scenario would see 97 per cent of Afghans below the poverty line by mid-2022.</p>	5 	5 	25 	All	Living Standards, Coping Strategies
Collapse of basic services	Efforts to channel former development assistance through alternative modalities may be insufficient in quantity and/or come too late to maintain the skeletal infrastructure and remaining service providers. This may result in the collapse of service provision, such as primary healthcare and education and leave large parts of the population, in particular in rural areas, without access to basic services, driving a sharp increase in mortality rates and contraction in education coverage.	3 	5 	15 	All	Wellbeing, Living Standards, Coping Strategies
Increased prices for staple foods and consumer goods	Already elevated prices due to the effects of the COVID-19 pandemic could further increase, driven by soaring inflation and the devaluation of the Afghani currency. In addition, the availability of staple foods and consumer goods could drastically decrease due to tightened border restrictions resulting in the inability to import items, and local production being affected by the drought.	4 	5 	20 	All	Wellbeing, Living Standards, Coping Strategies

Indicators:

- % increase/decrease in economic growth
- % of people living on less than \$2 per day
- % of people living on less than \$1 per day
- % of households without access to primary healthcare
- % of primary students without access to education
- % increase in staple food prices
- Border closures

CATEGORY: NATURAL DISASTER & DISEASE OUTBREAK

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Severe flood season	Given the La Niña forecast, Afghanistan is predicting a weaker than normal flood season in 2022, however the outlook remains uncertain and will be dependent on precise rainfall patterns.	3 	5 	15 	People living in flood-prone areas	Wellbeing, Living standards, Coping Strategies
Severe winter	Higher than average temperature is forecasted across most of Afghanistan for the 2021-2022 winter.	2 	5 	10 	All but especially IDPs and acutely vulnerable people	Wellbeing, Living standards, Coping Strategies
Earthquake near a major centre	While the likelihood of an earthquake in any given year is low, these are certainly possible given Afghanistan's geology. The impact would be catastrophic if a significant shake occurred near an urban centre. This would have especially serious ES-NFI implications.	1 	5 	5 	All	Wellbeing, Living standards, Coping strategies
Drought	Forecasts suggest a weak to moderate La Niña event hitting Afghanistan in the wet winter precipitation season of Nov-21 to Mar-22, which will be a consecutive event ("double-dip LN") following a moderate-severe La Niña in 2020-21 that resulted in a severe drought in Afghanistan. Lower than average precipitation is forecast from December 2021 to February 2022 in Afghanistan; which is likely to continue further into 2022.	4 	5 	20 	All	Wellbeing, Living Standards, Coping strategies
Disease outbreaks	There is likelihood of multiple disease outbreaks next year such as measles, acute eatory diarrhea (cholera), dengue fever, CHF due to many factors such as poor vaccination rates, poor hygiene, scarcity of water and presence of vectors.	4 	3 	12 	All but vulnerable group will be affected more	Wellbeing, Living Standards, Coping Strategies

Indicators

- % of population in IPC 3 and 4
- % of people employing 'emergency' livelihoods coping strategies
- Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) prevalence
- % of people in IPC 5
- % of people affected by disease outbreaks
- Rainfall figures
- Normalized Difference Vegetation Index (NDMI) results



KANDAHAR, DECEMBER 2020

Photo: OCHA/Fariba Housaini

2.2 Monitoring of Situation and Needs

In 2021, the Afghanistan HCT and ICCT endorsed previous years' needs monitoring needs monitoring approach, with the inclusion of a series of cross-cutting and sectoral needs indicators to be monitored throughout the year. An analysis of trends against these critical indicators informed the 2020 mid-year HRP revision in June (COVID-19) and the mid-year monitoring report. They enabled the ICCT to observe patterns and course-correct where necessary to ensure needs are being met. The same approach will be employed in 2022.

These cross-cutting (below) and sectoral (see cluster methodology) indicators will be reviewed at the

mid-year point or during any subsequent HRP revision to allow Clusters to analyse emerging needs and adjust their programming accordingly to ensure no one is left behind. A narrative update on needs-related trends will again be included as an annex to the 2022 mid-year HRP monitoring report. Given the fact that the WoA Assessment 2021 was conducted in a unique and turbulent transitional phase, REACH is planning to conduct a mid-year WoA Assessment 2022 in addition to the annual WoA Assessment, that will take place in the first quarter of 2022. Other proxy sources will be sought but direct numerical comparisons may not be possible. Where this is the case narrative expert observations will be included in a mid-year publication

to provide a guide to the current trajectory of needs in each category.

Humanitarian partners will also continue to monitor displacement, cross-border movement and disaster impact data throughout the year to guide preparedness and response. OCHA publishes a series of interactive dashboards that provide nearly real-time data for partners on these trends.

During the second half of 2021, the ICCT and HCT agreed on the need for Camp Coordination Camp Management (CCCM) capacity at the national level, with a particular focus on informal settlements but also inclusive of broader site management needs. The ICCT and HCT endorsed the establishment of a Camp Coordination Camp Management (CCCM)/ Site Management Working Group (WG) at the national level. The WG's goal is not to establish or promote camps or sites, but rather to address the coordination and advocacy needs of the partners regarding to the existing informal settlements or displacement sites. The WG will aim to focus on transitional and durable solutions in informal settlements and engage with actors beyond the humanitarian sphere. The WG will

also aim to develop a system of consolidated site information management and coordination of actors providing response in informal settlements or camp/site settings.

The Population Movement Task Team (PMTT) is currently looking into finding sustainable and accurate ways of improving displacement tracking in the interim period. This includes improving the way displacement tracking is currently being carried out by relaying on joint-assessment teams and by ensuring more regular spot checks carried out.

IOM-DTM plans, over the medium-term, to change the Baseline Mobility Assessment (BMA) and conduct it at the household level (instead of community level), increase the frequency to quarterly (from twice a year) and update the questionnaire to align it with other needs assessment tools to enable a broader system-wide use of this data. IOM expects that this process will be started in the first or second quarter of 2022. This will enable a better tracking of mobile populations in Afghanistan holistically and contribute to reviewing needs trends on a regular basis.

Cross-cutting indicators

#	INDICATORS	BASELINE 2021	SOURCE
01	# of access constraints	1,883	OCHA Humanitarian Access Snapshot Oct 2021
02	# of people receiving trauma health care (conflict)	271,544 trauma cases	Health Cluster, Operational Presence Calendar Year 2021 Dashboard (November 2021)
03	% of the population in need of social assistance	84%	IPC (2+) Projection November 2021-March 2022
04	# of people newly displaced 2021	667,903 people	OCHA DTS, Oct 2021
05	% of households aware of feedback or complaints mechanisms to reach aid providers	21%	WoA Assessment, 2021
06	% of households critical levels of debt (>65,000 AFN)	15%	WoA Assessment, 2021
07	% of households who reported areas in or around their home where women and girls feel unsafe	40%	WoA Assessment, 2021
08	% of households reporting at least one individual displaying changes in behaviour in the past year (mental health/trauma)	74%	WoA Assessment, 2021
09	% of households with at least one member without a valid Tazkera (identity document)	63%	WoA Assessment, 2021
10	% of households who report at least one member has a disability	16%	WoA Assessment, 2021

Education

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	% of households with at least one child (6-17) not attending formal or informal education regularly (at least 4 days a week) [aggregate indicator]	57%	WoA Assessment, 2021/HTR SDR	Yearly
02	% households with children (6-17) in schools/CBEs without access to safe and protective learning environments (absence of WASH facilities/ heating)	73%	WoA Assessment, 2021	Yearly
03	% of community and school management shuras in need of sensitisation/training on RCCE and safe school operations	20%	EiE WG monitoring database	Monthly

Emergency Shelter and NFI

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	% of households in need of shelter assistance	75%	WoA Assessment, 2021	Yearly
02	% of households in need of non-food items	2%	WoA Assessment, 2021	Yearly
03	% of households requiring assistance to cope with the winter season	49%	WoA Assessment, 2021	Yearly

Food Security and Agriculture

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	% of people in IPC Phase 3 and 4	30%	IPC Acute Analysis 2021	Bi-annually
02	% of shock affected households with a poor food consumption score	40%	SFSA, Post Distribution Monitoring	Bi-annually
03	% of households who have lost their source of income due to conflict, natural disaster, or reduced employment opportunities	85%	HEAT assessments and SFSA 2021	Bi-annually

Health

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	# of people without access to basic primary health care services	10.8 M	ReportHub/HMIS	Bi-annually
02	# of children < 2 years of age who are not fully immunized	1.6 M	ReportHub/HMIS	Bi-annually
03	# of women without access to antenatal care	600,480	ReportHub/HMIS	Bi-annually

Nutrition

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	Prevalence of Global Acute Malnutrition among children aged 6 to 59 months	Not available	SMART Survey	Annually
02	Number of children aged 6-59 months with acute malnutrition admitted for treatment	0	HMIS	Monthly
03	Number of pregnant and lactating women with acute malnutrition admitted for treatment	0	HMIS	Monthly

Protection

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	Number of people with unmet need for occupancy documents	6 million	WoA Assessment, 2021	Yearly
02	% households with any member of household experiencing any protection incident	53%	WoA Assessment, 2021	Yearly
03	% households reporting presence of areas where women and girls feel unsafe	40%	WoA Assessment, 2021	Yearly
04	% of women and girls without safe access to essential services (incl. more than one hour's distance from village)	50%	Partner Needs Assessments	Quarterly
05	% of health clinics not trained on GBV Treatment Protocol in last year	29%	WHO and UNFPA	Quarterly
06	Number of children having grave child rights violation in need child protection services	3,364 (Oct 2020 – Sept 2021)	MRM Dataset	Annually
07	# of people killed or injured by landmines, Explosive Remnants of War (ERW) and/or improvised mines	2021 Data	Information Management System for Mine Action - UN-EMACCA	Quarterly

Water, Sanitation and Hygiene

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	1 % of households without access to sufficient quantity of safe water for drinking, cooking and personal hygiene	33%	MRRD/ SFSA/ Partners' assessments	Bi-annually
02	2 % of households without access to protected gender and disability-sensitive sanitation facilities	57%	MRRD/ SFSA/ Partners' assessments	Bi-annually
03	3 % of households without soap and enough water for handwashing facilities	44%	WoAA 21/ Partners' assessments	Bi-annually
04	4 % of households reporting that women and girls in their household feel unsafe when accessing water points and bath/ latrines	8%	WoAA 21/ Partners' assessments	Bi-annually
05	5 % of SAM admitted without WASH critical supplies at household level	90%	Nutrition/ WASH Cluster	Bi-annually

Part 3: Sectoral Overview

KANDAHAR, AUGUST 2021

Gul Ahmad, 30, and two children left their home-town, Lashkargah, due to conflict and war.
Photo: UNICEF



Overview of Sectoral Needs

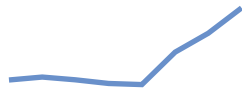
AREA	PEOPLE IN NEED	NEW IDPS	NEW RETURNEES	SHOCK-AFFECTED	VUL. PEOPLE	REFUGEEES	BY GENDER (%) FEMALE MALE	BY AGE (%) CHILDREN ADULTS ELDERLY	WITH SEVERE DISABILITIES (%)
Education	7.9M	279K	225K	72K	7.4M	37K	49 51	100 0 0	3.5%
Emergency Shelter and NFI	10.9M	378K	495K	36K	10M	43K	48 52	53 44 3	8.3%
Food Security and Agriculture	24M	504K	785K	150K	22.8M	72K	47 53	53 44 3	8.3%
Health	18.1M	387K	530K	102K	17.3M	57K	48 52	53 44 3	8.3%
Nutrition	7.8M	97K	78K	30K	7.6M	14K	69 31	55 45 0	8.2%
Protection	16.2M	504K	785K	123K	15M	72K	48 52	53 44 3	8.4%
Water, Sanitation and Hygiene	15.1M	504K	353K	135K	14M	39K	48 52	53 44 3	8.3%
Total	24.4M	504K	785K	150K	23.2M	72K	48 52	53 44 3	8.3%

3.1 Education

PEOPLE IN NEED

7.9M

TREND (2015-2022)

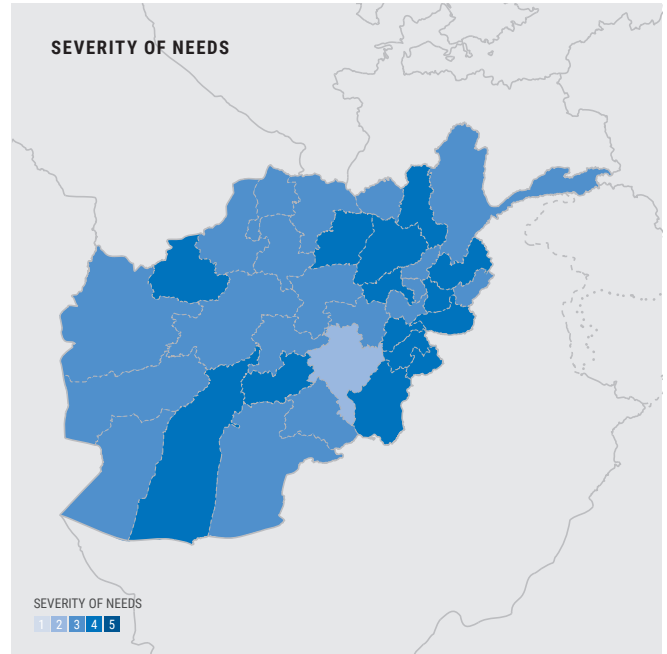
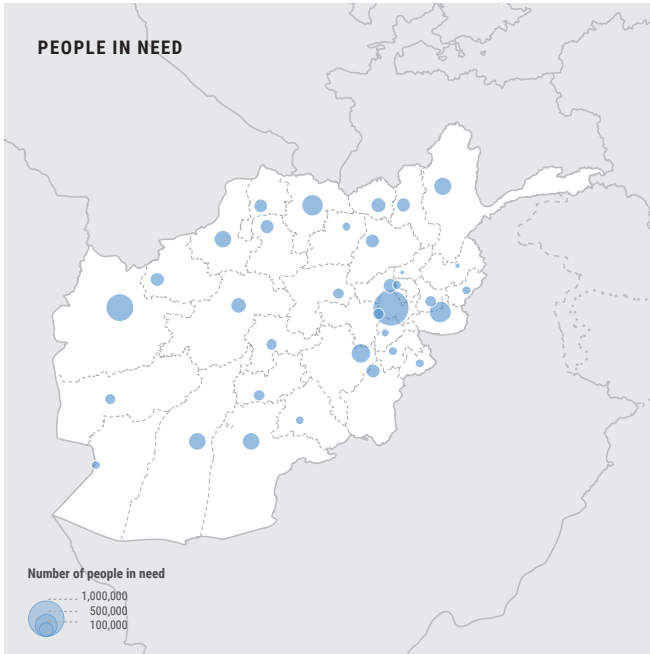


SEVERITY OF NEEDS*

3%
Stress

56%
Severe

41%
Extreme



* As a proportion of area

3.2 Emergency Shelter and NFI

PEOPLE IN NEED

10.9M

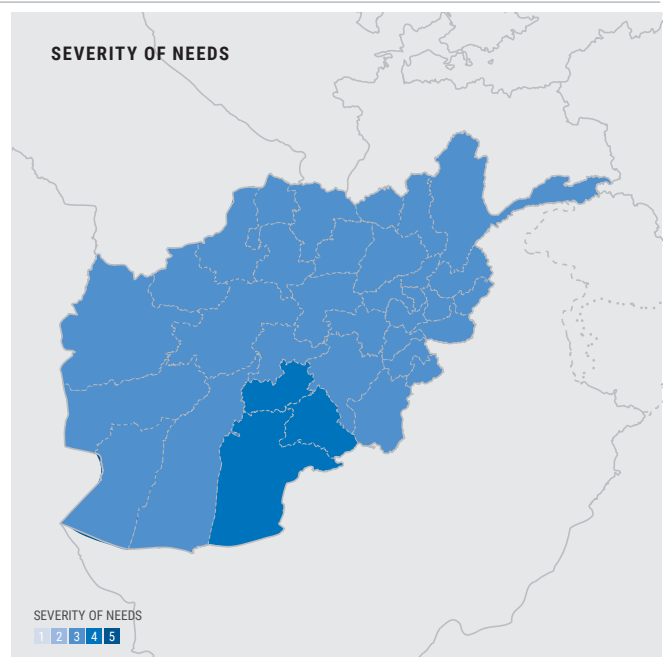
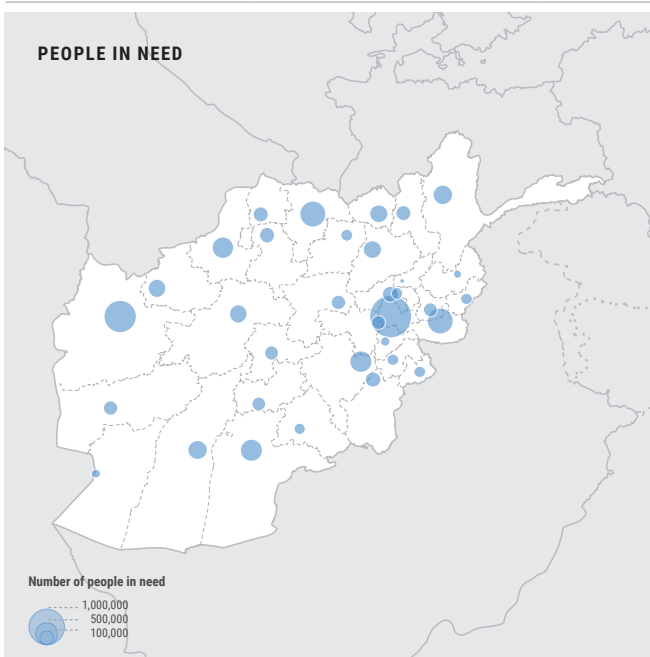
TREND (2015-2022)



SEVERITY OF NEEDS*

91%
Severe

9%
Extreme



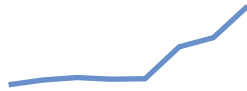
* As a proportion of area

3.3 Food Security and Agriculture

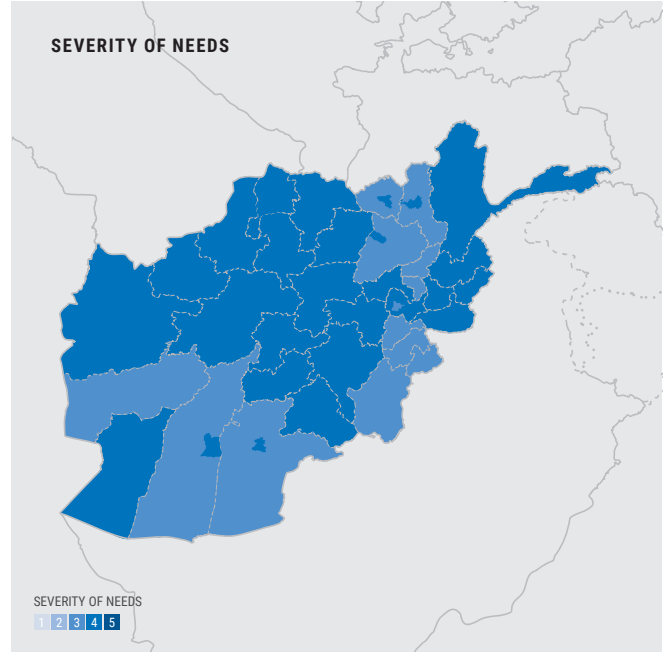
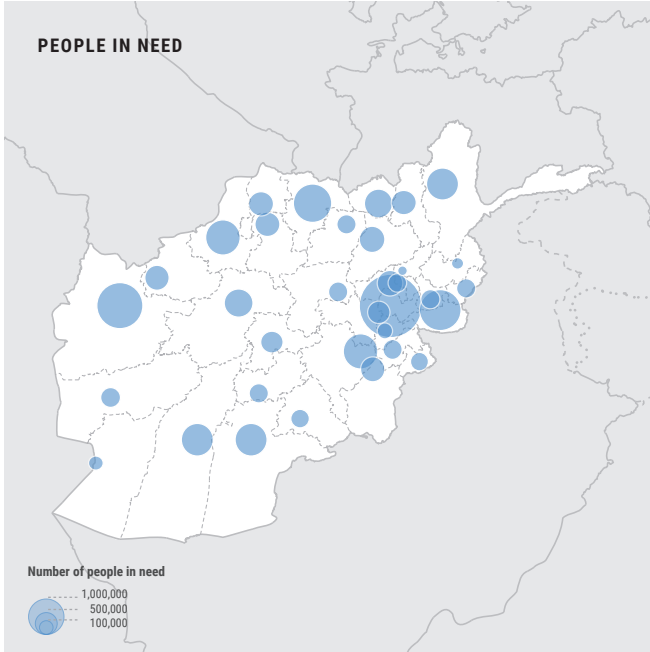
PEOPLE IN NEED

24M

TREND (2015-2022)



SEVERITY OF NEEDS*



* As a proportion of population

3.4 Health

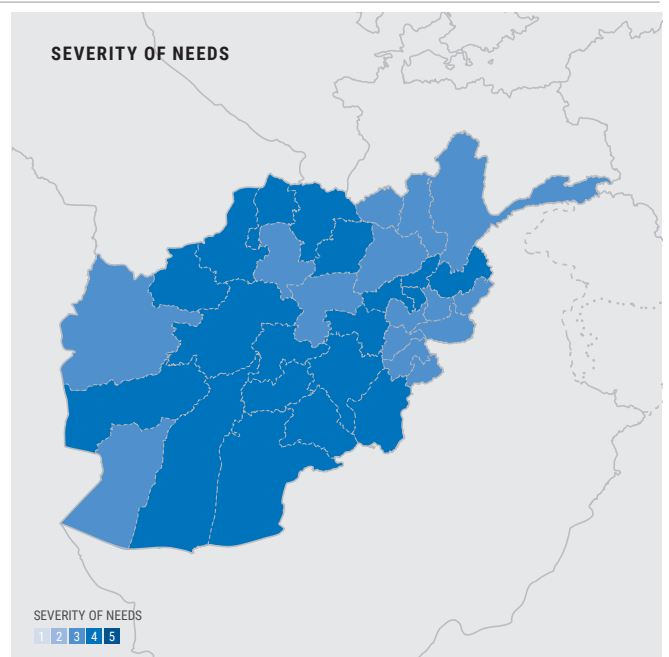
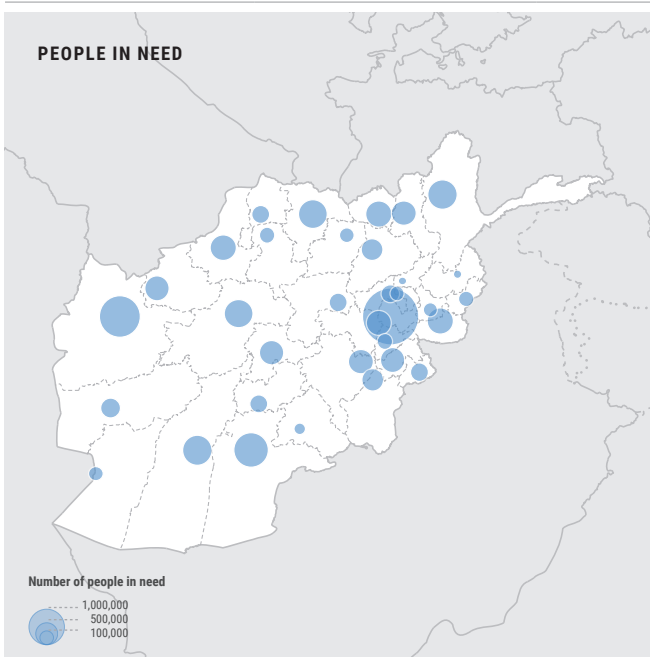
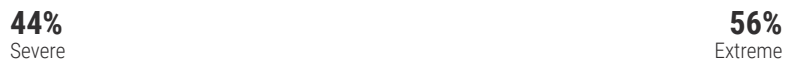
PEOPLE IN NEED

18.1M

TREND (2015-2022)



SEVERITY OF NEEDS*



* As a proportion of area

3.5 Nutrition

PEOPLE IN NEED

7.8M

TREND (2015-2022)

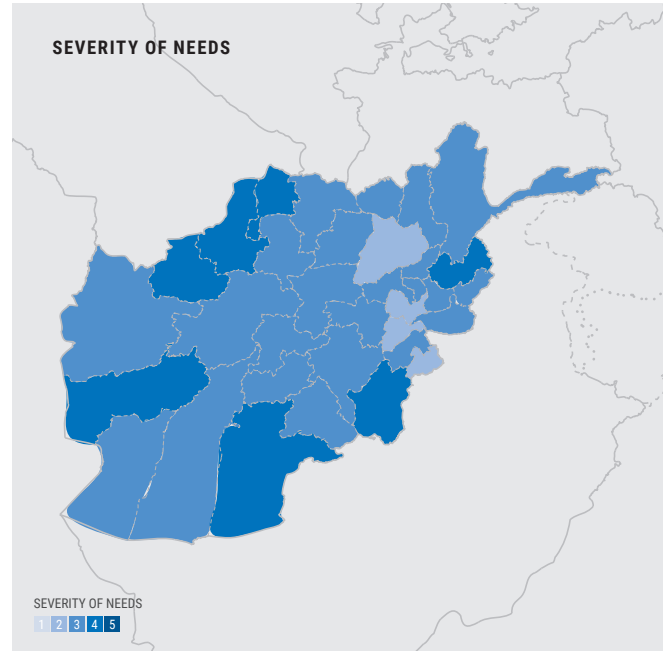
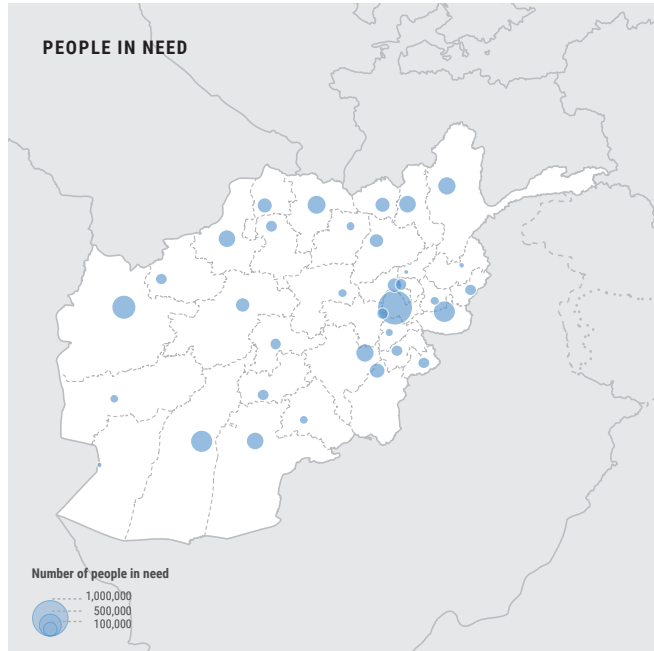


SEVERITY OF NEEDS*

12%
Stress

68%
Severe

21%
Extreme



* As a proportion of area

3.6 Protection

PEOPLE IN NEED

16.2M

TREND (2015-2022)

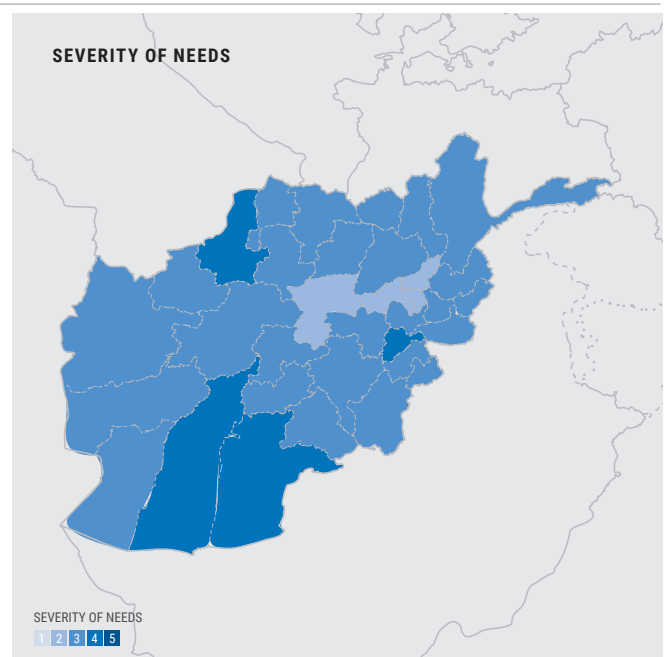
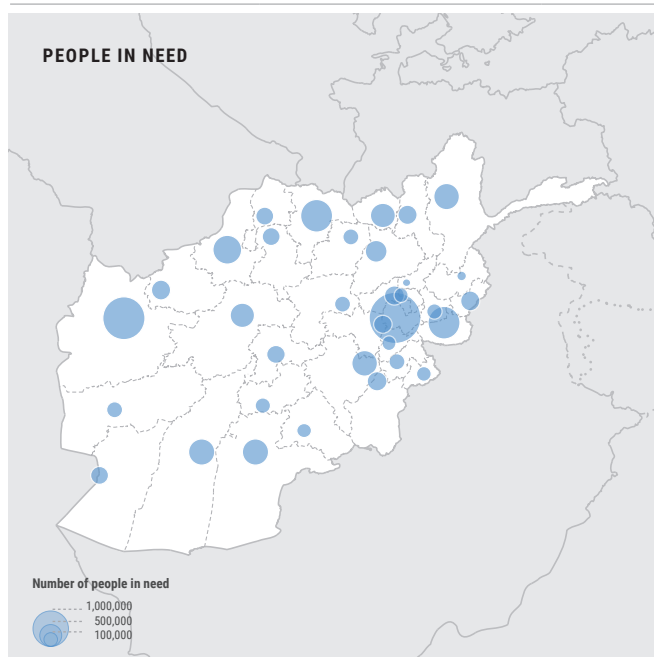


SEVERITY OF NEEDS

12%
Stress

76%
Severe

12%
Extreme



* As a proportion of area

3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED

15.1M

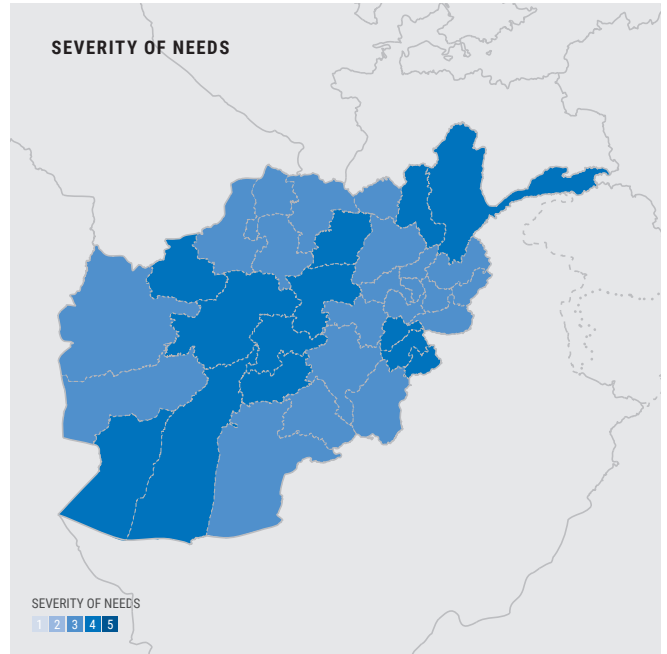
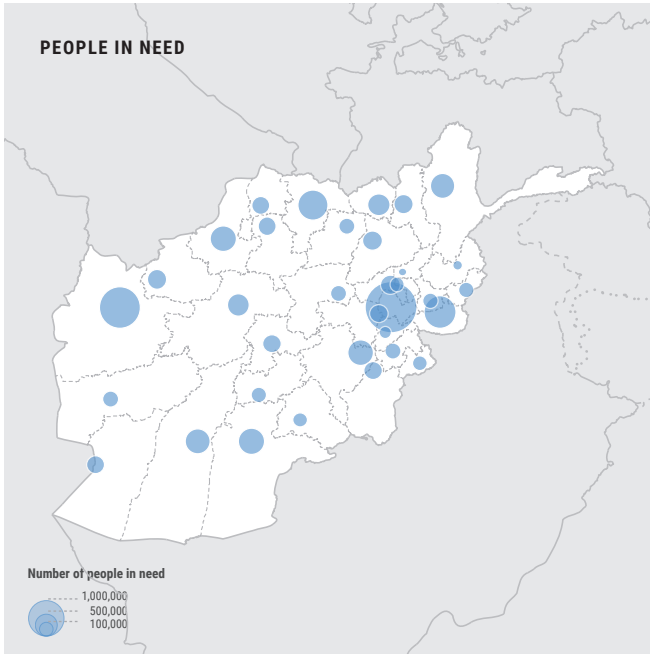
TREND (2015-2022)



SEVERITY OF NEEDS

62%
Severe

38%
Extreme



* As a proportion of area

Part 4:

Annexes

HIRAT, FEBRUARY 2020

Fardin, 5, (centre), Sarah, 2, (left), and Bibizat, 12, sit inside their home in an internally displaced camp on the outskirts Hirat. The children, together with their brother, six-month-old Samiullah are suffering from coughs. The family often burns rubber, plastic and any other material they can find to keep their home warm during the cold winter nights and days. Photo: UNICEF/Modola



4.1 Data Sources

Whole of Afghanistan Assessment

The fourth annual multi-sector needs assessment – the Whole of Afghanistan (WoA) Assessment was conducted from August to October 2021 to inform the HNO and response planning for 2022. The WoA was conducted under the framework of the Inter-Cluster Coordination Team (ICCT) and co-facilitated by REACH, in close collaboration with the UN Office for the Coordination of Humanitarian Affairs (OCHA). NGOs underpinned this effort with 370 enumerators drawn from REACH and 11 national NGOs, coordinated through the ACBAR Twinning Partner Programme, providing a vital training and capacity building opportunity for NGO staff on assessment best practice. The questionnaire used by REACH is compiled collaboratively with clusters and technical working groups and takes around half an hour per household to conduct. Data is recorded across the country mostly using tablets.

While this annual multi-sector needs assessment usually relies on a sample of more than 15,000 households, the heightened conflict situation, particularly up until 15 August, meant that a reduced sample size had to be adopted for data collection in 2021. Furthermore, data was collected during a transitional phase, with some collected under the new de facto authorities, and some prior. Some 9,880 households were interviewed (out of a planned 13,729 households) despite the challenges brought by the transitional period in which data collection took place. Despite the successful re-implementation of the dual household interview approach across many parts of the country (see more details below), overall there was limited ability to meet targets for female representation during the assessment period, particularly for female-headed households.

Findings for the household survey have a minimum of 90 per cent confidence level and 10 per cent margin of error for IDPs, cross-border returnees, and host communities at the national level. Findings for Refugees are indicative only, given the small sample size. At province level, findings are representative at 90 per cent confidence level and 10 per cent margin of error for 22 provinces, for displaced and non-displaced populations. The key informant component is statistically non-representative. Data can be disaggregated according to geography, gender, age and length of displacement. The Washington Group (short-set) questions were used to analyse disability trends, while questions on observed behaviour change were used as a proxy indicator for possible mental health concerns, given the low rates of formal diagnosis in Afghanistan. The latter is a standard methodology used by REACH in a number of countries with similar contexts.

Since 2020, the analysis also generated reliable, generalisable data directly from people other than the head of household. This was part of a concerted effort to better understand the situation facing women within male-headed households, rather than relying on non-comparable data from women heads of household and focus group discussions. The WoA team adopted a dual-household interview approach since 2020, with two-person teams of female-male enumerators moving house-to-house. Although events during data collection, and particularly after 15 August given the security challenges under the new de facto authorities, the WoA teams conducted 1,959 interviews with female members of households through the dual-household interview approach across 16 provinces (out of 5,666 planned).

Assessment of Hard-to-Reach Areas

The WoA assessment is complemented by a companion data collection exercise in 'hard-to-reach areas' where REACH uses a different methodology given the physical and security challenges involved in speaking to people in these locations. Hard-to-Reach Assessment data collection uses key informant interviews (KIIs) to gain an understanding of the humanitarian situation in settlements across selected districts. The selection of districts and key informants is done through a series of steps: districts are selected in coordination with the Humanitarian Access Group (HAG) and the ICCT-based on information collected from partners on accessibility of districts for data collection and previously defined hard-to-reach districts. While the assessment is designed to align with the WoA Assessment, the results are not directly comparable. For 2021, this was expanded to cover greater parts of the country (286 districts total) to allow for greater coverage of rural areas in districts where full access is historically more challenging due to conflict, as well as part of a contingency planning measure decided earlier in the year as conflict was rapidly escalating. In total, 7467 KI interviews were conducted in 286 districts across 31 provinces. This data collection exercise is conducted on a quarterly basis (with one round aligned with the WoA household data collection), which will continue into 2022. However, given the shifting dynamics of accessibility, the criteria for district selection for this kind of humanitarian situation monitoring will likely be revised.

The HAG is currently reviewing the future of the parallel HTR district inaccessibility mapping exercise as several of the previous indicators used to quantify accessibility may need to be adjusted, following the developments since 15 August 2021. The review process is underway, with a HAG decision on the continuation and modality of the exercise expected in the weeks ahead, and likely to take place on a quarterly rather than bi-annual basis.

Seasonal Food Security Assessment (SFSA) and Integrated Phase Classification (IPC) analysis

Food security and other vulnerability calculations in this HNO were heavily reliant on results from the

nationwide SFSA and subsequent IPC analysis – the latter now conducted twice a year in Afghanistan. The most recent SFSA data was collected from a sample of 11,250 households from 1,125 enumeration areas/communities across 11 urban and 34 rural analytical domains of the country in September 2021, making it highly representative at the national and provincial level by a private service provider. The analysis covered all 34 provinces of the country. The survey covered both urban and rural communities. The IPC analysis was conducted twice in 2021 with projection periods between June and November 2021, and November 2021 to March 2022. The IPC analyses of 2021 covered all 34 provinces of the country. The 34 provinces were divided into 45 analytical domains, 23 which were rural areas and 11 which were urban areas/centers.

Informal Settlements Monitoring (ISETs)

Longer-term displaced households often live in Informal Settlements (ISETs) – displacement sites with no written, legal agreement for land usage – usually in or near major urban centres. Given the significant information gaps in informal settlements, the REACH Initiative conducted its first round of ISET monitoring in May-June 2020, followed by a second round in December 2020. To provide an update on demographic change and service access from the first round of ISETs conducted in May-June 2020, the second round of monitoring aimed to address key information gaps. Key Informants (KIs) were interviewed to provide key demographic, sectoral, and operational information at the site level; each ISET was represented by one KI. In total, the assessment covered 1,130 sites across 135 districts in 28 provinces in Afghanistan. The specific objectives were to consolidate an updated list of informal settlements locations, create an updated profile of settlement needs and vulnerabilities, assess key services and availability, create a vulnerability index for risk of negative secondary impacts from COVID-19, and create maps outlining ISET boundaries and infrastructure (not available publicly). Since this round, REACH has been working with key partners implementing in informal settlements in major

Joint Market Monitoring Initiative

Launched jointly by the Afghanistan Cash and Voucher Working Group (CVWG) and partners in 2020, in collaboration with REACH Initiative, the JMMI provides monthly updates on prices of key items and market functionality to assess if needs can be met through Cash and Voucher Assistance. It complements existing price monitoring conducted by WFP, triangulating patterns across the nation, for key food and non-food items as well as market functionality indicators to inform modalities of humanitarian intervention. In the latest round (October 2021), a total of 686 trader KIs in markets were interviewed, across 83 districts in 30 provinces.

Awaaz

Awaaz is the collective inter-agency feedback service for the humanitarian community that promotes Accountability to Affected People (AAP) through a national call centre that launched in May 2018. Functioning as a toll-free hotline (open seven days a week) that could be used via multiple telephone networks, Awaaz facilitates a two-way flow of information between crisis-affected people and the humanitarian community. By dialling 410, any person with access to a phone can speak to one of 10 multi-lingual operators (50 per cent of whom are women) in either Dari, Pashto, Urdu or English, to access humanitarian information or lodge feedback about humanitarian activities in the country. Awaaz provides information on humanitarian services to affected populations, links callers with established referral systems and provides a complaint-feedback mechanism that can complement individual organisations' feedback mechanisms. Relaying people's feedback to the humanitarian community (disaggregated by gender, age, location and needs via monthly dashboards and custom analysis with clusters and partners promotes better understanding of the priority concerns and preferences of affected people across the country, encourages integration of people's feedback into programming. Overall, the nature of the needs expressed via Awaaz is consistent with those identified in assessments and echoes the multi-dimensional and interwoven humanitarian and development challenges confronting the population.

Awaaz is also fully integrated into the work of the AAP Working Group to ensure Awaaz data is used to inform the response. In the first 10 months of 2021, Awaaz handled more than 41,800 calls (23 per cent from female callers and 9 per cent from children) across all 34 provinces.

Monitoring Women's Participation in and Access to Humanitarian Services

Following the recent political changes in the country, women have found it more challenging to participate in public life and access services. This has also impacted humanitarian organisations' female staff ability to actively participate in the full spectrum of the humanitarian programme cycle. As a result, efforts are underway to map and understand women-specific access constraints to inform targeted advocacy with the de-facto authorities. This includes a joint monthly mapping exercise by the Gender in Humanitarian Action Working Group (GiHA) which conducts phone-based key informant interviews to map shifts in social practices and access to services for women and girls in Afghanistan.

Displacement Tracking Matrix (DTM)

IOM's DTM is a system that tracks and monitors displacement and population mobility with the aim of better understanding of reasons for people's movements and their evolving needs both during and after displacement. In Afghanistan, DTM is designed to track mobility, determine population sizes of forcibly displaced people, their reasons for displacement, places of origin, displacement locations and times of displacement, including basic demographics, as well as vulnerabilities and priority needs. Data is collected at the settlement level, through key informant interviews, focus group discussions, and direct observations. DTM enables the humanitarian community to be better informed on needs and deliver a better targeted and mobility-sensitive assistance.

DTM employs the Baseline Mobility Assessment tool, designed to track mobility, determine the population sizes, locations and geographic distribution of forcibly displaced, return and migrant populations, reasons for displacement, places of origin, and times

of displacement, as well as basic demographics, vulnerabilities and priority needs. Data is collected at the settlement level, through community focus group discussions with key informants and direct observations.

As of 31 March 2021, 34 provinces, 401 districts and 12,882 settlements have been assessed, including interviews with 77,019 key informants. Between 2012 and March 2021, 4,359,961 returnees and 4,927,639 IDPs currently living in host communities were identified. It is the only tool that provides settlement level data on long-term IDPs with data dating back to 2012.

Reports on the Protection of Civilians in Armed Conflict

UNAMA's Protection of Civilians report is produced quarterly and monitors civilian casualties of the armed conflict and other violations of international humanitarian and human rights law in Afghanistan. UNAMA investigates reports of civilian casualties by conducting on-site investigations, wherever possible, and consulting a broad range of sources that are evaluated for their credibility and reliability. Sources include accounts of witnesses, victims and directly-affected people, military actors (including the Government of Afghanistan and international military forces), local village/district and provincial authorities, religious and community leaders, and other interlocutors. For each incident involving a civilian casualty, UNAMA requires at least three types of sources to ensure credibility and reliability. UNAMA has been documenting civilian casualties in the country since 2009 and prepared annual reports since 2012, jointly with UN Office of the High Commissioner for Human Rights (OHCHR). These regular reports have informed the humanitarian community's planning by revealing conflict and protection trends. These inform advocacy and response – for example, these informed joint advocacy such as the Safe Schools Framework for mitigation against the impact of violence against education facilities during the recent election period. They also directly inform mine action response and humanitarian access planning.

DEEP HNO 2022 Country Support Project

With the end of the Global Information Management and Analysis Cell (GIMAC) project, a potential gap was identified in qualitative analysis of secondary data to inform the Humanitarian Programme Cycle, particularly the Humanitarian Needs Overview process in the period between August and November 2021. While the GIMAC project contributed to country-level Inter-Cluster Coordination Team's (ICCT) ability to conduct secondary data reviews (SDR), improve joint analysis, and monitor changes in the humanitarian situation, in particular with regards to COVID-19, the HNO Country Support Project, continues to support secondary data analysis specifically focused on supporting Country Expert Groups' HNO processes.

The HNO Country Support Project tags the available information based on the agreed analysis framework, which is a simplified version of GIMAC, aligned to the HNO, and JIAF, as well as taking account of the individual country joint analysis processes. The purpose of tagging the secondary data is to structure the information from multiple documents and sources to enable an effective analysis and identify information gaps. The outputs of the project will include a comprehensive repository of secondary data; a registry of all publicly available needs assessment reports and one first level analysis report based on the agreed analytical framework.

Protection Monitoring and Protection Analysis Update (PAU) Report

Data sources from the community-based Protection Monitoring and household level survey that are conducted under the Protection Cluster on monthly basis are reflected in the monthly dashboard and the Protection Analysis Updates. These data sources were used for the protection need analysis in addition to the other above sources. The protection partners are using harmonised joint monitoring tools to collect data to identify and monitor protection risks and trends to inform programme response and advocacy initiatives.

Number of assessments

NO. OF ASSESSMENTS	PLANNED ASSESSMENTS	PARTNERS	TYPE OF ASSESSMENT	
731	20	43	Multi-sector	

	ES-NFI	FSAC	Health	Nutrition	Protection	WASH	HEAT/RAF	Multi-sector	Total
Capital	3	1	2	1	3	26	32	8	76
Central Highland	3	1	1	1	3	0	23	7	39
Eastern	3	1	7	0	3	36	175	8	233
North Eastern	3	1	3	0	3	13	135	8	165
Northern	3	1	1	1	3	23	15	8	55
South Eastern	3	1	2	0	3	13	21	8	51
Southern	3	1	9	0	3	45	23	8	92
Western	3	1	3	0	3	34	90	8	142

Assessments type by sector

SECTOR	TYPE OF ASSESSMENT	LEAD
Multi-sector	Whole of Afghanistan Assessment	REACH
Multi-sector	Assessment of Hard-to-Reach Areas	REACH
Multi-sector	Informal Settlements Monitoring (ISETs)	REACH
Multi-sector	Joint Market Monitoring Initiative	CVWG/REACH
Multi-sector	Awaaz	Awaaz (UNOPS)
Multi-sector	Household Emergency Assessment Tool (HEAT)	Multiple/ERM
Multi-sector	Multi-sector Rapid Assessment Form (MS-RAF)	IOM
Multi-sector	Displacement Tracking Matrix (DTM)	IOM
ES-NFI	Local Architecture Review (Key findings on vernacular Shelter designs, Materials, and Local Building Practices in Afghansitan)	REACH/UNHCR
ES-NFI	Rental Market Assessment	REACH/UNHCR
ES-NFI	ESNFI Cluster Rapid Assessment Mechanisms (RAM)	REACH/UNHCR
FSAC	Seasonal Food Security Assessment (SFSA) and Integrated Phase Classification (IPC) analysis	FSAC

SECTOR	TYPE OF ASSESSMENT	LEAD
Nutrition	SMART Surveys (Bamyan, Sar-e-Pul provinces)	AAH/ACF
Nutrition	Rapid SMART Survey (Parwan province)	AAH/ACF
Health	Provision of Orthodontic, Prosthesis and Physiotherapy services	DAO
Health	The Vocational Trainings can be the source of Income generating	DAO
Health	For the Mentally Improvement and Re-merging in community	DAO
Health	To be Fully Mentally and Physically Improved	DAO
Health	Assessment of Health facilities using HeRAMS	WHO
Health	Primary Healthcare and Trauma Care Needs AHF 3rd RA	JIA
Health	Assessment in 5 Districts of People with Additional / Special needs.	JACK
Health	Assessment in 4 districts for integrated primary Heaalthcare, Trauma care and MHPSS for the AHF 2nd RA.	MMRCA
Health	Assessment Conducted for the Reproductive, Maternal, Newborn and Child Healthcare and Gender Equity	JACK
Health	Self Relaince Assessment for Pakistani refugees, IDPs and host communities in 4 districts in Khost.	HADAAF, ECW
Protection	Monitoring Women's Participation in and Access to Humanitarian Services	UN WOMEN
Protection	Protection Monitoring and Protection Analysis Update (PAU)	UNHCR/NRC
Protection	Evaluation of Mine Action Programme of Afghanistan (MAPA)	SAMUEL HALL
WASH	Conflict Affected WASH Needs Assessment	DACAAR
WASH	Natural Disaster Affected WASH Needs Assessment	DACAAR, WVI, IRC, ORD
WASH	WASH Needs Assessment of People with Humanitarian Needs	IMC
WASH	WASH Needs Assessment of IDPs, Returnees and Refugees	CAHPO, AABRAR, IMC

Planned assessments

SECTOR	TYPE OF ASSESSMENT	LEAD
Multi-sector	Whole of Afghanistan Assessment	REACH
Multi-sector	Assessment of Hard-to-Reach Areas	REACH
Multi-sector	Informal Settlements Monitoring (ISETs)	REACH
Multi-sector	Joint Market Monitoring Initiative	CVWG/REACH
Multi-sector	Awaaz	Awaaz (UNOPS)
Multi-sector	Household Emergency Assessment Tool (HEAT)	Multiple/ERM

SECTOR	TYPE OF ASSESSMENT	LEAD
Multi-sector	Multi-sector Rapid Assessment Form (MS-RAF)	IOM
Multi-sector	Displacement Tracking Matrix (DTM)	IOM
ES-NFI	Rental Market Assessment	REACH/UNHCR
ES-NFI	ESNFI Cluster Rapid Assessment Mechanisms (RAM)	REACH/UNHCR
ES-NFI	Winterization Technical Assessment	REACH/UNHCR
FSAC	Seasonal Food Security Assessment (SFSA) and Integrated Phase Classification (IPC) analysis	FSAC
Health	COVID-19 Barrier Analysis	WVI
Nutrition	SMART Survey	AAH/ACF, PU-AMI

4.2 Methodology

Joint Intersectoral Analysis Framework

In line with last year's global guidance, the HCT and ICCT have used the JIAF to analyse and calculate the number of people in need (PiN) in 2022. The main objective of the JIAF is to ensure consistency in analysis and calculation approaches across global responses, with a robust, step-by-step process for jointly calculating need. This fulfils a Grand Bargain commitment on needs assessments where the humanitarian community agreed to "[p]rovide a single, comprehensive, cross-sectoral, methodologically sound and impartial overall assessment of needs for each crisis to inform strategic decisions on how to respond and fund...." Donors, agencies and other humanitarian actors also committed to improve performance through a coordinated approach on needs assessments which are the backbone of the JIAF analysis. The JIAF takes an intersectoral analysis approach, recognising that while understanding sectoral needs and severity is important, so too is identifying the interlinkages and compounding effects across the sectors. This is particularly true in terms

of sequencing - when some needs will not be solved unless others are addressed in the ideal sequence.

In Afghanistan, this work was achieved through a dedicated JIAF workshop led by OCHA, and involving cluster coordinators, assessment leaders and information management officers, which flowed from a day-long ICCT HNO workshop. This process helped build technical consensus and buy-in across the team, with common ownership of results that are aligned with the wider contextual analysis from the preceding HNO workshop.

Earlier sections of the HNO outline the first analysis stages in the JIAF flow chart, with clusters and technical experts providing data, observations and expert trend analysis on the context, shocks, drivers of need, vulnerabilities and impacts of the crisis. Data sources included nationwide multi-sectoral assessments such as the Whole of Afghanistan and Seasonal Food Security assessments, as well as individual cluster-based surveys and data. This analysis helped the ICCT identify populations of concern and analyse the consequences of the

emergency through the lens of the three humanitarian conditions. COVID-19 needs were mainstreamed throughout the analysis. Protection was also mainstreamed, rather than being presented as a separate condition which is in line the HCT's broad objective to promote the centrality of protection.

This narrative analysis of needs was then converted into numerical severity rankings using a series of 35 sectoral and multi-sectoral needs indicators (see annex pg 94). These came from multiple sources, including several nationwide multi-sectoral household-level datasets. They were selected during the JIAF workshop based on what was deemed to be most contextually relevant for sectors and on cross-cutting themes to provide the best overall picture of needs. These indicators were analysed using the JIAF Scenario B methodology to calculate the number of people in need and produce a corresponding needs severity map below.

Using this Scenario B approach, each province received a severity score per indicator. This was calculated as the score within which at least 25 per cent or more of the population fell into need. This means, for example, that if 20 per cent of the population had a score of 5, and 10 per cent a score of 4, the 25 per cent threshold for a score of 5 was not met and the final severity score would be 4 (all the people in categories 4 and 5). The top scoring 50 per cent of the indicators were then averaged to reveal the minimum severity score for each province. This severity score

then served as a guideline for calculating the number of people in need, assuming that at least 25 per cent of the total population for the province fell into the designated level of need or higher. This figure was then triangulated with other key or 'critical' indicators. In line with the guidance from the global HPC team and the Global Food Security Cluster, IPC scores were considered critical indicators. The IPC and JIAF population numbers were triangulated with the ICCT's expert analysis and used to calculate the total number of people in need. The severity map below represents the overall scores reached through the JIAF. UNFPA Flowminder population projections for 2022 were used as the basis for all calculations.

This is the second year that this approach is used to calculate the number of people in need for Afghanistan. In the first three years of the multi-year HRP (2018-2021), the overall PiN was calculated using the highest number among the sectoral PiNs (usually FSAC in Afghanistan), plus any additional people who are considered in need by other clusters but not by FSAC (e.g. trauma patients).

Clusters followed global cluster guidance to calculate their own sectoral PiNs for 2022, with some following the severity scale methodology. It was also recommended that, where possible and relevant, clusters use data and indicators that had also been incorporated into the JIAF. No cluster PiNs exceeded the overall PIN. A breakdown of each cluster's methodology is below.

Sector methodologies

Education

In Afghanistan, children aged 6-17 (school aged children) make up 33 per cent of the total Flowminder population. The Education Cluster considered children in the following population categories to be part of the PIN given their vulnerability and situational needs for Education services. Children who are:

- Internally displaced people
- Cross-border returnees
- Shock affected non-displaced

- Refugees and asylum seekers
- Vulnerable children with humanitarian needs
- People with disability was calculated using 10 per cent incidence as per the last HRP figures

The Education Cluster relied mainly on the following data sources to estimate the needs for the sector: 2021 Whole of Afghanistan data; EMIS data; Education Cluster 4Ws, IPC analysis, 5W Dashboard and MRM data. The key indicators used to elaborate on the integrated needs for education in different parts of the

country relate to access to education and attendance rates, as well as child labour and child marriage figures.

Emergency Shelter and NFI

The ES-NFI Cluster employed a needs analysis approach that utilised more up-to-date data and covering a broader range of vulnerability thresholds, including debt burden. Based on the WoA results and the IPC analysis, key indicators that highlighted the ES-NFI needs across the country were factored into the overall population figures for the 2022 planning. This included:

- People living in damaged shelters
- Natural disaster affected households who were impacted with loss of or severe damage to shelters and subsequently basic household's items
- Households with either inadequate heating sources or nor heating sources
- Households in need of NFIs
- Households that have their main primary reason for taking on debt as rent

Food Security and Agriculture

The FSAC PiN was developed primarily through the bi-annual IPC analysis and the Seasonal Food Security Assessment (SFSA). IPC analysis is the major set of data which is used for identifying the number of people in need of food and livelihoods assistance across the country. Additionally, SFSA dataset, WoA assessment data, Agriculture and Livelihood Assessment, Agriculture Prospect Report data, Nutrition data, climate, precipitation data, market price data and FSAC partners localised assessments and response data were all used to conduct the IPC acute analysis. The SFSA data was collected from a sample of 11,430 huseholds from 1,143 community clusters across 34 rural and 11 urban analytical domains across the country. The data is highly representative at national and provincial level. Another layer of the sample is used at the community level to understand humanitarian issues through focus group discussions. SFSA also collected community level and market information at the district level to collect information on access, availability, and prices of different food items. A total of 434 market assessment

were conducted in 323 markets in both urban and rural areas across all 34 provinces.

Health

The Health Cluster calculated its sectoral number of people in humanitarian need by following the Global Health Cluster (GHC) Guidance: People in Need Calculations (2nd version). Moreover, the Health Cluster PiN calculation process follows the Global Health Cluster core indicator list, assigning relevant thresholds, across health service demands, gaps and compounding factors. Severity is calculated by giving more weight to the different compounding factors and utilizing data from the WoA Assessment.

The following indicators were identified to produce data on health services and health status:

- Percentage of people with disabilities
- Number of health facilities per 10,000 population
- Coverage rate of the combined diphtheria, tetanus toxoid and pertussis vaccine (DPT3)
- Coverage rate of the Bacillus Calmette–Guérin (BCG) vaccine
- per cent of children receiving measles vaccination
- per cent of population that can access primary healthcare within one hour of walking from dwelling
- per cent of population that can access trauma care within 48 hours of sustaining an injury
- per cent of population reporting facing barriers to health care access
- COVID-19 vaccine rate
- IPC analysis data

Nearly all of the thresholds provided above are based on minimum standards, many of which have been taken from the Sphere Standards or WHO guidelines/standards. While these indicators have been calculated into the Cluster PiN figure as per global guidance, there are no global guidance for the following indicators:

- per cent of population that can access trauma care within 48 hours of sustaining an injury
- per cent of population reporting facing barriers to health care access

The threshold used for access to trauma care were the same as the global thresholds for access to primary care within one hour of walking. Furthermore, all of the households reporting that they were unable to access trauma care in case of injury were considered to be 'in need'. Regarding access barriers to health care services, the threshold have been set with 0 per cent for Severity 1 and increasing in increments of 25 per cent for each severity level. Furthermore, all households report that they are facing barriers to health care access were considered to be 'in need'.

Once the Health PiN calculator was used, the results were shared with a pre-identified panel of 'experts', a so-called Expert Judgement Group. The Expert Judgement Group comprised of representatives from partners with experience in analysis and/or extensive local knowledge for the geographic region covered by the HNO.

Nutrition

The Nutrition PiN was calculated according to province and then accumulated using the globally accepted Nutrition Cluster Caseload calculation tool which includes both prevalent and incident cases. Conservatively, the cluster used a correction factor of 2.6 to account for the incident cases. To calculate the prevalence of acute malnutrition across the country, the data from previous SMART surveys were adjusted using the latest IPC analysis findings. For the nine provinces where SMART survey data was not available, screening data from the national Health Management Information System (HMIS) were utilised. Finally, the initial estimated PiN figure was further inflated by a factor ranging from 15 to 39 per cent to factor in the effects of drought, COVID-19 and the weakening of the health system due to uncertainty over development funding – the effect of which are expected to be felt in 2022.

Protection

The Protection PiN was calculated using data from the 2021 WoA Assessment, particularly the number of respondents indicating that a member of the household has experienced any protection incidents. At the provincial level, 80 per cent of IDPs, 57 per

cent of cross-border returnees, 47 per cent of shock affected non-displaced and 60 per cent of vulnerable people with humanitarian needs were considered to be in need of protection services. Furthermore, all refugees and asylum seekers were considered to be in need of protection. The total Cluster PiN figure was then derived based on the cumulative figure of all the previously mentioned population groups as well as taking the maximum number of people in need at the provincial level from all the different protection sub-clusters.

The calculation of each sub-cluster composite indicator was as follows:

Using the JIAF needs severity indicators for child protection, the CPiE sub-cluster calculated the severity scales according to province and estimated the overall PiN figure based on severity ranking. In terms of the prioritised population groups, 100 per cent of all children and 25 per cent of all adults among the displaced, shock affected, returnees and refugees/asylum seekers' population groups were accounted for. Furthermore, vulnerable people with humanitarian needs have been estimated as an overall PiN based on the JIAF severity scale while subtracting the PiN figure for IDPs, returnees, shock affected and refugee/asylum seekers' population groups. Finally, the following indicators were used:

- per cent of households with one or more members experiencing a protection concern in the last 30 days
- per cent of households with individuals experiencing any behavioural changes in the past year
- per cent of households that had at least 1 child between the ages of 11 and 17 years working outside of the household in the last 30 days
- per cent of households reporting "marriage of daughters earlier than intended"
- per cent of households reporting that the presence of explosive ordinance has affected children's ability to attend school, child-friendly spaces and recreational areas

For the GBV sub-cluster, the PiN calculation was based on severity ranking – using standard global GBV indicators as recommended for the JIAF while adapting the indicators to suit the context in Afghanistan – and WoA and DHS data. The severity ranking was in turn applied on OCHA data. For the PiN calculation, the GBV sub-cluster prioritises all population groups. 85 per cent of the PiN figure consists of women and girls whereas 15 per cent consists of men and boys. Among the PiN figure for women and girls, 85 per cent of the PiN figure consists of women and 15 per cent of girls. On the other hand, among the PiN figure for men and boys, 67 per cent consists of men and 33 per cent consists of boys. To avoid double-counting, the targeting of boys and girls is lower as the GBV sub-cluster shares this caseload with the CPIE sub-cluster. Furthermore, women are particularly prioritised as they face heightened risks of multiple forms of GBV, including spousal abuse.

For HLP, the PiN was calculated from the 2021 WoA Assessment data. Households that reported unmet needs for occupancy documents were considered as people in need. For the analysis narrative, HLP drew on a range of research and analysis from HLP partners, as well as protection monitoring reports pertaining to evictions. Data from the Mine Action AoR Information Management System for Mine Action (IMSMA) was used to determine the number of people living within 1km of legacy hazards and improvised mines and classified them as being in need of Explosive Ordnance Disposal (EOD), Survey, Explosive Ordnance Risk Education (EORE) and Clearance. Additionally, the 2022 Flowminder population projection was used to determine additional people in need: 80 per cent (30 per cent for risk education and 50 per cent for EOD and survey) of conflict displaced people due to their vulnerability to explosive hazards, and 70 per cent of returnees at border (Encashment Centre, Transit Centers and Zero Point) and 5 per cent of the returnees at their provinces of return, non-displaced conflict affected and documented refugees due to their unfamiliarity with the risks of their surroundings, and 5 per cent of the people injured by explosive ordnance were identified to be in need of mine action services (clearance, EOD, survey and EORE).

The IMSMA database is used worldwide to record MA-related information.

Water, Sanitation and Hygiene

The WASH PiN was developed from the common estimated numbers by adding up the different population groups. The number of IDPs in need of WASH assistance per province was based on three indicators (sufficient handwashing facilities; sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use; and access to a functional and improved sanitation facility). The calculation was based on JIAF indicators from the WoA report. The WASH Cluster estimates that 90 per cent of the IDP caseload will need WASH assistance in informal settlements or host communities. Among cross-border returnees, 90 per cent of undocumented returnees from Iran and Pakistan passing through border-crossings will need WASH services provided at zero points, transit centres or in their settlements. Additionally, 45 per cent of refugee returnees from Iran and Pakistan (documented) live in informal settlements or with host communities and will need WASH assistance. A similar method was applied for refugees and asylum seekers. Based on zonal reports, some 54 per cent of Pakistan refugees residing in Khost and Paktika as well as other asylum seekers will need WASH assistance. Some 90 per cent of shock-affected non-displaced people affected by sudden-onset natural disaster will need WASH assistance in their communities. To identify the number of vulnerable people with humanitarian needs, the Cluster relied on IPC 3 and 4 data and looked at the percentage of households reporting insufficient water for handwashing, the percentage of households reporting non-access to protected water points and toilets and the percentage of people unable to access water points either due to far distance or because the water points are dried up. Furthermore, the calculated provinces were based on JIAF indicators from 2021/2020 WoA reports and the 2020 SFSA data. Some 61 per cent of people in IPC 3 and 4 will need WASH assistance. Finally, for the narrative analysis, the WASH Cluster relied on three multisectoral assessments: WoA, SFSA and HEAT.

4.3 Information Gaps and Limitations

Whole of Afghanistan (WoA) Assessment and Assessment of Hard-to-Reach Areas

In 2021, the WoA Assessment continued to be one of the few multi-sectoral assessments that could be conducted to a sufficient scale to inform the 2022 HNO. This fourth round of the WoA assessment was facilitated by REACH Initiative. First conducted in 2018, the assessment, timed with key milestones in the Humanitarian Programme Cycle (HPC), provides high-quality, representative data to humanitarian decision-makers and implementers to inform the annual Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP). The WoA 2021 questionnaires included indicators covering all 11 clusters and working groups in Afghanistan. Indicators were reviewed by the ICCT, clusters and working groups. Indicators were then aligned with the Afghanistan Joint Inter-sectoral Analysis Framework for 2021. However, data collection was challenging as it occurred during the political transition in the country; with some of the data collected under the new de-facto authorities and some during the previous government. This transitional period, which was marked with heightened insecurity throughout the country, limited WoA 2021 ability to meet overall targets set, and particularly for female representation. Similarly, the assessment was unable to collect sufficient data on Pakistani refugee households in Khost and Paktika to publish due to access and security issues. Overall, 9,880 households (out of planned 13,729) were interviewed and 7,467 Key Informant Interviews were conducted. Of the household-level interviews, 1,356 were conducted with both male and female members of the households.. Overall, statistically representative findings can be reported for each population group at national level, and for displaced and non-displaced populations at provincial level for 22 out of 34 provinces, with indicative findings for a further 8 provinces.

Comprehensive Gender Analysis

There are persisting gaps in terms of available sex and age disaggregated data (SADD) across sectors. Challenges to obtain those in a systematic manner should be addressed, ensuring diverse women and girls' voices are heard in data collection processes in order adequately inform key priorities for the humanitarian response. The Gender in Humanitarian (GiHA) Working Group will continue supporting initiatives to improve gender responsive data collection.

A comprehensive gender analysis should be conducted to complement gender data gaps, using a gender responsive methodology and a representative sample.

SFSA and IPC Analysis

The national analysis workshop was held on 28 September–5 October 2021 in Kabul, Afghanistan. The workshop adopted a hybrid approach where the majority of workshop participants had physical presence while a few others participated virtually. This IPC workshop was conducted with a hybrid approach due to COVID–19 travel restrictions for a few organisations. This resulted in minor communication problems due to a weak internet connection and unstable electricity power for participants joining virtually. SFSA was collected right after the political transition, when food security conditions were changing rapidly.

Disability and Mental Health

Despite disability and mental health issues being pervasive challenges across the country, comprehensive and regular assessments and analyses on these themes do not exist. In 2019, the Asia Foundation was able to release the Model Disability Survey in Afghanistan, which evaluated indicators for physical disability, learning and other impairments as well as mental health. Covering 14,290 households

(representing 111,641 people) across the country, this was only the second assessment of its kind in 15 years. The first one was conducted in 2005 by Handicap International. There is recognition that more up-to-date and sector-specific data on disability and mental health needs is required. The WoA Assessment and other multi-sector assessments have made some progress on this with the inclusion of the Washington Group Questions – condensed to fit the assessment format. Data on mental health issues is also collected by assessing people’s perceived changes in behaviour as a proxy. However, this data remains self-reported with reliability difficult to gauge. A draft National Disability Inclusion Strategy (2021 -2030) was developed during the previous government; however, it remains to be endorsed and implemented. Getting a better snapshot of disability and mental health needs will continue to be a priority for 2022. The ICCT has committed to also better monitor perceptions of response from people with physical and mental disability.

Perceptions Data

The ICCT has committed to focus more on attaining data on people’s perceptions of different facets of crises, self-reported needs and their opinions of the response. With the establishment of an AAP Working Group in mid-2020 and recruitment of a dedicated coordinator as well as the revitalisation of a PSEA Taskforce with a multi-year funded coordinator, efforts have been made to place voices of affected people at the heart of humanitarian needs analysis and response planning. The AAP Working Group has been

Sector-specific information gaps

Education

To date, a comprehensive Joint Education Needs Assessment (JENA) has not been conducted which helps to paint a complete picture on education in Afghanistan. Therefore, information available on education remains incomplete. Prolonged school closures due to COVID-19 prevention measures and the general insecurity which saw many schools closed, meant partners were unable to monitor both quantitative and qualitative needs of children in CBEs and schools as they pertain to children’s well-being

supporting Clusters to put in place AAP indicators. The Working Group has also developed a broader list of perception indicators for 2022. Other efforts will also be extended to better understand people’s information needs and preferences. The AAP Working Group started publishing the monthly, Afghanistan Collective Feedback Digest, beginning with feedback organisations collected in September. The AAP WG also is working to establish a collective feedback data platform that will be based on shared data points for analysis and advocacy to influence response priorities and programming.

Awaaz

Awaaz is proving an increasingly useful information source for operational partners on emerging needs and response priorities in conflict and natural-disaster affected areas. In the first 10 months of 2021, Awaaz handled more than 41,800 calls (23 per cent from female callers and 9 per cent from children). Issues and needs registered through Awaaz, although reflective of the real and immediate issues people face, can, however, only be considered illustrative. Results are limited in their representation to those sections of the community which are aware of the call centre and have access to a phone to make a call. The 2021 WoA Assessment results showed that 79 per cent of respondents were not aware of any feedback or complaint mechanism, down from 85 per cent in 2020, to reach aid providers existing in the country. Of the 21 per cent who knew of one, only 21 per cent were aware of Awaaz.

and learning outcomes in 2021. Planning for a JENA or similar survey is underway for 2022.

Emergency Shelter and NFI

According to initial reports, vulnerable people are returning to areas of origin and communities are helping to support large numbers of returns that are in need of humanitarian assistance. While the full trends are unclear, people returning to previously conflict affected areas may form a distinct group with specific need profile around HLP and shelter

within communities at places of origin. More analysis is needed to determine what proportion of internal returnees will need humanitarian assistance as well as the scope of that assistance. The ES-NFI Cluster will utilize the Rapid Assessment Mechanism introduced by the cluster in 2021 to determine the scope of assistance needed for this group. Additionally, the increase in urban displacement and economic crisis faces by IDPs and returnees has led to concerns about an increase in households living in informal settlements or other tenure-insecure environments. To address this, the ES/NFI Cluster and REACH will conduct a rental market assessment of the 8 largest regional urban rental markets in Afghanistan, which will provide the information needed to guide rental assistance programmes to support households with dignified and affordable living conditions. Finally, the deteriorating economic situation and evident lack of preparedness for households for winter has increased vulnerability of households to winter needs will put additional strain on the ability of humanitarian organisations to cover gaps needed in order to assist households in enduring the winter. To identify ways in order to make the winterisation response more effective, REACH and ES/NFI Cluster will conduct a technical winterisation assessment to explore the effectiveness of different winterization response packages, and identify key ways in which the winterisation response can be made to be more cost effective, longer lasting, and improve the resilience of vulnerable populations.

Food Security and Agriculture

Food insecurity needs are being assessed on a regular basis through the bi-annual IPC analysis which allows for up-to-date trend analysis of food insecurity needs. Through the combination of the WoA assessment focused on displaced people and returnees as well as the area-based analysis completed through the SFSA, it is possible to conduct complementary and mutually reinforcing coverage and knowledge of the food insecurity needs at the provincial level. In 2022, there is a need to improve the capacity of both the FSAC and Nutritional Clusters to capture information on food utilization and provincially representative anthropometric data. These include practices on food

preferences, preparation, storage and feeding practices. In addition, it will be important to explore how to better capture representational data on the primary nutritional outcome indicators to better support a comprehensive IPC process. The seasonality of agriculture production, pasture conditions and livestock produce are partially captured through assessments conducted in collaboration with government partners and these will need to be continued in 2022.

Health

The latest national health survey - Afghanistan Health Survey, 2018 - is outdated, and no recent national survey is available to reflect the accurate health status and performance of indicators. While a Demographic Health Survey (DHS) was initially planned to be conducted in 2021, it was delayed due to the COVID-19 pandemic and the recent political changes across the country. Although Health Management Information System (HMIS) data provides comprehensive information on health outputs and outcome indicators, data on humanitarian health needs is still lacking because this is not specifically measured at the national level. This makes comparison between humanitarian needs and indicators against national baseline health indicators inconsistent. Furthermore, timely and complete reporting from partners remain a concern as not all partners are reporting on a regular basis. This is partly due to a lack of internet facilities in some remote and hard-to-reach areas which affect timely information sharing. The Cluster aims to conduct mapping of health resources and health services using the Health Resources and Services Availability Monitoring System (HeRAMS).

Nutrition

Nutrition surveys with representative sample size were placed on-hold due to COVID-19 preventive measures and funding shortage as partners have only been able to conduct a limited number of population-based SMART surveys in 2021. Up-to-date nutrition information is urgently required. Instead, the Cluster has had to rely on proxy indicators from the SFSA and IPC and other Clusters and employ global methodologies to estimate the evolution of the nutrition situation. Furthermore, the attempt to

integrate minimal anthropometry (i.e. MUAC screening) into the WoA assessment has proven unsuccessful. The Nutrition Cluster is planning and fundraising for a specific national nutrition survey to evaluate changes in peoples' nutritional status and further to prioritise response. Furthermore, routine, facility-based screening data, as well as population-based data from screening embedded into general food distribution and blanket supplementary feeding at community level will be compiled for trends analysis, as part of the nutrition surveillance.

Protection

The uncertainties around female participation in the workforce after 15 August has affected data collection access and response to women and girls needs who were already considered marginalised as well as the needs of hard-to-reach population groups. As the Afghanistan Independent Human Rights Commission is currently not operational, the Protection Cluster anticipates a significant gap on documenting, reporting and responding to human rights violations across the country – likely requiring Protection Cluster partners to step in to fill the gap. To do so, protection partners would require training and develop tools to enable them to appropriately document, report and respond to human rights violation and abuses while also advocating for improved human rights in Afghanistan.

There is no safe and ethical information management system for GBV in the country for ensuring that minimum standards are followed for interagency sharing of sensitive GBV data. With the current inability to keep GBV data safe, partners have been instructed not to collect data on GBV. The GBV sub-cluster is working on assessment to evaluate the feasibility for the rollout of the GBVIMS+ in Afghanistan and in the meantime working on the creation of contextualised guidelines for data protection. The GBVIMS+ is a globally recognised information management system through the Primero platform, an open-source software platform that helps humanitarian and development actors manage gender-based violence data with tools that facilitate case management and incident monitoring. It tracks incidents of GBV in line with principles of safe and ethical data collection and

storage. While the GBVIMS+ is not yet operational in Afghanistan, significant steps are being taken to move this forward in 2022. Lastly, key data gaps for the need's analysis include assessments of needs of women and girls with disabilities and overall, there is limited reach to women and girls for various assessments conducted at country level. The GBV sub-cluster is working on developing observational tools that will be mainstreamed across sectors to ensure a GBV lens will be included in the various sectoral/multi-sectoral assessments conducted by non-GBV experts.

There is a lack of comprehensive data on the protection needs of children living with disabilities. Some sources indicate that during situations of hostilities and displacement, children with disabilities are at heightened risk of separation from their families as well as being exposed to violence, abuse, neglect and exploitation. These children struggle with stigma, discrimination and marginalisation that impede dignified access to basic services. However, more data is needed to fully understand the needs of these children. In 2022, the CP AoR has planned to conduct Case Management Assessment as well as Data Protection and Impact Assessment to anchor and bolster the case management system in Afghanistan. The roll out of the inter-agency Child Protection Information Management System (CPIMS+) in the second quarter of 2022 will further support effective case management for individual vulnerable children's data, in an effort to strengthen service delivery, promote best practice and accountability. The CPIMS+ will also compile a more comprehensive dataset on all cases of children experiencing protection risks – including those who are facing separation, sexual and gender-based violence, abuse and exploitation, child marriage and child labour. Currently, the lack of data around children experiencing protection risks hampers the effort of identification, documentation, release, reintegration, and rehabilitation. Furthermore, the full implementation of the recommendations from a recently concluded Children Associated with Armed Forces and Armed Groups (CAAFAG) survey report will inform activities in 2022.

In 2022, the HLP Task Force will continue to build on its strong research profile to emerging address gaps in understanding of HLP need. A key issue is to better understand the formal and informal institutions that govern HLP rights following the recent political change in the country. Such an understanding is crucial to better assert the rights of women, ethnic minorities and other groups with HLP needs.

For Mine Action, only partial information is available on improvised mine contamination by anti-personnel mines of improvised nature as most of the affected areas were previously located in active conflict zones and were inaccessible to MA actors to conduct surveys. A systematic country-wide landmine survey is required to record this in a comprehensive way. The MA sub-cluster will prioritise the mine clearance and assessment of these previous inaccessible areas in 2022 as they pose serious threats to civilian lives. There is also information gaps on mine and ERW victim needs which prevent Mine Action partners from connecting victims and their families to relevant organisations offering assistance. Further data is also needed to understand how mines and ERW impact on the lives of people at a larger scale. The Mine Action sub-cluster will include relevant indicators in 2022 to address these gaps in its sectoral analysis such as Protection Assessment of Conflict Affected Populations (PACAP).

Water, Sanitation and Hygiene

The mapping of the functionality of the water points and urban water networks remains a major gap for

the quantitative and qualitative analysis on the water supply in urban contexts. This gap is planned to be filled through the formalisation of partnerships with the UWASS-SoC (Urban Water Supply and Sewerage State Owned Corporation) as well as with the urban water vendors. Dedicated water quality control activities will be undertaken by WASH partners in partnership with the National Water Affairs Regulation Authority (NWARA). The WASH Cluster plans to establish a water surveillance system for early warning on the groundwater levels and qualitative aspects of the various protected and unprotected water sources in the country.

Risk factors analyses on the excreta management in the urban context and cholera epidemiological investigations on the transmission contexts will be integrated in the WASH response to the acute watery diarrhoea (AWD) outbreak – using a dedicated WASH Cluster form from October 2021 which has been translated into local languages. The mapping of the AWD/cholera attack rates and hotspots based on the duration and frequency of the epidemic episodes is also planned in collaboration with the Health Cluster.

WASH Cluster partners are also planning to carry out WASH needs assessments in 2022 in previously inaccessible areas. The Cluster will also continuously be monitoring the movement trends especially from rural to urban with ongoing drought in the country moving to 2022 along with economic challenges that may force families to move to cities adding pressure to already struggling urban water supply network/services.

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure



People living in the affected area

Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities



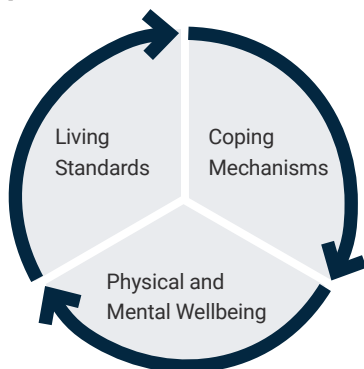
People affected

Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

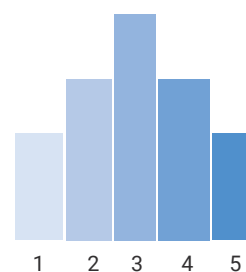


Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets).</p> <p>Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing.</p> <p>Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies.</p> <p>Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	<p>Saving Lives and Livelihoods</p>
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

JIAF Indicators and Thresholds

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
1	Humanitarian Conditions	Physical and mental wellbeing	% of households with at least one member with a disability by severity	HH survey	HH
2	Humanitarian Conditions	Coping mechanisms	% of households exceeding higher than average debt (>45,000 AFN)	HH survey	HH
3	Humanitarian Conditions	Coping mechanisms	% of households know how to access humanitarian assistance (e.g. where to go and who to contact?) if they were to need it and feedback or complaint mechanisms to reach aid providers about community needs, assistance received or problems with assistance	HH survey	HH
4	Humanitarian Conditions	Living standards	% HHs without access to essential services (including health, education, markets, and improved water sources)	HH survey	HH
5	Humanitarian Conditions	Living standards	% of children aged 6 to 17 that attended formal schooling at least 4 days a week in the past six months.	HH survey	Area
6	Humanitarian Conditions	Living standards	% school aged children enrolled in school in past six months without access to education in a safe and protected environment (defined as available handwashing facilities and heating)"	HH survey	HH
7	Humanitarian Conditions	Living standards	% of households had at least 1 child between the age of 11 - 17 working outside of the household in the last 30 days	HH survey	HH
8	Humanitarian Conditions	Coping mechanisms	% of households reporting "Marriage of daughters earlier than intended" due to lack of food or income to buy food in the last 30 days (yes, or unable due to strategy exhausted)	HH survey	HH
9	Humanitarian Conditions	Physical and mental wellbeing	IPC analysis	IPC	HH
10	Humanitarian Conditions	Physical and mental wellbeing	Shock affected HHs with a poor FCS	HH survey	HH
11	Humanitarian Conditions	Coping mechanisms	HH with high food and livelihood coping mechanisms	HH survey	HH
12	Humanitarian Conditions	Living standards	HH with decreased income and high food expenditure share	HH survey	HH
13	Humanitarian Conditions	Physical and mental wellbeing	Coverage of BCG, Penta, OPV, measles and full immunization based on either card or mother's report in < 1 year old, by province		Area
14	Humanitarian Conditions	Physical and mental wellbeing	% health facilities that are non-functional		Area
15	Humanitarian Conditions	Living standards	% of households in which women has access to skilled birth attendants		Area
16	Humanitarian Conditions	Living standards	% of population that can access health facility, by distance by walking	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
WoA	No family member disabled	At least 1 family member has 'some difficulty'	At least 1 family member has 'a lot of difficulty'	At least 1 family member 'cannot do at all'	More than two types of disability reported 'cannot do at all'
WoA	0-<10,000	>10,000	>45,000	>65,000	No criteria
WoA	Aware of both how to access and of feedback or complaint mechanisms	Aware of how to access OR of feedback or complaint mechanisms	Aware of neither	No criteria	No criteria
WoA	None	At least one essential service	At least 2 essential services	At least 3 essential services	4 or more essential services
WoA	100%	76%-99%	75-46%	45-16%	<=15%
WoA	Both heating and hand washing	Heating but not handwashing	Handwashing facilities but not heating	Neither handwashing facilities or heating	No criteria
WoA	No	No criteria	Yes	No criteria	No criteria
WoA	No	Not used/ not applicable	Yes	Strategy exhausted	No criteria
IPC	% population under phase 1	% population under phase 2	% population under phase 3	% population under phase 4	% population under phase 5
SFSA	FCS > 42	FCS > 35 and FCS ≤ 42"	FCS > 28 and FCS ≤ 35	FCS ≤ 28	No Criteria
SFSA					
SFSA					
AHS 2018	100%	70-99%	50-69%	30-49%	<30%
	Functional	No Criteria	Partially functional	No Criteria	Not functional
AHS 2018	100%	60-99%	40-59%	20-39%	<20%
WoA	<30 minutes	< 1 hour	< 3 hours	3 or more hours	No criteria

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
17	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral oedema among children 0-59 months.		Area
18	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) <125mm and/or bilateral oedema among children 6-59 months (only if GAM based on WHZ is not available)		Area
19	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral oedema among Pregnant and Lactating Women (PLW)		Area
20	Humanitarian Conditions	Living standards	% of mothers exclusive breastfeeding for infants 0-5 months		Area
21	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months		Area
22	Humanitarian Conditions	Physical and mental wellbeing	# of civilian casualties from mines, including VOIEDs and ERWs, in 2019 and 2020		Area
23	Humanitarian Conditions	Living standards	% of households with one or more members experiencing a protection concern in the last 30 days	HH survey	HH
24	Humanitarian Conditions	Living standards	Proportion of people with unmet need for occupancy documents (households who answered: Rental agreement (verbal)/ None (occupied without permission)/Safayee Notebook)	HH survey	HH
25	Humanitarian Conditions	Coping mechanisms	% of household have individuals experiencing any behavioral changes in the past year	HH survey	HH
26	Humanitarian Conditions	Living standards	% of households by member ownership of Tazkira	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
SMART	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
SMART	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
SMART	<12.5%	12.6%-19.9%	20-24.9%	25-34.9%	≥35%
AHS 2018	≥70%	50-70%	30 -50%	11-30%	<11%
AHS 2018	<20%	20-29%	30-39%	≥40%	
DMAC	Below 25	25-49	50-99	100-199	200-300
WoA	No concerns	'none' or 'covid_19'	'Attacks or harrassment' or 'Abduction, forced recruitment, detention' or 'abuse or exploitation' or 'Violent destruction of property/farmland' or 'Movement restrictions (by armed actors)' or 'threat of eviction'	'explosive hazards'	'maiming or killing'
WoA	All other options	No criteria	Safayee Notebook OR Rental agreement (verbal)	None (occupied without permission)	No criteria
WoA	No behavioural change observed	1 change (not "Angry/ aggressive / violent behaviour" OR "Substance abuse")	"Angry/ aggressive / violent behaviour" or "Substance abuse"	"Angry/ aggressive / violent behaviour" and "Substance abuse"	No criteria
WoA	All members gave IDs/ Tazkiras in their possession	Some household members have missing IDs/ Tazkiras but more than two female adults have an ID/Tazkira (or all if less than 2, or none if no female adults)	Some household members have missing IDs/ Tazkiras but only one or no female adult has an ID/Tazkira	No members currently have a valid ID/tazkera	No criteria

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
27	Humanitarian Conditions	Living standards	% of HHs with access to a safe and healthy housing enclosure unit (A combination of type of shelter and; shelter defects)	HH survey	HH
28	Impact	Impact on people	% of HHs in need of shelter repair /upgade assistance (Refer to shelter damage severity)	HH survey	HH
29	Humanitarian Conditions	Living standards	% of HHs in need of NFIs (Refer to number of items per HH)	HH survey	HH
30	Humanitarian Conditions	Living standards	% of HHs in need of blankets and heating assistance living in a severe winter zone (A combination of number of blankets per HH member, type of heating materials and temp variations across the country)	HH survey/ area based prevalence	HH
31	Humanitarian Conditions	Living standards	% of households with access to sufficient handwashing facilities	HH survey	HH
32	Humanitarian Conditions	Living standards	% of HHs having access to a sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
WoA	((Permanent or Permanent 2-room) and (None or don't_know or dirt_pre_removable or dirt_pres_non_removable)) or ((No_answer) and (None or don't_know or dirt_pre_removable or dirt_pres_non_removable))	((Permanent or Permanent 2-room) and (All other defect types)) or ((No_answer) and (All other defect types)) or ((unfinished or transitional_ngo) and (leaks_heavy_rain or limited_ventilation)) or ((unfinished or transitional_ngo) and (None or don't_know or dirt_pre_removable or dirt_pres_non_removable))	((Transitional) and (None or don't_know or dirt_pre_removable or dirt_pres_non_removable or leaks_heavy_rain or limited_ventilation))	((Unfinished or transitional_ngo) and (leaks_light_rain or lack_insulation)) or ((unfinished or transitional_ngo) and (leaks_light_rain or lack_insulation)) or ((transitional) and (leaks_light_rain or lack_insulation)) or ((emergency_shelter or openspace or makeshift or collective) and (None))	(emergency_shelter or openspace or makeshift or collective) and (All other defect types)
WoA	No damage	No criteria	Partial damage (broken windows, doors, small cracks etc)	Significant damage (damage to foundations, roof, walls etc)	Fully destroyed (unlivable conditions)
WoA	Household with all 5 NFIs	Household with 4 out of 5 NFIs	Household with 3 out of 5 NFIs	Household with 2 out of 5 NFIs	Household with 0 to 1 NFIs
WoA	(More than 2 blankets per HH member) and (lpg or electricity)	(More than 2 blankets per HH member) and (Coal_charcoal)	(More than 2 blankets per HH member) and (no_source) or (More than 2 blankets per HH member) or (animal_paper_waste or archa_wood or wood)) or (Two blankets per HH and any_source)	(2 blankets per HH member and no_source) or (1 blankets per HH member and any_source)	(1 blankets per HH member and no_source) or (0 blankets per HH member)
WoA	Soap is available at home and HH reports having sufficient water for handwashing	Soap is available at home (but not seen) and HH reports having sufficient water for handwashing	Soap is not available at home and HH reports having sufficient water for handwashing	Soap is available or sometimes available at home and HH reports not having sufficient water for handwashing	Soap is not available at home and HH reports not having sufficient water for handwashing
WoA	Water comes from an improved water source of acceptable Sphere standards quality which is located on premises and/or enough water for drinking, cooking, personal hygiene and other domestic purposes	Water comes from an improved water source of acceptable Sphere standards quality, provided collection time is not more than 30 minutes for a roundtrip, including queuing and/or enough water for drinking and cooking and personal hygiene, and not for other domestic purposes	Water comes from an improved source of acceptable Sphere standards quality for which collection time exceeds 30 minutes for a roundtrip, including queuing and/or enough water for drinking and either cooking or personal hygiene	Water comes from an unimproved water source and/or Enough water for drinking and not for cooking and personal hygiene	Water comes directly from rivers, lakes, ponds, etc. and/or not enough water for drinking

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
33	Humanitarian Conditions	Living standards	% of households having access to a functional and improved sanitation facility	HH survey	HH
34	Humanitarian Conditions	Living standards	% of children under 5 reported to experience AWD in the past two weeks	HH survey	HH
35	Humanitarian Conditions	Living standards	% of households reporting areas where women and girls feel unsafe	HH survey	HH
36	Humanitarian Conditions	Living standards	% of households reporting that they are able to access emergency care within 24 hours of injury	HH survey	Area
37	Humanitarian Conditions	Living standards	# of households reporting barriers to education access for children (aged 6 - 17 years), per barrier type and gender	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
WoA	Uses an improved sanitation facility and does not share facility	Uses an improved sanitation facility and shares facility	Does not use an improved sanitation facility and is not in an informal settlement and does not share facility	Does not use an improved sanitation facility and is in an informal settlement or shares sanitation facility	Practices open defecation or does not use an improved sanitation facility and is in an informal settlement and shares a sanitation facility
WoA	0-9%	10-19%	20-39%	39-55%	>55%
WoA	Women and girls do not avoid areas	Women and girls feel unsafe in one area	Women and girls feel unsafe in two areas	Women and girls feel unsafe in three areas	Women and girls feel unsafe in four or more areas
WoA	90-100%	80-90%	70-80%	60-70%	<60%
WoA	No Barriers	1	2	3	>=4

4.4 Acronyms

AAP	Accountability to Affected People	EORE	Explosive Ordnance Risk Education
ADHD	Attention Deficit Hyperactivity Disorder	ERW	Explosive Remnants of War
ANDMA	Afghanistan National Disaster Management Authority	EVAW	Law on Elimination of Violence against Women
AFN	Afghani (currency)	ES-NFI	Emergency Shelter and Non-Food Items
AoR	Area of Responsibility	FAO	Food and Agriculture Organisation
AWD	Acute Watery Diarrhoea	FCS	Food Consumption Score
BMA	Baseline Mobility Assessment	FSAC	Food Security and Agriculture Cluster
BPHS	Basic Package of Health Services	GAD	Generalised Anxiety Disorder
CAAFAG	Children Associated with Armed Forces and Armed Groups	GBV	Gender Based Violence
CBE	Community Based Education	GiHA	Gender in Humanitarian Action Working Group
CCCM	Camp Coordination Camp Management	GIMAC	Global Information Management, Assessment and Analysis Cell on COVID-19
CEFM	Child Early and Forced Marriage	HAG	Humanitarian Access Group
CMAM	Community-based Management of Acute Malnutrition	HCT	Humanitarian Country Team
CPiE	Child Protection in Emergencies	HEAT	Household Emergency Assessment Tool
CSO	Civil Society Organisation	HHS	Household Hunger Scale
CVA	Cash and Voucher Assistance	HLP	Housing Land and Property
CVWG	Cash and Voucher Working Group	HLP-TF	Housing Land and Property Task Force
DEEP	Data Entry and Exploration Platform	HMIS	Health Management Information System
DF	Dengue Fever	HNO	Humanitarian Needs Overview
DRIVE	Documentation Renewal and Information Verification Exercise	HPC	Humanitarian Programme Cycle
DTM	Displacement Tracking Matrix	HRH	Human Resources for Health
EMIS	Education Management Information Systems	HRP	Humanitarian Response Plan
EIEWG	Education in Emergencies Working Group	HTR	Hard-to-reach
EOD	Explosive Ordnance Disposal	ICCT	Inter-Cluster Coordination Team
		IASC	Inter-Agency Standing Committee

ICCT	Inter-Cluster Coordination Team	PDM	Post-Distribution Monitoring
IDP	Internally Displaced Person/s or People	PiN	People in Need
IED	Improvised Explosive Device	PLW	Pregnant and Lactating Women
IMSMA	Information Management System for Mine Action	PMMT	Population Movement Task Team
IOM	International Organisation for Migration	PoR	Proof of Registration
IMF	International Monetary Fund	PPIED	Pressure-Plate Improvised Explosive Device
IPC	Integrated Food Security Phase Classification	PSEA	Protection Against Sexual Exploitation and Abuse
ISETs	Informal Settlements	PTSD	Post-traumatic Stress Disorder
ISK	Islamic State of Khorasan	PU-AMI	Première Urgence - Aide Médicale Internationale
JENA	Joint Education Needs Assessment	rCSI	Reduced Coping Strategy Index
JIAF	Joint Inter-Sectoral Analysis Framework	SADD	Sex and Age Disaggregated Data
JMMI	Joint Market Monitoring Initiative	SAM	Severe Acute Malnutrition
KII	Key Informant Interview	SEA	Sexual Exploitation and Abuse
MAM	Moderate Acute Malnutrition	SFSA	Seasonal Food Security Assessment
MHPSS	Mental Health and Psychosocial Support	SMART	Standardized Monitoring and Assessment of Relief and Transitions
MoPH	Ministry of Public Health	TEF	Transitional Engagement Framework
MRM	Monitoring and Reporting Mechanism	UNAMA	United Nations Assistance Mission in Afghanistan
MT	Metric Tons	UNDP	United Nations Development Programme
MUAC	Mid-Upper Arm Circumference	UNFPA	United Nations Population Fund
NATO	North Atlantic Treaty Organization	UNHCR	United Nations High Commissioner for Refugees
NDMI	Normalised Difference Vegetation Index	USAID	United States International Development Agency
NFI	Non-Food Items	UWAS SoC	Urban Water Supply and Sewerage State Owned Corporation
NGO	Non-Governmental Organisation	WASH	Water Sanitation and Hygiene
NRC	Norwegian Refugee Council	WFP	World Food Programme
NSAG	Non-State Armed Groups	WG	Working Group
NWARA	National Water Affairs Regulation Authority	WHO	World Health Organisation
OCD	Obsessive-compulsive Disorder	WoA	Whole of Afghanistan
OCHA	Office for the Coordination of Humanitarian Affairs		
OHCHR	UN Office of the High Commissioner for Human Rights		

4.5

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**HUMANITARIAN
NEEDS OVERVIEW**
AFGHANISTAN