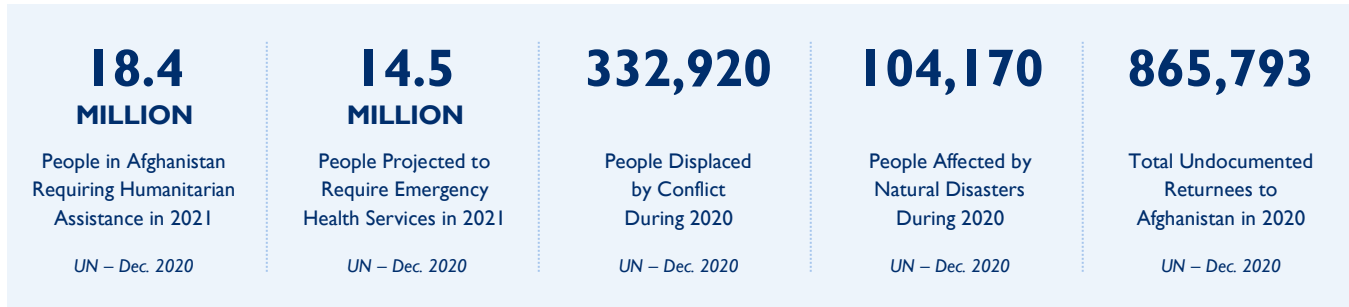


Afghanistan – Complex Emergency

January 12, 2021

SITUATION AT A GLANCE



- COVID-19 contributes to significant increase in acute food insecurity across the country.
- Fighting between government and non-state forces prompts the displacement of thousands of people in southern Afghanistan.
- Afghanistan receives record number of undocumented returnees in 2020, primarily from Iran.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the Afghanistan Response in FY 2020

USAID/BHA^{1,2} \$177,557,001

State/PRM³ \$99,438,966

Total \$276,995,967⁴

For complete funding breakdown with partners, see detailed chart on page 6

¹USAID's Bureau for Humanitarian Assistance (USAID/BHA)

²Total USAID/BHA funding includes non-food humanitarian assistance from the former Office of U.S. Foreign Disaster Assistance and emergency food assistance from the former Office of Food for Peace.

³U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

⁴This total includes approximately \$33,229,130 in supplemental funding through USAID/BHA and State/PRM for COVID-19 preparedness and response activities.

KEY DEVELOPMENTS

Deteriorating Food Security Conditions Approach 2018 Drought Levels

Acute food insecurity conditions across Afghanistan continue to worsen and are projected to approach levels of severity similar to those observed during the 2018/2019 drought, according to the 2021 UN Humanitarian Needs Overview (HNO). According to the UN, the number of people experiencing severe levels of acute food insecurity increased from 13.9 million in November 2019 to approximately 16.9 million people, representing 42 percent of Afghanistan's population, in November 2020.⁵ The main driver of deteriorating food security conditions is the economic impacts of the COVID-19 pandemic, according to the HNO, which notes that approximately 55 percent of households surveyed for the 2020 Seasonal Food Security Assessment reported loss of employment during 2020, while nearly 60 percent reported reduced income. Separately, the Famine Early Warning Systems Network (FEWS NET) projected that up to 5 million people would experience acute food insecurity between January and April 2021, noting that food security conditions for households in northern provinces are expected to worsen due to the effects of La Niña, which will likely result in below-average harvests. The health and socioeconomic impacts of the COVID-19 pandemic, deteriorating food security conditions, conflict-related displacement and protection risks, and a recent increase in population estimates have contributed to an increase in the total number of people in the country in need of humanitarian assistance. An estimated 18.4 million people are projected to require humanitarian assistance in 2021, compared to 14 million people in June 2020 and 9.4 million in January 2020, according to the HNO.

Clashes in Southern Afghanistan Trigger Additional Displacement

Fighting between Afghan National Security Forces (ANSF) and a non-state armed group (NSAG) in southern Afghanistan since mid-October has disrupted humanitarian services, damaged or destroyed medical facilities, and displaced at least 33,700 people across Helmand, Kandahar, and Uruzgan provinces, the UN Office for the Coordination of Humanitarian Affairs (OCHA) reports. As of early November, humanitarian actors had identified more than 15,200 internally displaced persons (IDPs) in Helmand, approximately 3,500 IDPs in Kandahar, and an estimated 10,000 IDPs in Uruzgan in need of humanitarian assistance. Active fighting, increased risks from improvised explosive devices (IEDs), and threats to health workers have resulted in partial or total closures of several health facilities in the region, and had adversely affected nearly 140,000 people across the three provinces as of November 18, according to relief actors. In response to the violence, the Afghanistan National Disaster Management Authority and local officials coordinated the delivery of food baskets and safe drinking water to IDPs in Helmand and Kandahar, while relief organizations, including USG partners, distributed cash and food assistance, shelter commodities, and water, sanitation, and hygiene (WASH) items to affected households across all three provinces, reaching 13,000 IDPs between November 30 and December 6. USAID/BHA partner the UN Children's Fund (UNICEF) provided safe drinking water to more than 700 IDPs in Helmand during November and December. Meanwhile, the security situation remained unstable in central, eastern, northeastern, and western Afghanistan, with airstrikes, fighting, and IED detonations resulting in civilian casualties and humanitarian access constraints. Divided territorial control, instability, and weak governance in Afghanistan continue to hinder the provision of humanitarian aid.

Stigma Undermines Provision of Health Care Amid Rise in COVID-19 Cases

As of December 31, the Government of Afghanistan (GoA) Ministry of Public Health had recorded more than 51,500 confirmed cases of coronavirus disease (COVID-19) and 2,188 COVID-19-related deaths in

⁵ 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.

Afghanistan. The actual number of COVID-19 cases is likely significantly higher than reported figures due to limited public health resources and stigmatization around a COVID-19 diagnosis, which reduces the numbers of people who seek tests, according to OCHA. The UN World Health Organization (WHO) reports that stigma is a significant factor affecting behaviors related to COVID-19 prevention and care, noting a widespread lack of adherence to procedures for mitigating disease spread and community reluctance to seek COVID-19 tests or visit health facilities for treatment of potential COVID-19 symptoms or other illnesses or health conditions. The continued spread of the disease in recent weeks has led to increased hospitalizations, with COVID-19-designated hospitals in Herat, Kandahar, and Nangarhar provinces operating at full capacity as of late December, according to relief actors.

The COVID-19 pandemic has negatively affected the provision and utilization of essential health care services in Afghanistan due to COVID-19-related movement restrictions, lack of medical supplies and personal protective equipment, and community reluctance to visit health facilities. Hospital admissions and referrals decreased by nearly 25 percent from April to June 2020 compared to the same period in 2019, while surgical procedures decreased by approximately 33 percent, according to WHO. In addition, the rate of routine vaccinations for women and children younger than two years of age declined during the year. As a result, WHO projects that mortality from treatable and vaccine-preventable health conditions may increase in 2021.

COVID-19 Economic Effects Spur Return Migration, Increased Protection Risks

More than 865,700 Afghans returned to Afghanistan during 2020, including approximately 859,000 from Iran and an estimated 6,700 from Pakistan, the International Organization for Migration (IOM) reports, representing the largest return of undocumented, including deported, Afghans of any year on record. Additionally, the voluntary repatriation rate of Afghan refugees from Iran and Pakistan reached its lowest since the Office of the UN High Commissioner for Refugees (UNHCR) began publishing return numbers in 2014. According to an October report by the Danish Refugee Council's Mixed Migration Center (MMC), the economic effects of the COVID-19 pandemic were the main factor influencing the high rates of return, with more than 75 percent of returned migrants surveyed since April—the majority of whom were previously living in neighboring Iran—citing loss of employment as the primary cause of their decision to return. Additionally, approximately 40 percent of surveyed individuals reported an inability to afford basic food and shelter needs, with 33 percent reporting taking on additional debt. Afghanistan and neighboring countries have maintained border restrictions aimed at curbing the spread of COVID-19, increasing the demand for smugglers, who have in turn increased their fees and sought alternative—often riskier—routes to avoid detection, increasing protection risks for migrants, according to MMC. In addition, the pandemic has increased food insecurity and debt among households throughout Afghanistan, with relief actors warning that protection issues are likely to worsen as households adopt negative coping strategies, including child labor and early marriage.

Humanitarian Needs Expected to Increase During Winter Months

A rise in COVID-19 cases, increased levels of household debt, and reduced livelihood opportunities will likely heighten humanitarian needs during Afghanistan's 2020–2021 winter wet season, during which harsh winter conditions are expected to compound existing food, health, protection, and shelter needs among vulnerable households. Relief actors have identified approximately 2.5 million people to reach with winterization assistance between December 2020 and March 2021. The GoA's decision to close schools from mid-November to March 2021 in provinces that are most affected by winter conditions will affect approximately 115,000 children who would lose humanitarian support provided through schools. Children across Afghanistan had already missed several months of schooling following GoA-

imposed closures from March to October 2020 due to the COVID-19 pandemic.

KEY FIGURES



\$33 Million

In dedicated USG support for COVID-19 preparedness and response programming



6

Number of USG implementing partners supporting emergency food assistance programming



7

Number of USG implementing partners supporting life-saving health programming

U.S. GOVERNMENT RESPONSE

COVID-19 PREPAREDNESS AND RESPONSE

The USG is supporting three UN agencies—including UNHCR and the UN World Food Program (WFP)—and five NGO partners to conduct activities dedicated to preventing, mitigating, and responding to the spread of COVID-19 in Afghanistan. USG partners are conducting COVID-19 awareness campaigns, training community health workers on infection prevention and control measures, and expanding delivery of WASH services. USG partner-supported mobile health teams are also conducting outpatient consultations and referring and transporting suspected COVID-19 cases to isolation and treatment facilities, as well as advising treatment facilities on proper COVID-19 protocols. UN partners have provided hygiene kits and medical equipment to frontline health workers, deployed mobile health teams, and supported risk communication and community engagement activities in 25 of Afghanistan's 34 provinces. In response to secondary effects of the pandemic—such as increased food insecurity and protection risks—USG partners are delivering multipurpose cash assistance, increasing provision of protection services to affected populations, and supporting efforts to increase livelihoods opportunities for returning refugees. In addition, USG implementing partners have adapted some activities in response to the pandemic as they continue to address other humanitarian needs.

FOOD SECURITY AND NUTRITION

With more than \$103 million in FY 2020 funding to UNICEF, WFP, UNHCR, and three NGO partners, the USG supports the delivery of life-saving emergency food assistance across Afghanistan, providing vulnerable populations with U.S. and locally, regionally, and internationally procured in-kind food assistance; cash transfers for food; and food vouchers. In response to the COVID-19 pandemic, WFP has also expanded food assistance to support populations who have experienced reduced access to income-generating activities and staple foods in urban communities. Additionally, USAID/BHA partner the UN Food and Agricultural Organization (FAO) provides households with seeds and livestock feed to bolster agricultural livelihoods recovery and resilience. USAID/BHA also supports coordination and capacity-building activities among food security actors in Afghanistan to strengthen response efforts.

HEALTH

Through FY 2020 funding, the USG supports seven partners to implement life-saving health activities across nearly 30 provinces to improve community health awareness, bolster outpatient consultation efforts, and provide support to essential health services. USG partners aim to increase equitable access to and utilization of health services among IDPs, conflict-affected persons, and

vulnerable host communities by supporting hospitals and clinics and deploying mobile health teams to deliver emergency and primary health care services, as well as conducting trainings for local community health workers and health care professionals, providing essential medicines, and supporting vaccination campaigns.



5

Number of USG implementing partners supporting shelter programming

SHELTER AND SETTLEMENTS

Shelter needs among populations in Afghanistan remain significant due to ongoing conflict and natural disasters such as floods and landslides, which frequently result in displacement and damage or destruction of houses. USG partners provide emergency shelter for newly displaced people, as well as shelter repair kits, transitional shelter, and multipurpose cash assistance to support the housing needs of IDP and host community populations. Partners also conduct trainings to improve preparedness for natural hazards.



8

Number of USG implementing partners protection interventions

PROTECTION

Armed conflict and insecurity continue to generate serious protection concerns in Afghanistan. Protection risks have worsened during the COVID-19 pandemic, with humanitarian agencies recording increases in child labor, gender-based violence (GBV)—including early and forced marriage—and sexual exploitation and abuse. With support from State/PRM, UNHCR provides protection assistance to refugees and refugee returnees, IDPs, and other vulnerable populations in Afghanistan. Additionally, USG NGO and UN partners support mental health and psychosocial support (MHPSS) programs, including individual counseling, activities to support development of coping skills, and safe healing and learning spaces for children. USG partners also implement child protection activities and services for GBV survivors, provide legal assistance to returning refugees to access documentation, and integrate MHPSS and other protection measures into education, health, and nutrition programming.



5

Number of USG implementing partners supporting livelihoods and education programming

LIVELIHOODS AND EDUCATION

Five USG partners deliver livelihoods programming and skills training to support sustainable refugee reintegration and boost opportunities for vulnerable host community populations; activities include 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 education, skills training, and adult literacy courses. Partners 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

- Ongoing conflict and frequent natural disasters continue to displace populations and generate humanitarian needs throughout Afghanistan. The UN estimates that conflict has displaced an estimated 1.5 million people since 2017, while natural disasters, such as avalanches and floods, affect approximately 250,000 Afghans each year.
- USAID/BHA supports a three-pronged approach to improve humanitarian response efforts in Afghanistan: address the emergency needs of individuals affected by conflict and natural disasters; enhance humanitarian coordination, data collection, and analysis; and strengthen and integrate national-level disaster risk reduction capacity.
- USAID/BHA’s food assistance and disaster readiness programs are designed to respond to the food security and nutritional needs of IDPs and returnees, as well as people affected by economic stress; to support the recovery of communities affected by shocks; and to prevent and treat moderate and severe acute malnutrition among children and pregnant and lactating women.
- State/PRM supports the sustainable voluntary return of Afghan refugees while preserving asylum space in host countries through humanitarian diplomacy and assistance, as well as initiatives that ensure that areas hosting returning refugees can support all members of the community.
- On October 25, 2020, the U.S. Chargé d’Affaires to Afghanistan, Ambassador Ross Wilson, re-declared a disaster for FY 2021 for Afghanistan due to the ongoing complex emergency.
- The USG is supporting humanitarian partners to adapt and increase programming, particularly in the health, protection, and WASH sectors, to mitigate the risk of COVID-19 and respond to the outbreak in Afghanistan, especially for IDPs, returned refugees, and other crisis-affected populations.

USG HUMANITARIAN FUNDING FOR THE AFGHANISTAN RESPONSE IN FY 2020¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING IN AFGHANISTAN FOR THE COMPLEX EMERGENCY RESPONSE			
USAID/BHA			
Non-Food Assistance			
Implementing Partners (IPs)	Agriculture and Food Security, Economic Recovery and Market Systems, Health, Humanitarian Coordination and Information Management, Multipurpose Cash Assistance, Natural and Technological Risks, Nutrition, Protection, WASH	Badakhshan, Badghis, Balkh, Bamiyan, Countrywide, Daykundi, Farah, Faryab, Ghazni, Helmand, Herat, Jowzjan, Kabul, Kandahar, Kunar, Kunduz, Laghman, Logar, Nangarhar, Nuristan, Paktiya, Sar-e Pul, Takhar, Uruzgan, Zabol	\$36,982,140
International Federation of Red Cross and Red Crescent Societies (IFRC)	Multipurpose Cash Assistance, Risk Management Policy and Practice, Shelter and Settlements	Balkh, Herat, Kandahar, Sar-e Pul, Zabol	\$750,000
IOM	Humanitarian Coordination and Information Management, Risk Management Policy and Practice, Shelter and Settlements	Countrywide	\$12,365,000

FAO	Agriculture and Food Security, Economic Recovery and Market Systems,	Badakhshan, Laghman, Nuristan	\$2,000,000
	HCIM	Countrywide	\$550,000
OCHA	HCIM	Countrywide	\$1,100,000
WFP	Logistics Support	Countrywide	\$1,100,000
	Program Support		\$1,011,914
TOTAL USAID/BHA NON-FOOD ASSISTANCE FUNDING FOR THE AFGHANISTAN COMPLEX EMERGENCY			\$55,859,054

Food Assistance²

IPs	Cash Transfers for Food, Complementary Services, Food Vouchers	Badakhshan, Badghis, Bamiyan, Daykundi, Faryab, Ghor, Jowzjan, Sar-e Pul, Uruzgan	\$9,431,246
UNICEF	Complementary Services	Countrywide	\$1,367,632
	Local, Regional, and International Procurement	Countrywide	\$4,132,368
WFP	Cash Transfers for Food	Countrywide	\$26,051,121
	Local, Regional, and International Procurement	Countrywide	\$51,315,580
	Complementary Services	Countrywide	\$10,000,000
	Program Support		\$1,000,000

TOTAL USAID/BHA FOOD ASSISTANCE FUNDING FOR THE AFGHANISTAN COMPLEX EMERGENCY \$103,297,947

TOTAL USAID/BHA FUNDING FOR THE AFGHANISTAN COMPLEX EMERGENCY \$159,157,001

STATE/PRM

IPs	Livelihoods, Multi-Sector Assistance, Protection	Countrywide	\$24,840,859
IPs	Education, Protection	Pakistan	\$4,868,977
UNHCR	Multi-Sector Assistance	Countrywide	\$30,500,000
UNHCR	Multi-Sector Assistance	Pakistan	\$19,800,000
UNHCR	Multi-Sector Assistance	Regional	\$4,600,000

TOTAL STATE/PRM FUNDING FOR THE AFGHANISTAN COMPLEX EMERGENCY \$84,609,836

TOTAL USG HUMANITARIAN FUNDING FOR THE AFGHANISTAN COMPLEX EMERGENCY IN FY 2020 \$243,766,837

FUNDING IN AFGHANISTAN FOR THE COVID-19 RESPONSE³

USAID/BHA

Non-Food Assistance

IPs	Health, Multipurpose Cash Assistance, Nutrition, Protection, WASH	Badghis, Balkh, Farah, Faryab, Ghor, Helmand, Herat, Kabul, Kapisa, Khost, Kunar, Laghman, Logar, Nangarhar, Nimroz, Nuristan, Paktika, Paktiya	\$6,400,000
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TOTAL USAID/BHA NON-FOOD ASSISTANCE FUNDING FOR THE AFGHANISTAN COVID-19 RESPONSE \$6,400,000

Food Assistance

WFP	Cash Transfers for Food	Herat, Kabul	\$12,000,000
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TOTAL USAID/BHA FOOD ASSISTANCE FUNDING FOR THE AFGHANISTAN COVID-19 RESPONSE \$12,000,000

TOTAL USAID/BHA FUNDING FOR THE AFGHANISTAN COVID-19 RESPONSE			\$18,400,000
STATE/PRM			
Non-Food Assistance			
IPs	Humanitarian Assistance - COVID-19 Preparedness and Response	Countrywide	\$5,950,000
IPs	Humanitarian Assistance - COVID-19 Preparedness and Response	Pakistan	\$1,724,130
UNHCR	Humanitarian Assistance - COVID-19 Preparedness and Response	Countrywide	\$2,355,000
UNHCR	Humanitarian Assistance - COVID-19 Preparedness and Response	Pakistan	\$4,800,000
TOTAL STATE/PRM FUNDING FOR THE AFGHANISTAN COVID-19 RESPONSE			\$14,829,130
TOTAL USG HUMANITARIAN FUNDING FOR COVID-19 OUTBREAK PREPAREDNESS AND RESPONSE IN AFGHANISTAN IN FY 2020			\$33,229,130
TOTAL USAID/BHA FUNDING FOR AFGHANISTAN IN FY 2020			\$177,557,001
TOTAL STATE/PRM FUNDING FOR AFGHANISTAN IN FY 2020			\$99,438,966
TOTAL USG HUMANITARIAN FUNDING FOR AFGHANISTAN IN FY 2020			\$276,995,967

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2020.

² Estimated value of food assistance and transportation costs at time of procurement; subject to change.

³ Figures represent supplemental International Disaster Assistance (IDA) and Migration and Refugee Assistance (MRA) funding committed for the COVID-19 response under the Supplemental Funding to Prevent, Prepare for, and Respond to COVID-19 Abroad as of September 30, 2020.

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](https://www.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](https://www.cidi.org)
 - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)