Afghanistan – Complex Emergency
DECEMBER 22, 2023

SITUATION AT A GLANCE

- Nearly 472,000 Afghans returned from Pakistan between September 15 and December 16, driving humanitarian needs at the border and in areas of return, according to humanitarian organizations.
- An estimated 15.8 million people in Afghanistan are projected to experience Crisis—IPC 3—or worse levels of acute food insecurity between November 2023 and March 2024, based on findings from a December IPC analysis.
- As of December 6, USG partners and relief organizations reached 267,000 people with multi-sector assistance in response to the devastating earthquakes in Herat Province in mid-October.

TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

<table>
<thead>
<tr>
<th></th>
<th>USAID/BHA</th>
<th>State/PRM</th>
<th>Total</th>
</tr>
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<td>For the Afghanistan Response in FY 2024</td>
<td>$66,035,660</td>
<td>$14,060,000</td>
<td>$80,095,660</td>
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For complete funding breakdown with partners, see detailed chart on page 7

1 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

Nearly 472,000 Afghans Return From Pakistan; Rising Humanitarian Needs at Border and Areas of Return

Between September 15 and December 16, nearly 472,000 Afghans had returned from Pakistan, primarily through the Spin Boldak and Torkham border crossings, located in Afghanistan's Kandahar and Nangarhar provinces, respectively, according to the International Organization for Migration (IOM). The returns follow a Government of Pakistan (GoP) announcement in early October that all undocumented Afghans—an estimated 1.3 million people—residing in Pakistan would be deported beginning November 1. A humanitarian assistance border consortium, led by USAID/BHA partner IOM, reported a surge in the daily number of returnees to Afghanistan from Pakistan between mid-September and November, with daily returns increasing from 300 per day in mid-September to at least 25,000 by early November. These figures include formal GoP-enforced deportations and other forced returns due to challenges extending tenancy agreements, fear of arrest and detention, extortion, harassment, and limited freedom of movement, according to the Office of the UN High Commissioner for Refugees (UNHCR). The UN estimates that at least 770,000 Afghans will return from Pakistan through July 2024.

As of December, many Afghan returnees were temporarily staying in Taliban-run shelter sites prior to reaching their intended destinations, international media and relief organizations report. GoP authorities’ targeted harassment of Afghans has included prohibiting Afghans from returning to Afghanistan with their possessions, resulting in high levels of humanitarian need among returnees, including urgent relief commodity and psychosocial support (PSS). Furthermore, public health risks persist among vulnerable returnee populations, including infectious disease outbreaks, noncommunicable diseases, malnutrition, and mental health needs, according to relief organizations. The surge in returns has also further strained already limited resources—including access to health, shelter, and water, sanitation, and hygiene (WASH) services—in areas in which returnees are settling, primarily Kabul, Kandahar, Kunar, and Nangarhar provinces.

In response to the growing humanitarian needs among Afghan returnees, the border consortium launched an appeal on November 8 requesting nearly $111 million to reach the projected 770,000 Afghan returnees through July 2024 with multi-sector assistance. Relief actors had reached nearly 455,000 returnees with food, health, protection, shelter, and WASH assistance at the Spin Boldak and Torkham border crossing points from September 15 to December 16. Between December 10 and 16 alone, relief organizations provided safe drinking water for more than 13,000 people; cash transfers for food to nearly 9,700 individuals; primary health care services to more than 6,900 people; malnutrition screenings for nearly 3,100 children ages five years and younger; severe acute malnutrition treatment for more than 200 children; and mental health and psychosocial support (MHPSS) services to more than 500 individuals. Humanitarian actors continue to emphasize the need for assistance beyond border crossing points, as Afghan returnees are expected to require food support, health care services, and livelihood opportunities in the coming months.
Widespread Food Insecurity Projected in Afghanistan Through March; Food Assistance Remains Critical

An estimated 15.8 million people in Afghanistan are projected to experience Crisis or worse levels of acute food insecurity during the November 2023 to March 2024 winter lean season, including 3.6 million people facing Emergency—IPC 4—levels of acute food insecurity, according to the most recent IPC analysis released in December. These projections reflect a slightly improved food security outlook—decreasing from 19.9 million people expected to experience Crisis or worse outcomes during the same period a year prior—due to anticipated improvements in food access, larger harvests, and the delivery of humanitarian assistance, according to the IPC analysis. Approximately 13.1 million people faced Crisis or worse levels of food insecurity in October 2023, the lowest level estimate in Afghanistan since 2017, highlighting the effect of sustained food assistance in preventing worse food insecurity outcomes amid ongoing economic and political crises. Despite some positive progress, poor economic conditions—including high unemployment rates, increased basic commodity prices, reduced livelihood opportunities, and weakened purchasing power—continue to drive food insecurity, with the influx of Afghan returnees and winter weather conditions expected to further limit employment opportunities. Moreover, climatic shocks—such as earthquakes and flooding—that occurred throughout the year have exacerbated food insecurity among shock-affected populations.

Meanwhile, a November Famine Early Warning Systems Network (FEWS NET) report projected less widespread levels of acute food insecurity during the November 2023 to May 2024 period compared to IPC projections, though FEWS NET and IPC assessments have historically produced divergent estimates on the number of households facing acute food insecurity outcomes in Afghanistan due to methodological differences. FEWS NET projects acute food insecurity concentrated predominantly in rural areas in the north, northeast, and parts of the western regions during the winter season, with Crisis levels of acute food insecurity likely to increase across additional rural areas, including in eastern, southern, and southeastern regions, during the peak of the lean season, between February and April 2024, when food is most scarce.

Relief Organizations Respond to Humanitarian Needs Resulting From Devastating Herat Earthquakes

Four 6.3 magnitude earthquakes and numerous aftershocks struck northwestern Afghanistan’s Herat Province between October 7 and 15, resulting in 1,480 deaths and injury to 1,950 people, exacerbating humanitarian needs, the UN and U.S. Geological Survey report. The UN reports that women were predominantly affected by the earthquakes, as they were more likely to be inside their homes at the time of the first earthquake due to Taliban restrictions, which have limited women’s freedom of movement, and cultural norms. An estimated 275,000 people required humanitarian assistance as a

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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 1—to Famine—IPC 5—for acute food insecurity. IPC Phase 5 is referred to as “Catastrophe” when classifying a household and “Famine” when classifying an area. Famine conditions occur when at least 20 percent of the population in a given area face an extreme lack of food; the Global Acute Malnutrition prevalence, measured by weight-for-height z-score, exceeds 30 percent; and the mortality rate exceeds two people per 10,000 individuals per day.
result of the earthquakes, with food, health care, protection, shelter, WASH, and winter items such as blankets and clothing identified among the most critical needs, according to the UN. The earthquakes damaged or destroyed more than 48,000 houses and additionally damaged health care facilities, schools, water systems, and other critical infrastructure, with Injil and Zinjadan districts suffering the most severe damage and destruction. As a result, many earthquake-affected households continue sleeping outside or sheltering in informal settlements and makeshift structures, increasing protection risks, such as gender-based violence, according to a UN-led multi-sector rapid needs assessment form. Furthermore, households residing in informal shelters face increased risk of disease transmission, such as acute watery diarrhea, due to damaged WASH infrastructure. The Health Cluster reported more than 300 cases of acute watery diarrhea among earthquake-affected individuals in November.\(^4\)

In response to the earthquakes, USAID/BHA announced $12 million in immediate humanitarian assistance funding on October 12 to meet the urgent needs of affected populations. The funding includes support for IOM to reach earthquake-affected people with blankets, clothing, cooking and water collection materials, emergency shelter kits, solar lamps, and other household items. Publicly announced funding also includes support for a USAID/BHA international nongovernmental organization (INGO) partner to provide child protection case management, emergency infant and young child feeding support, hygiene kits, MHPSS, multipurpose cash assistance (MPCA), primary health care services, and water service rehabilitation.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) also increased its initial Herat Earthquake Response Plan funding appeal from $93.6 million to $173 million aiming to reach a total of 275,000 earthquake-affected people. Notably, relief organizations provided emergency food assistance to 110,000 people, primary health care services to nearly 60,300 people, and distributed a total of $5.1 million in multipurpose cash assistance to nearly 19,700 people, reaching a total of 267,000 people between October 8 and December 6.

**Rapid Gender Analysis Highlights Increased Risk, Humanitarian Needs for Afghan Women and Girls**

Between September 2021 and May 2023, the Taliban imposed more than 50 edicts targeting women and girls, subsequently increasing their vulnerability and hindering access to life-saving assistance and services, according to a November rapid gender analysis conducted by the Gender in Humanitarian Action (GiHA) Working Group. According to the GiHA analysis, Afghan women have identified sustainable livelihoods as their most critical need, as Taliban-imposed restrictions regarding women’s employment have resulted in negative coping mechanisms, including early marriage and child labor. Afghan girls and women who are no longer able to attend school due to Taliban-imposed restrictions are especially vulnerable due to limited future employment opportunities. As of 2023, more than 80 percent of Afghan girls ages 13–17 do not regularly attend school. While girls may still attend primary schools, nearly 30 percent of girls in Afghanistan have never entered primary education due to difficulty getting to school and sociocultural norms, according to GiHA. Women's access to health care services is also limited, due to high costs and restrictions from receiving treatment from male doctors. Additionally, nearly a quarter of Afghan women do not possess a tazkira, or Afghan identity card, which is required to access education, employment, health services, housing opportunities, and, in some instances, humanitarian assistance. Displaced women and women living in rural areas have particularly limited access to obtaining a tazkira due to the high cost; the need for a mahram, or male guardian, to accompany them to a government administrative office; and travel time to reach such offices, GiHA

\(^4\) The Health Cluster is the coordinating body for humanitarian health activities, comprising UN agencies, NGOs, and other stakeholders.
Moreover, the Taliban’s restrictions on Afghan women humanitarian workers have exacerbated the effects of an already limited presence of women in the humanitarian response, according to GiHA. As a result, humanitarian organizations face challenges directly reaching Afghan women for needs assessments, distribution of assistance, or selection for assistance. Despite the Taliban’s restrictions and their effects on women’s ability to access assistance, humanitarian actors have continued to adapt their activities to reach women and girls, including engaging with Taliban representatives to secure authorizations and exemptions to allow the participation of female staff in the humanitarian response.

**U.S. GOVERNMENT RESPONSE**

**FOOD SECURITY**

The U.S. Government (USG) supports the delivery of life-saving emergency food assistance across Afghanistan, providing at-risk 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. Moreover, with support from USAID/BHA and other donors, WFP had reached approximately 14,800 households affected by the October 7–15 earthquakes with fortified biscuits, in-kind food commodities, and lipid-based nutrient supplements as of late October. Additionally, USAID/BHA-supported INGO partners are providing seeds and livestock feed in at-risk areas to bolster the 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. UNICEF, with support from USAID/BHA and other donors, screened more than 838,000 children ages five years and younger and provided treatment for severe acute malnutrition to nearly 45,600 children during October. USAID/BHA also supports coordination and information management among food security actors and assessments in Afghanistan to strengthen humanitarian response efforts.

**PROTECTION**

USG partners—such as State/PRM partner UNHCR—provide protection assistance to internally displaced persons (IDPs), refugees, returnees, and other vulnerable populations in Afghanistan. Additionally, USG INGO and UN partners 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 and provide legal assistance to returning refugees to access documentation. With USAID/BHA and other donor support, the UN Population Fund (UNFPA) provided nearly 3,500 dignity kits, containing hijabs to facilitate mobility, as well as essential hygiene items for women and girls, to earthquake-affected women and girls as of late...
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 the UN World Health Organization (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. In response to the influx of Afghan returnees from Pakistan, WHO and other Health Cluster partners reached nearly 134,000 individuals with health services—including maternal, newborn, and child health services, as well as immunizations; MHPSS services; and primary and secondary health care consultations—between November 1 and December 5. Furthermore, UNICEF and other partners provided primary health care consultations, MHPSS services, surgeries, and treatment for trauma cases for earthquake-affected individuals in Herat.

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 MPCA 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 heating costs for at-risk households. With USAID/BHA and other donor support, IOM distributed emergency relief and shelter kits, as well as winter items, including blankets and clothing, reaching approximately 84,000 individuals affected by earthquakes in Herat through late November.

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, returnees, 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 services 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 9, 2023, U.S. Chargé d’Affaires Karen Decker reissued a declaration of humanitarian need for FY 2024 due to the continued impact of the ongoing complex emergency.

**USG HUMANITARIAN FUNDING FOR THE AFGHANISTAN RESPONSE IN FY 2024**

<table>
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<th>IMPLEMENTING PARTNER</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
<th>AMOUNT</th>
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<tr>
<td>USAID/BHA</td>
<td>Implementing Partner (IP)</td>
<td>Health, MPCA, Nutrition, Shelter and Settlements, WASH</td>
<td>Countrywide</td>
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<tr>
<td></td>
<td>IOM</td>
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<td>UN Food and Agriculture Organization (FAO)</td>
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<td>STATE/PRM</td>
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<td><strong>TOTAL USG HUMANITARIAN FUNDING FOR THE AFGHANISTAN RESPONSE IN FY 2024</strong></td>
<td></td>
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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:
  - USAID Center for International Disaster Information: cidi.org
  - 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