



Afghanistan – Complex Emergency

AUGUST 29, 2023

SITUATION AT A GLANCE

29.2

People in Afghanistan in Need of Humanitarian Assistance in 2023

UN - June 2023

15.3

People in Afghanistan Experiencing Acute Food Insecurity

IPC - May 2023

21.3

Afghans Prioritized for Humanitarian Assistance Under the 2023 HRP

UN - June 2023

6.6 MILLION

IDPs in Afghanistan as of December 2022

IOM - June 2023

23.6

People Reached With Humanitarian Assistance in Afghanistan between January and June

UN - August 2023

- Humanitarian actors continue to deliver principled humanitarian assistance with both female and male staff despite Taliban restrictions challenging operations.
- The UN published a revised 2023 HRP, calling for \$2.26 billion to reach 20 million people in Afghanistan between June and December.
- An estimated 15.3 million people are projected to face Crisis—IPC 3—or worse levels of acute food insecurity in Afghanistan between May and October, according to IPC.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING	USAID/BHA ^I	\$643,321,988
For the Afghanistan Response in FY 2023	State/PRM ²	\$182,551,029
For complete funding breakdown with partners, see detailed chart on page 6	Total	\$825,873,017

USAID's Bureau for Humanitarian Assistance (USAID/BHA)

² U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

KEY DEVELOPMENTS

Humanitarian Organizations, Female Staff Continue Principled Delivery of Assistance Despite Taliban Restrictions

Humanitarian actors in Afghanistan have adapted operations and negotiated access to continue the delivery of principled humanitarian assistance with female and male staff in the face of prevailing Taliban restrictions on women's ability to work for UN agencies and nongovernmental organizations (NGOs) in the country, which have resulted in operational challenges and a dynamic humanitarian access landscape, according to relief actors. The Taliban's approach to regulating humanitarian operations in the country is characterized by an incremental process of issuing formal policies, verbal directives, and conditional exemptions, often at the subnational level, resulting in an ever-changing operational environment and challenging relief actors' capacity to maintain operations, according to ACAPS. Moreover, Taliban entities continue to target female NGO staff and women-led organizations, restricting their ability to deliver assistance through detainment, threats of violence, and restrictions on movement, such as mahram, or male guardian requirements, for women, according to the UN Assistance Mission in Afghanistan (UNAMA).

Despite the increased Taliban restrictions, a Gender in Humanitarian Action (GiHA) Working Group survey released in July indicated increases in the number of humanitarian organizations reporting themselves fully or partially operational with men and women since the previous GiHA survey conducted in May. Humanitarian organizations have facilitated the continuation of principled assistance through access negotiations to allow female staff to continue accessing project sites and operational adaptations—including conducting remote outreach efforts to female beneficiaries, increasing remote work opportunities for female staff, and establishing separate humanitarian distribution spaces for male and female beneficiaries, according to GiHA. While the survey results continue a trend of reported increases in humanitarian operations throughout 2023, humanitarian actors have stressed that GiHA and similar surveys are indicative of only responding organizations at a moment in time and not representative of a highly dynamic access environment challenged by Taliban restrictions.

UN Responds to Taliban Restrictions with Revised HRP

The UN published a revised Humanitarian Response Plan (HRP) on June 12 resulting from increased Taliban restrictions, highlighting an uptick in the number of people in need in Afghanistan from 28.3 million to 29.2 million—a 20 percent increase compared to the 2022 Afghanistan HRP—and calling for \$2.26 billion to reach 20 million people in Afghanistan between June and December. The 2023 Afghanistan HRP, originally released in March, had requested \$4.6 billion—representing the highest-ever humanitarian funding appeal for a single country—to reach 23.7 million people in 2023; the revised HRP calls for a total of \$3.2 billion to reach 21.3 million throughout the year. Humanitarian actors revised the HRP to reflect changes in the operational environment and the capacity of organizations to deliver principled assistance amid prevailing Taliban restrictions, as well as updated food insecurity assessments, population projections, and severity analyses. Food, health, and nutrition sector funding requests comprise approximately 70 percent of the revised appeal; however, humanitarian activities reflected in the original HRP were not significantly altered by revisions, instead the UN reduced targets for activities, such as protection activities, most significantly affected by Taliban restrictions and operational constraints. Additionally, on August 13, the Inter-Cluster Coordination Team released the 2023 Winter Prioritization for Afghanistan, including a funding re-prioritization request of \$558.4 million—as a subset of the revised HRP for high-priority districts and humanitarian activities—including the delivery of food, health, and critical relief item assistance—during the October-to-December period. The U.S.

Government (USG) remains the largest donor to the HRP, contributing nearly \$825.9 million toward humanitarian assistance in Afghanistan in FY 2023.

Approximately 15.3 Million People in Afghanistan Projected to Face Acute Food Insecurity Through October

An estimated 15.3 million people—approximately 35 percent of Afghanistan's population—are expected to experience Crisis—IPC 3—or worse levels of acute food insecurity in Afghanistan between May and October, according to a May IPC analysis.³ This figure includes more than 2.7 million people projected to face Emergency—IPC 4—acute food insecurity outcomes. Moreover, widespread Crisis levels of acute food insecurity are expected to be experienced by households throughout 31 of Afghanistan's 34 provinces and Emergency food insecurity outcomes are expected to be widespread for households in Afghanistan's Ghor and Nuristan provinces, with Logar projected as the only province in Afghanistan in which households are projected to face neither widespread Crisis nor Emergency outcomes, according to the IPC analysis. Multiple years of below-average agricultural production, persistent economic decline, and three consecutive years of drought-like conditions in Afghanistan are also driving ongoing food insecurity. Food security is expected to improve between May and October period compared to the previous November to March lean season, in which approximately 19.2 million individuals were expected to face Crisis or worse levels of acute food insecurity. Much of the improvement is attributed to seasonal harvests, which bolster agricultural production and casual labor opportunities, according to the IPC. Additionally, improved weather conditions, a more productive agricultural season, and sustained humanitarian assistance—including from USAID/BHA partners—were projected to strengthen food security conditions during the period, according to relief actors. An August Famine Early Warning Systems Network (FEWS NET) report also projects improved food security conditions during the harvest and post-harvest period due to improved agricultural production and labor opportunities, increased food imports, and declining staple food prices. Due to methodological differences, FEWS NET projects more favorable conditions in the period than the IPC, as FEWS NET forecasts pockets of Crisis levels of acute food insecurity between June and September before predicting widespread Crisis outcomes for households throughout Afghanistan beginning in October.

Approximately 6.6 Million People Remain Displaced in Afghanistan

Nearly 6.6 million people in Afghanistan remained displaced due to multiple decades of conflict and climatic shocks—including drought, earthquakes, and flooding—within Afghanistan, in the wake of previously unparalleled levels of displacement and return in 2021 and 2022, according to the International Organization for Migration (IOM). These figures represent an 11 percent increase in the number of internally displaced persons (IDPs) sheltering in the country since April 2022. Moreover, insecurity and climatic shocks resulted in the displacement of more than 2.6 million individuals—representing 40 percent of IDPs in Afghanistan since 2012—in 2021 and 2022 alone, with approximately 39 percent of these IDPs sheltering in Afghanistan's Kabul, Herat, and Balkh provinces. As of the end of 2022, approximately 1.3 million at-risk IDPs were estimated to be sheltering in informal settlements with restricted access to basic services or alternative means of shelter, according to the UN HRP. IDPs in several provinces remain in insecure settlements threatened by Taliban-imposed evictions, such as the forceful evictions of approximately 2,000 households and demolition of several informal settlements carried out by Taliban representatives in Kabul on July 10 and 11, indicating elevated humanitarian needs and vulnerabilities of many IDP households, according to relief actors. The HRP highlights food, shelter, and protection among priority humanitarian response sectors for displaced populations. Additionally,

³ The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC I—to Famine—IPC 5—for acute food insecurity.

amid high levels of displacement, more than 5.7 million people in Afghanistan also returned home in 2021/2022, representing more than half of the approximately 11 million returnees in Afghanistan since 2012; however, just 65 percent of returnees reported their return to be classified as voluntary, and approximately 31 percent of returnees reported either an inability to afford continued displacement or forceful eviction as their primary reason for return, according to IOM.

AWD and CCHF Transmission Result in Widespread Caseloads, at Least 154 Associated Deaths

An outbreak of acute watery diarrhea (AWD) with dehydration and the continued spread of Crimean-Congo Hemorrhagic Fever (CCHF) have resulted in 63 and 91 associated deaths in Afghanistan, respectively, between January 1 and August 12, according to the UN World Health Organization (WHO). Cases of CCHF, a virus frequently spread by ticks, spiked in late April and remained elevated as of mid-August, resulting in a case fatality rate exceeding 10 percent, with the highest number of recent deaths reported in Kabul and Balkh provinces. Additionally, cases of AWD have risen in Afghanistan since mid-March with nearly 129,000 cumulative cases reported in 2023 as of August 12; relief actors report, the rise aligns with seasonal trends. As of mid-August, cases of AWD were most heavily concentrated in Afghanistan's central, southeastern, and southwestern provinces, WHO reports. In response to continued disease spread in Afghanistan, USAID/BHA partners and other health actors continue to deliver health services and conduct disease surveillance activities in the country.

KEY FIGURES

U.S. GOVERNMENT RESPONSE



People reached with USAID/BHA and other donor-supported WFP food and nutrition assistance since January

FOOD SECURITY AND NUTRITION

The USG supports the delivery of life-saving emergency food assistance across Afghanistan, providing vulnerable populations with locally, regionally, and internationally procured in-kind food assistance; cash transfers for food; and food vouchers. With USAID/BHA support, the UN World Food Program (WFP) continues to provide food assistance and nutrition services to support populations in need in 2023. Additionally, USAID/BHA supported international nongovernmental organization (INGO) partners are providing seeds and livestock feed in at-risk areas to bolster the coping capacity of vulnerable households. USAID/BHA supports the UN Children's Fund (UNICEF) and other partners to deliver life-saving nutrition services and treatment to children and pregnant and lactating women throughout the country. USAID/BHA also supports coordination and information management among food security actors and assessments in Afghanistan to strengthen humanitarian response efforts.

PROTECTION



Number of USG implementing partners conducting protection interventions

USG partners—such as State/PRM partner the Office of the UN High Commissioner for Refugees (UNHCR)—provide protection assistance to IDPs, refugees and returnees, and other vulnerable populations in Afghanistan. Additionally, USG INGO and UN partners support mental health and psychosocial support (MHPSS) programs, including individual counseling, activities to support the development of coping skills, and safe healing and learning spaces for children. USG partners also implement child

protection activities and family services, provide legal assistance to returning refugees to access documentation, and integrate MHPSS and other protection measures into education, health, and nutrition programming.



People reached with USAID/BHA and other donor-supported WHO health services in July

HEALTH

The USG supports UN and INGO partners to implement life-saving health activities across Afghanistan to improve community health awareness, bolster outpatient consultation efforts, and complement other donor efforts to provide affordable primary and secondary health care to underserved populations. USG partners aim to increase equitable access to and utilization of health services among IDPs, host communities, and other conflict- and shock-affected populations. USG assistance supports clinics and mobile health teams to deliver emergency and primary health care services, conduct trainings for local community health workers and health care professionals, provide essential medicines, and support vaccination campaigns. Additionally, USG funding supports WHO to coordinate emergency health response activities, maintain the continuation of essential health services, and ensure the continued supply of critical health and medical commodities in Afghanistan.



6

Number of USG implementing partners supporting shelter programming

SHELTER AND SETTLEMENTS

Shelter needs among populations in Afghanistan remain significant, in part due to natural disasters such as earthquakes, floods, landslides, and harsh winter weather. USG partners provide emergency shelter for displaced and otherwise vulnerable people, as well as shelter repair kits, transitional shelter, and multipurpose cash assistance to support the housing needs of affected populations. In addition, USG partners pre-position shelter materials each year for distribution ahead of the harsh winter months and support the heating costs for vulnerable households.



5

Number of USG implementing partners supporting livelihoods programming

LIVELIHOODS AND EDUCATION

With USG funding, partners deliver livelihoods programming and skills training to support refugee reintegration and boost opportunities for vulnerable host community populations through activities such as courses to increase literacy, business knowledge, and skills development. State/PRM partners support returning refugees, IDPs, and host communities in Afghanistan by providing access to skills training and adult literacy courses, in addition to access to education for Afghan refugees and host community children in Pakistan. Partners also work to ensure IDP and returning refugee children have access to learning spaces and accelerated learning programs to help children prepare for enrollment in formal schools, as well as support initiatives to improve infrastructure in schools within host communities.

CONTEXT IN BRIEF

- The Taliban seized Kabul on August 15, 2021, following the successive capture of several provincial
 capitals and territory in early August 2021. Since the Taliban takeover of Afghanistan, economic and
 political instability has resulted in the deterioration of basic service provision across the country,
 increased staple foods and fuel prices, and reduced household purchasing power, affecting many Afghan
 households' ability to meet their basic needs.
- The cumulative effects of conflict, internal displacement, coronavirus disease (COVID-19), drought and other natural disasters, and economic collapse have drastically increased levels of humanitarian need throughout Afghanistan. The UN predicts that 29.2 million people will require humanitarian assistance in 2023, with the severity of needs deepening across all sectors.
- In late August 2021, the USG activated a Disaster Assistance Response Team (DART) based in the region outside of Afghanistan to lead the USG response to humanitarian needs generated by the crisis in Afghanistan and a Washington, D.C.-based Response Management Team (RMT) to support the DART.
- On October 7, 2022, U.S. Chargé d'Affaires Karen Decker redeclared a disaster for FY 2023 due to the continued impact of the ongoing complex emergency.

USG HUMANITARIAN FUNDING FOR THE AFGHANISTAN RESPONSE IN FY 2023^{1,2}

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT		
USAID/BHA					
Implementing Partners (IPs)	Agriculture; Economic Recovery and Market Systems; Food Assistance—Cash Transfers for Food; Health; Humanitarian Coordination, Information Management, and Assessments (HCIMA); Multipurpose Cash Assistance (MPCA); Natural Hazards and Technological Risks; Nutrition; Protection; Shelter and Settlements; Water, Sanitation, and Hygiene (WASH)	Countrywide	\$167,900,000		
FAO	HCIMA	Countrywide	\$500,000		
IOM	Shelter and Settlements	Countrywide	\$430,000		
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIMA	Countrywide	\$1,200,000		
UN Population Fund (UNFPA)	HCIMA, Health, Protection	Countrywide	\$8,311,800		
UNICEF	HCIMA, MPCA, Nutrition, Protection, WASH	Countrywide	\$35,245,916		
WFP	Food Assistance—Cash for Food, Food Vouchers, Local, Regional, and International Procurement; Logistics Support; Nutrition	Countrywide	\$422,100,000		
WHO	HCIMA, Health, WASH	Countrywide	\$7,000,000		
	Program Support		\$634,272		
TOTAL USAID/BHA FUNDING			\$643,321,988		
STATE/PRM					

	Health, Protection	Afghanistan	\$44,400,000
IPs	Program Support	Afghanistan	\$2,301,029
	MHPSS	Pakistan	\$1,250,000
		Afghanistan	\$13,500,000
IOM	Health	Pakistan	\$6,500,000
	Health, Protection	Afghanistan	\$20,200,000
UNHCR	riealui, Frotection	Pakistan	\$5,750,000
		Afghanistan	\$39,300,000
	Education, ERMS, HCIMA, Health, Logistics Support, MPCA, Protection, Shelter and Settlements, WASH	Pakistan	\$21,900,000
		Regional	\$20,800,000
UNICEF	Education, Health, Nutrition, Protection, WASH	Pakistan	\$6,650,000
TOTAL STATE/PRM FUNDING			\$182,551,029
TOTAL USG HUMAN	\$825,873,017		

Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed, often in the affected region; reduce the burden on scarce resources, such as transportation routes, staff time, and warehouse space; can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - o USAID Center for International Disaster Information: cidi.org
 - o Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at usaid.gov/humanitarian-assistance/where-we-work

² USG funding for Afghanistan totals approximately \$2 billion since August 2021. This includes more than \$1.4 billion in USAID/BHA funding and more than \$518 million in State/PRM funding.