HUMANITARIAN NEEDS OVERVIEW
AFGHANISTAN

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.

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Photo: Jim Huylebroek

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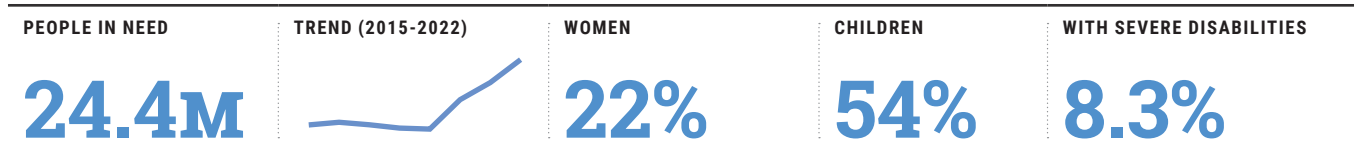fts.unocha.org

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Summary of Humanitarian Needs and Key Findings

Current figures

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

Projected figures (2023)

PEOPLE IN NEED	TREND (2015-2023)	WOMEN	CHILDREN	WITH SEVERE DISABILITIES
28.3M		23%	54%	8.3%
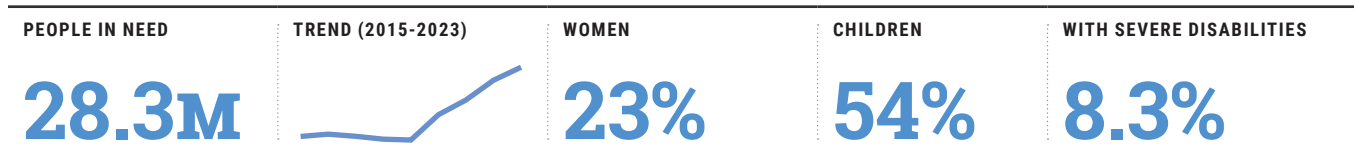
Photo: Jim Huylebroek

Severity of needs: projected (2023)

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
5.5M	**9.2M**	**13.7M**	**14.7M**	**0M**
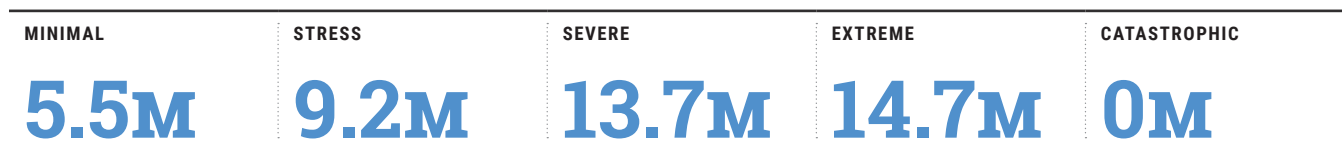
By Population Group

POPULATION GROUP	PEOPLE IN NEED		% PIN
Vulnerable people with humanitarian needs	**26.3 m**		92.7%
Cross-border returnees	**1.1 m**		3.9%
Internally displaced people and vulnerable migrants	**691 k**		2.4%
Sudden-onset natural disaster-affected	**200 k**		0.7%
Refugees & asylum seekers	**52 k**		0.2%

With Severe Disabilities

AGE	PEOPLE IN NEED		% PIN
People with disabilities	**2.4 m**		8.3%

By Location

LOCATION	PEOPLE IN NEED		% PIN
Rural	**22.2 m**		79%
Urban	**6.1 m**		21%

By Sex

SEX	PEOPLE IN NEED		% PIN
Girls	**7.4 m**		26%
Women	**6.4 m**		23%
Boys	**7.9 m**		28%
Men	**6.6 m**		23%

By Age

AGE	PEOPLE IN NEED		% PIN
Children (0 - 17)	**15.2 m**		54%
Adults (18 - 64)	**12.3 m**		44%
Elderly (65+)	**760 k**		2.7%

Context, shocks/events, and impact of the crisis

Afghanistan is facing an unprecedented humanitarian crisis with a very real risk of systemic collapse and human catastrophe. In addition to unimaginable human costs, this humanitarian crisis is reversing many of the gains of the last 20 years, including around women's rights.

The end of the 20 year armed conflict between the Taliban and the Afghan National Security and Defence Forces in August 2021, and the simultaneous takeover of the country by the Taliban, has ushered in a new era characterized by rapid economic rapid economic decline, hunger and risk of malnutrition, inflation driven by global commodity shocks, drastic rises in both urban and rural poverty, a near-collapse of the national public health system, a stifling of the media and civil society sectors, and almost-total exclusion of half the population – women and girls – from public life.

The collapse of the previous government resulted in a suspension of direct international development assistance, which previously accounted for 75 per cent of public expenditure, including the maintenance of the public health system. In the absence of development activity, the Afghan people are experiencing a backwards slide evidenced by the surge of humanitarian needs across the country.

Afghanistan's population was estimated to pass 43 million in 2022, with 49 per cent women and girls, and one of the highest youth populations in the world, with 47 per cent of the population under 15 years old. The population is expected to grow at 2.3 per cent per annum, one of the steepest rates in the region, and so the intertwined environmental, economic and protection crises, particularly for girls, will have a far-reaching and potentially catastrophic impact far into the future.

In 2023, a staggering 28.3 million people (two thirds of Afghanistan's population) will need urgent humanitarian assistance in order to survive as the country enters its third consecutive year of drought-like conditions and the second year of crippling economic decline, while still reeling from the effects of 40 years of conflict and recurrent natural disasters. High levels of unemployment and sustained inflation of key commodity prices have caused the average household's debt to increase, challenging people's coping mechanisms and thwarting the already fragile economy's ability to adapt to shocks.

While in previous years, humanitarian needs have been largely driven by conflict, the key drivers of humanitarian need in 2023 are multidimensional: drought, climate change, protection threats, particularly for women and girls, and the economic crisis. Nevertheless, conflict, natural disasters, the lingering effects of war, and recent large-scale conflict displacement continue to prevent people from building resilience and moving towards recovery and solutions. In 2022 there was a change in the drivers of humanitarian needs, as household shocks shifted from COVID-19 and conflict in 2021, to drought, climate change and economic shocks.

Afghanistan's economic crisis is widespread, with more than half of households experiencing an economic shock in the last six months. The economy immediately went into free-fall, with the disruption to markets, financial and trade mechanisms, the freezing of US$9.5 billion in central bank reserves, loans and the sudden suspension of direct development aid.

Within this reality, 17 million people face acute hunger in 2023, including 6 million people at emergency levels of food insecurity, one step away from famine – and one of the highest figures worldwide. Deterioration is expected in the first quarter of 2023 due to the simultaneous effects of winter and the lean season, sustained high food prices, reduced income and unemployment and continued economic decline.

Afghanistan is highly prone to natural hazards, whose frequency and intensity are exacerbated by the effects of climate change, increasing humanitarian needs and structural limitations in mitigating disaster impact. The number of atypical sudden-onset disasters, such as floods and earthquakes, was higher in 2022 than preceding years and the scenario anticipates that these patterns may be the norm moving ahead.

Severe needs from drought have reached a crisis point. As of December 2022, Afghanistan was experiencing the first triple-dip impact of La Niña globally since 1998-2001, which was also a period of multi-year drought and high levels of food insecurity in Afghanistan. The forecast is at least a 50 per cent chance of La Niña continuing from January to March 2023 before returning to ENSO neutral. The 2022 Whole of Afghanistan Assessment (WoAA) identified drought as the most frequently reported shock experienced in the six months prior to data collection, and the prolonged drought is resulting in the drying of surface water sources such as springs, and a significant drop in groundwater levels. As a result of the ongoing drought event and water crisis, the proportion of households experiencing barriers to accessing water rose from 48 per cent in 2021 to 60 per cent in 2022.

The other main driver of humanitarian need is the traditional gender norms and patriarchal culture which have long reinforced discrimination against women and girls in Afghanistan, increasing their vulnerability and decreasing their capacity to recover from shocks, and leaving them disproportionately affected during crises. Multiple studies show that Afghanistan is the worst place in the world to be a woman or girl, with the situation only deteriorating since the takeover by the Taliban which continues to fully curtail women and girls' rights. The curtailment of Afghan women's enjoyment of their rights is uniquely severe. Restrictions targeting women and girls impact many areas of their lives, limiting their freedom of movement and their access to essential services and livelihoods, with negative economic, social, physical and psychological consequences.

Within the broader humanitarian access environment, participation in the humanitarian response has deteriorated for Afghan women staff since August 2021. Amid a growing set of restrictions curtailing their basic rights and freedoms, women humanitarian workers face increasingly restrictive challenges affecting their ability to travel to beneficiaries. The 24 December 2022 directive barring women from working for national or international NGOs will have a devastating humanitarian impact on millions of people across the country and will prevent millions of vulnerable women and girls from receiving services and life-saving assistance.

Scope of analysis

This Humanitarian Needs Overview (HNO) presents a predicated evolution of humanitarian needs in Afghanistan in 2023, using an inter-sectoral approach to the analysis that recognizes the multidimensional nature of people's needs across sectors. Underpinning the Afghanistan HNO is the multi-sector needs assessment, the 2022 WoAA, which provides a robust snapshot of the situation and humanitarian needs in all parts of the country.

All 2023 calculations are based on joint planning assumptions outlined in section 2.1 – Risk Analysis 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 around November, rainfall patterns, agricultural planting and harvest seasons, and others. 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.
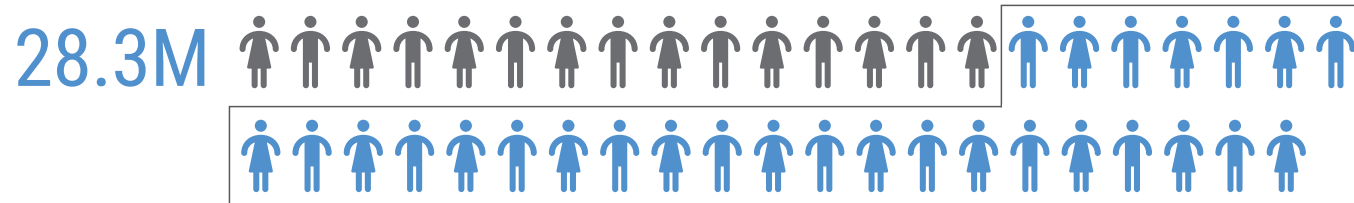
Population groups

Exposure to shocks is felt across all population groups, highlighting the need for a response that is targeted accordingly. Emerging distinctions between people in need in urban and rural settings have become starker and therefore warranted a stronger articulation of the needs of each group, which are now highlighted in the analytical framework of the 2023 HNO. Within the wider group of people in need, 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. At the same time, most other Afghans require the continuation and restoration of basic services to prevent them from slipping further into humanitarian need.

Estimated number of people in need

TOTAL POPULATION

43.1M

PEOPLE IN NEED

28.3M

BY SECTOR

EDUCATION	**ES-NFI**	**FSAC**
8.7M	9.7M	21.2M
HEALTH	**NUTRITION**	**PROTECTION**
17.6M	7.2M	20.3M
WASH		
21.2M		

BY AGE, SEX & DISABILITY

CHILDREN *<18 YEARS*	**ADULTS** *18-64 YEARS*	**ELDERLY** *>64 YEARS*
15.2M	12.3M	0.76M

FEMALE 49%

MALE 51%

WITH SEVERE DISABILITIES 8.3%

Severity of Humanitarian Conditions and number of people in need

UZBEKISTAN

TAJIKISTAN

TURKMENISTAN

ISLAMIC REPUBLIC OF IRAN

Jammu and Kashmir

JAWZJAN

KUNDUZ

BALKH

BADAKHSHAN

TAKHAR

FARYAB

SAMANGAN

SAR-E-PUL

BAGHLAN

PANJSHER

BAMYAN

BADGHIS

SEE DETAILED AREA

GHOR

WARDAK

DAYKUNDI

HIRAT

GHAZNI

FARAH

URUZGAN

ZABUL

PAKTIKA

HILMAND

NIMROZ

KANDAHAR

PAKISTAN

Number of people in need

- 4,700,000
- 2,000,000
- 500,000

SEVERITY OF NEEDS

1 2 3 4 5

100 km

DETAILED AREA

PANJSHER

NURISTAN

PARWAN

KAPISA

KUNAR

KABUL

LAGHMAN

NANGARHAR

WARDAK

LOGAR

PAKTYA

KHOST

PAKTIKA

In addition, the category of newly displaced people includes both those who are displaced by conflict and natural disasters (including drought), and vulnerable internal migrants, who have been forced to move for economic or political reasons.

The population groups with the greatest humanitarian needs are:

- Vulnerable people with acute humanitarian needs in rural areas
- Vulnerable people with acute humanitarian needs in urban areas
- Shock affected non-displaced people (people affected by a sudden-onset disaster, primarily floods and earthquakes, who have not left their area of origin)
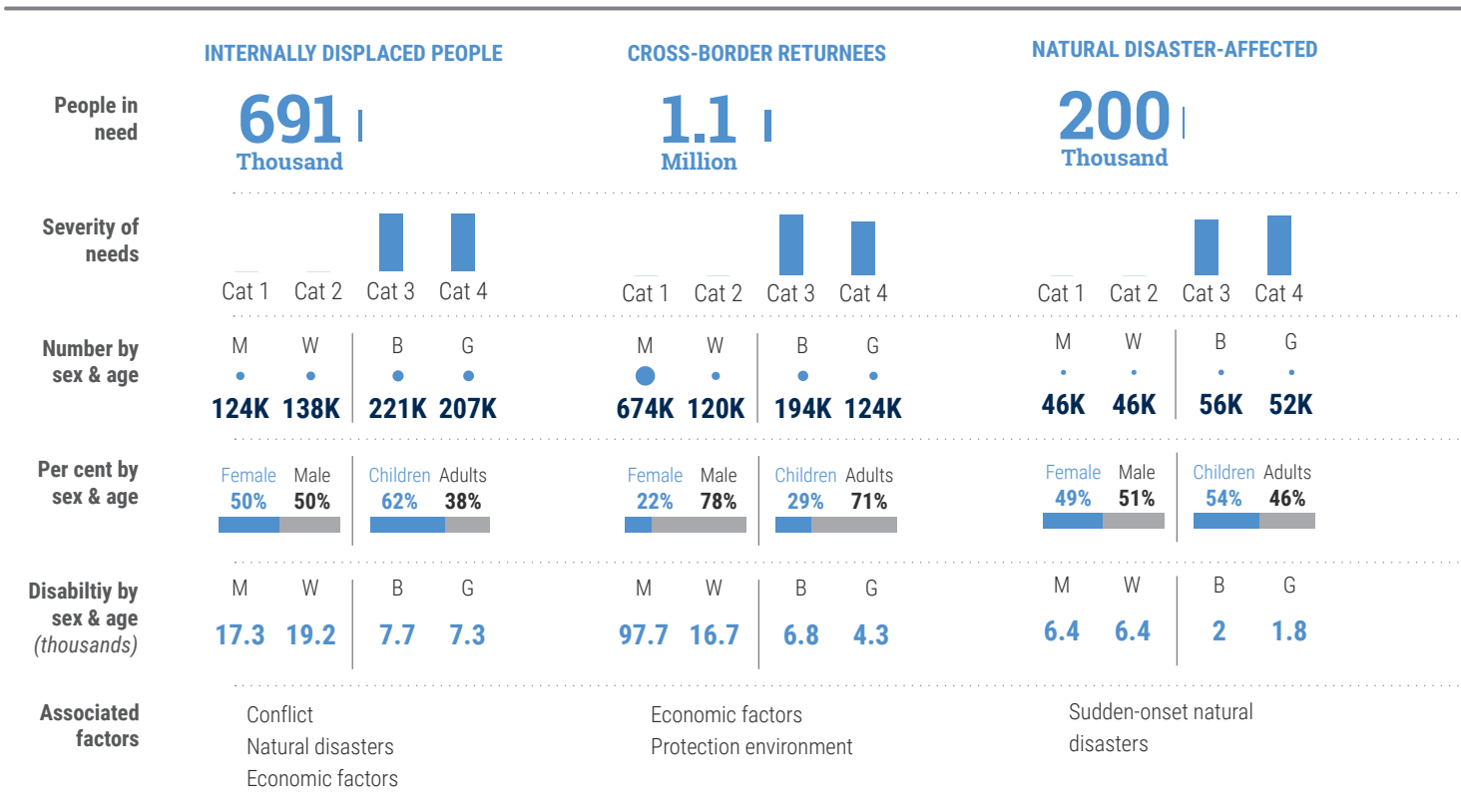- Recently internally displaced persons and vulnerable internal migrants

- Recent cross-border returnees
- Refugees and asylum seekers

Humanitarian conditions, severity and people in need

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 28.3 million people – two thirds of the country – that fall into the "vulnerable people with acute humanitarian needs" and "shock-affected non-displaced", continue to be widely reflective of the baseline conditions for all vulnerable people affected by humanitarian shock in the country, as has been articulated in previous HNOs.

The humanitarian conditions created by Afghanistan's multidimensional crisis continue to impact all parts of the country and affect every aspect of Afghan life. In 2023, a total of 28.3 million people (two thirds of the

Severity of humanitarian conditions and number of people in need

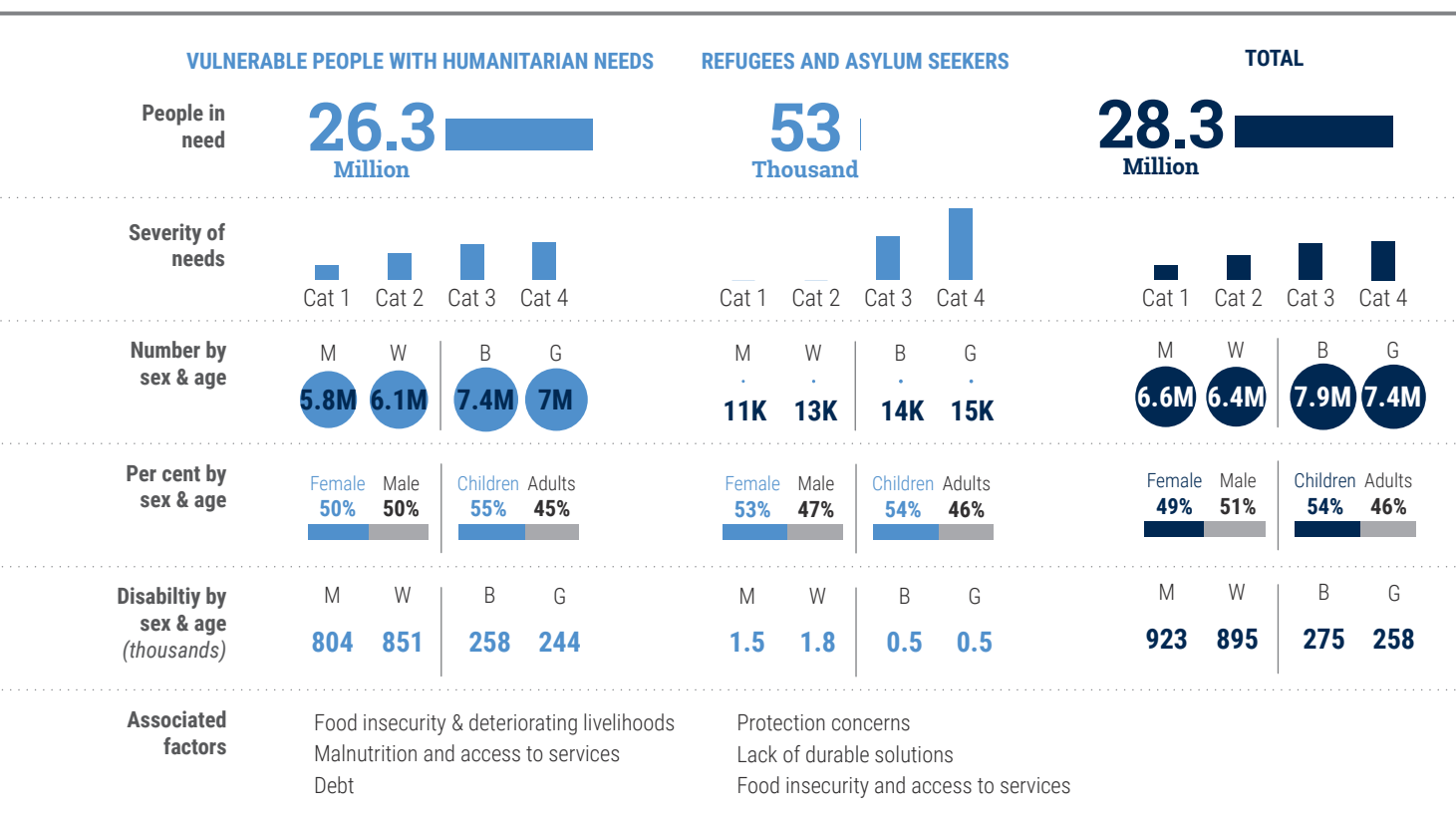|	INTERNALLY DISPLACED PEOPLE				CROSS-BORDER RETURNEES				NATURAL DISASTER-AFFECTED			
People in need	**691** Thousand				**1.1** Million				**200** Thousand			
Severity of needs	Cat 1	Cat 2	Cat 3	Cat 4	Cat 1	Cat 2	Cat 3	Cat 4	Cat 1	Cat 2	Cat 3	Cat 4
Number by sex & age	M 124K	W 138K	B 221K	G 207K	M 674K	W 120K	B 194K	G 124K	M 46K	W 46K	B 56K	G 52K
Per cent by sex & age	Female 50%	Male 50%	Children 62%	Adults 38%	Female 22%	Male 78%	Children 29%	Adults 71%	Female 49%	Male 51%	Children 54%	Adults 46%
Disabiltiy by sex & age *(thousands)*	M 17.3	W 19.2	B 7.7	G 7.3	M 97.7	W 16.7	B 6.8	G 4.3	M 6.4	W 6.4	B 2	G 1.8
Associated factors	Conflict Natural disasters Economic factors				Economic factors Protection environment				Sudden-onset natural disasters			

population) need humanitarian assistance to survive, of whom 14.7 million are in extreme need (severity 4). A total of 6.4 million are women and 15.2 million are children; 6.1 million live in urban areas and 22.2 million live in rural areas, and 15 per cent of all households have at least one member with a disability.

There are needs in every province of the country, with extreme need in 33 out of 34 provinces and 27 out of 34 major cities/provincial capitals with the rest in severe need, indicating how widespread the crisis is across the country.

The number of people in need (PiN) of humanitarian assistance in 2023 (28.3 million people) has increased from 24.4 million in 2022 (a 16 per cent increase) and 18.4 million in 2021 (a 54 per cent increase). The main reason for the increase in the PiN is due to the dramatic increase in WASH needs (up 40 per cent) and protection needs (up 25 per cent) – reflecting the

compound impact of the drought and the increasingly restrictive measures impacting women and girls – and includes all secondary school aged girls denied access to education.

Even with two thirds of the country already having humanitarian needs in 2023, further deterioration is highly possible unless the root causes and drivers of need are addressed. Substantial investments in water infrastructure, sustainable agriculture, alternative livelihoods, gender policy reform and macroeconomic stabilization are urgently needed, along with the stabilization of services supporting basic human needs – especially health care and social services – to reduce dependence on humanitarian actors to provide emergency care and transition to longer-term support.

	VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS				REFUGEES AND ASYLUM SEEKERS				TOTAL			
People in need	**26.3** Million				**53** Thousand				**28.3** Million			
Severity of needs	Cat 1	Cat 2	Cat 3	Cat 4	Cat 1	Cat 2	Cat 3	Cat 4	Cat 1	Cat 2	Cat 3	Cat 4
Number by sex & age	M 5.8M	W 6.1M	B 7.4M	G 7M	M 11K	W 13K	B 14K	G 15K	M 6.6M	W 6.4M	B 7.9M	G 7.4M
Per cent by sex & age	Female 50%	Male 50%	Children 55%	Adults 45%	Female 53%	Male 47%	Children 54%	Adults 46%	Female 49%	Male 51%	Children 54%	Adults 46%
Disabiltiy by sex & age (thousands)	M 804	W 851	B 258	G 244	M 1.5	W 1.8	B 0.5	G 0.5	M 923	W 895	B 275	G 258
Associated factors	Food insecurity & deteriorating livelihoods Malnutrition and access to services Debt				Protection concerns Lack of durable solutions Food insecurity and access to services							

Part 1:

Impact of the Crisis and Humanitarian Conditions

1.1
Context of the Crisis

Political, social, demographic, economic profile

The end of the 20 year armed conflict between Taliban and the Afghan National Security and Defence Forces in August 2021, and the simultaneous takeover of the country by the Taliban, has ushered in a new era characterized by rapid economic decline, hunger and risk of malnutrition, inflation driven by global commodity shocks, drastic rises in both urban and rural poverty, a near-collapse of the national public health system, a stifling of the media and civil society sectors, and almost-total exclusion of half the population – women and girls – from public life.

The collapse of the previous government resulted in a suspension of direct international development assistance, which previously accounted for 75 per cent of public expenditures, including the maintenance of the public health system. In the absence of development activity, the Afghan people are experiencing a reversal of recent gains, as witnessed in the upsurge of humanitarian needs across the country.

Political, social and economic shocks continue to be felt with a massive deterioration of the humanitarian and protection situation in 2022, with the outlook for 2023 remaining profoundly uncertain. Political and administrative inexperience in governance, particularly at subnational levels, underpins the manifold challenges faced by humanitarian (and non-humanitarian) actors in meeting the needs of people around the country.

Afghanistan's population was estimated to pass 43 million in 2022, with 49 per cent women and girls, and one of the highest youth populations in the world, with 47 per cent of the population under 15 years old. The population is expected to grow at 2.3 per cent per annum, one of the steepest rates in the region, and so the intertwined environmental, economic and

protection crises, particularly for girls, will have a far-reaching and potentially catastrophic impact far into the future.

Population growth, internal displacement and migration, and continued high 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. The Pakistan floods and the ongoing political and economic challenges in Iran also serve to produce greater uncertainty, potentially reducing remittances and increasing the risk of further disruptions to markets and commodity access within the wider region.

While Afghanistan is home to diverse ethnic and religious groups, several groups remain at risk of violence, repression, discrimination and marginalization, given previous patterns of serious violations and reports of killings and targeted attacks on religious sites, including instances of forced evictions, in recent months.

Security environment

The overall security environment has improved with the end of major hostilities and the consolidation of control by Afghanistan's de facto authorities (DFA). According to the multisectoral needs assessment which underpins this Humanitarian Needs Overview (HNO), the 2022 WoAA, the reported experience of conflict in the six months prior to data collection reduced sharply from 60 per cent in 2021 to 5 per cent in 2022. However, pockets of armed clashes and violent confrontations continue to exist especially in Panjshir (90 per cent), Samangan (43 per cent), and Sar-e-Pul (41 per cent) provinces, which not only cause direct safety and protection concerns and

risk of sudden-onsets of larger scale displacements. but also affect livelihoods, access to basic services, and undermine coping capacities of an already vulnerable population.

The legacy of decades of war remains, with high levels of disability and trauma. Half of all Afghans suffer from psychological distress and one in five people is functionally impaired due to mental illness.[1] Ongoing attacks by Non-State Armed Groups (NSAGs), particularly the Islamic State of Khorasan Province (IS-KP) continue, with the potential for escalation in many areas.

Following decades of war, Afghanistan has one of the highest levels of explosive hazard contamination in the world including both legacy explosive contamination and new types of explosive hazards, in particular improvised explosive devices (IEDs), including improvised mines, as well as explosive remnants

of war (ERW). Together, the explosive threats from improvised mines and ERW have overtaken legacy landmines as a humanitarian priority, as they caused over 98 per cent of civilian casualties in 2021, in addition to hindering stabilization, resilience building and reconciliation efforts of the humanitarian community. Despite the apparent improvement in the security situation since 15 August 2021, the Afghan population continued to experience worrying levels of harm resulting from legacy IEDs and ERW in 2022, particularly for children.

The presence of explosive ordnance in Afghanistan, particularly improvised mines from armed clashes in the past 20 years and ERW, continues to be a top humanitarian priority. Explosive ordnance continues to claim lives, maim the local population, and threaten the safety of humanitarian personnel and the scale-up of humanitarian assistance, but their wider impact is far-reaching: the real or perceived presence of

explosive ordnance causes psychological distress, blocks access to resources and services, impedes safe humanitarian access and hinders infrastructure development, among others.

Following the improvement in the security situation in most parts of the country, there is an increased risk as the local population ventures into previous battle areas inaccessible until recently, as well as that returnees and other people on the move return to areas without knowledge of the presence of the explosive hazards in the location or how to act safely around them. The improved security situation has also resulted in those people who were displaced primarily by conflict to be willing to return, which has however put strain on places of origin due to shelter damage and insufficient services. Many of those returning come back to communities devastated by conflict and chronic vulnerability. Loss of remittances, loss of livelihood opportunities in places of origin and loss of family support networks all add to returnees' vulnerability.

Legal and policy issues

Traditional gender norms and patriarchal culture have long reinforced discrimination against women and girls in Afghanistan, increasing their vulnerability and decreasing their capacity to recover from shocks, and leaving them disproportionately affected during crises. In addition to gender, inequities by location, wealth and legal status are acute, as are those related to age, ability, ethnicity, civil status, and sexual orientation. Together, these intersecting identities shape people's access (or lack thereof) to basic services, decision making, representation, information, resources and protection.

DFA directives restricting women's involvement in social and economic life issued since the takeover in 2021 include:

- Suspension of secondary education for girls beyond grade six (September 2021)
- Requiring women to be accompanied by a male relative (*mahram*) for travel 78 km or further from their home (December 2021)
- Announcement of separate days for men and women to visit recreational parks (March 2022)

- Requiring women to be accompanied by *mahram* during domestic or international flights (March 2022)
- Requiring women to wear prescribed forms of hijab and to cover their faces when in public (May 2022)
- Ordering Afghan women appearing on TV to cover their faces while on air (May 2022)
- Banning women from entering parks and amusement parks, as well as accessing public bath houses and gyms (November 2022)
- Disallowing women to attend universities (December 2022)
- Banning women from working for national and international non-governmental organizations (December 2022)

These restrictions impact many areas of women and girls' lives, limiting their freedom of movement and their access to essential services and livelihoods, with negative economic, social, physical and psychological consequences. The restrictions imposed by the DFA have validated already existing suppressive social norms in Afghanistan[2] and have led to greater disrespect, violence and abusive social practices against women and girls, as well as increased family- and community-imposed restrictions.[3] The application of the decrees is inconsistent and unpredictable; they are issued by different authorities, implemented by a variety of authorities, are applied inconsistently from one province to another, and there is not one central source through which they are communicated, thereby making it harder for women to comply.

Another key issue is the pervasive lack of land and housing rights. Many Afghans live in insecure housing arrangements placing them at risk of eviction. Data collected in early 2021 in Kunduz Province found that 50 per cent of respondents had faced forced eviction in the last two years; and in 2022, in a survey on private renters, 73 per cent of respondents in Hirat had received a threat of eviction since August 2021, and 68 per cent of respondents in Kandahar lacked any type of agreement with their landlord.

Further, the uncertain formal legal landscape since the takeover of the de facto authorities has complicated the nature of land disputes. The removal of application

fees in courts has resulted in an increase in housing, land and property (HLP) dispute applications, as well as the change in government and unclear laws encouraging historical land disputes to arise again.

Beyond the threat of eviction or challenges to ownership, the impact of lack of HLP rights are wide reaching: tenure insecurity limits investment in adequate shelter/housing, livelihoods, water and sanitation services, and local infrastructure. Internally displaced persons (IDPs) and returnees typically suffer very high tenure insecurity and the threat of forced evictions because they have no option other than to occupy land with insecure property rights. Repeatedly displaced people often live in protracted displacement, while many people living in IDP and returnee settlements have resided in their settlements for five years or more.[4] In these contexts, high tenure insecurity limits investment in shelter and infrastructure, exposing residents to long periods of deprivation and accumulating vulnerabilities.

Unequal access to land is a major cause of gender inequality in Afghanistan, which has been exacerbated by restrictions on women and unclear status of legislation protecting women's access to land since the takeover of the DFA. Though no accurate data exists, it is estimated that less than 5 per cent of land tenure/ownership documents include the name of a female family member.[5] Instead, women's relationship to land in Afghanistan is typically secondary, through her relationship with a male owner. Consequently, gender inequitable land rights constitute a major cause of gender-based asset inequality, particularly given that land is often a household's most valuable asset.

Infrastructure

Challenges stemming from under-investment in basic infrastructure continued to hamper quality of life and access to services throughout Afghanistan, with a marked deterioration in upkeep and maintenance of key infrastructure systems since the suspension of international support. This includes both challenges to water infrastructure (covered in section 1.2: Shocks and Impact of the Crisis) as well as a deterioration in agricultural support systems, dams, flood protections, public health infrastructure and services, public

education facilities, electrical and natural gas supplies, etc. Projects and investments of a longer-term development nature fall outside of the scope of HNO analysis, but the trajectory of basic national services is critical to avoid further collapse and reliance on humanitarian assistance, particularly with over 25 per cent of the population living in cities and the ongoing trend towards urbanization.

Natural environment/disaster risk

Afghanistan has an INFORM Risk Index of 8.1, making it the fourth most at-risk country from humanitarian crises and disasters that could overwhelm national response capacity.[6] Equally concerning, the Notre Dame Global Adaptation Index ranks Afghanistan as the 8th most vulnerable country to climate change and least prepared to adapt.[7] Afghanistan is entering a third consecutive year of drought, compounded by increasingly irregular rainfall patterns and reduced snow cover, which have led to a shift in historic flooding patterns, causing additional damage and disrupting agriculture (with secondary consequences for food, nutrition, education, protection, health, displacement, etc.). The future trends of rain and snowfall under different climate change scenarios will have a major impact on the viability of traditional livelihoods and settlement patterns and will require substantial adaptations and expansions of infrastructure, particularly around water management.

Located in a seismically active region, Afghanistan is highly susceptible to catastrophic damage due to earthquakes, particularly across several densely populated urban areas along the Chaman, Hari Rud, Central Badakhshan and Darvaz fault lines. Each of these faults is capable of producing 7 or 8 magnitude earthquakes. In June 2022 a 6.2 magnitude earthquake struck the provinces of Paktika and Khost killing at least 1,163 people and highlighting the continuous risk of major earthquakes.

1.2
Shocks and Impact of the Crisis

Shocks and ongoing events

While in preceding years, humanitarian needs have been largely driven by conflict, the key drivers of humanitarian need in 2023 are multidimensional: drought, protection threats, particularly for women and girls, and the economic crisis. Nevertheless, conflict, natural disasters, the lingering effects of war and recent large-scale conflict displacement continued to prevent people from building resilience and moving towards recovery and solutions.

Some 87 per cent of households reportedly experienced at least one shock in the 6 months prior to data collection,[8] which remained similar to data collected in 2021 (93 per cent). However, the findings also show a progressive shift in the drivers of humanitarian needs as the shocks households reportedly experienced moved from COVID-19 and conflict in 2021 to drought and economic shocks in 2022.

Exposure to these shocks is felt across all population groups, however, striking differences in exposure to and impact of different shocks are observed between rural and urban populations, highlighting the need for a response that is targeted accordingly.

Economic crisis

Afghanistan's economic crisis is widespread and has far-reaching ramifications. The economy immediately went into free-fall, with the disruption to markets, financial and trade mechanisms, the freezing of US$9.5 billion in central bank reserves, loans and the sudden suspension of direct development aid.

As Afghanistan's foreign financial reserves have been frozen, and in the ensuing currency, trade and banking crises, people's ability to access their cash savings, carry out personal and business transactions and access international markets has been severely limited. There are ongoing major 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.

More than half of households report having experienced an economic shock in the six months prior to data collection (54 per cent). WoAA findings also show regional disparities in extent of economic crisis, with the Southern Region reporting the highest proportion of households experiencing an economic shock (81 per cent), with lower numbers in the Northern and Central regions (the lowest – but still notable – in the Central Highlands at 37 per cent). Most critically, the two main reported effects of the economic crisis were limited/reduced access to food (88 per cent) and taking on debt (73 per cent), highlighting the direct and negative consequences of economic shocks on household well-being. This both exacerbates pre-existing and chronic levels of poverty, and further erodes resilience.

There has been a sustained drop in demand for unskilled casual labour in sectors such as construction and agriculture, with a decrease of nearly one day per week of work available for unskilled casual labourers in November 2022 compared with November 2020.[9]

Inflation has been another key shock. In November 2022, the average price of a litre of diesel across all 34 provincial capitals was 76 per cent higher than two years previously, while the average price across all 34 provincial capitals for a kilogram of imported wheat flour was up 26 per cent year in the same period.[10] Crucially for agriculture, livelihoods and food security, the cost of DAP fertilizer increased 49 per cent compared with the previous year. While there was some stabilization in grain prices towards the end of 2022, for most of the year, market prices outstripped household capacity to afford them.

While costs continue to increase nationwide, monthly household income across all population groups declined 17 per cent from 7,796 Afghani (AFN) in 2021 to 6,595 AFN in 2022. The continued decline in income is deepening poverty across the country, with the average income per person per day totalling less than half the poverty line (33 AFN compared with 88 AFN).[11] Households spend the highest proportion of their income on food, to the detriment of other basic needs. While proportional food expenditure remained the same, the absolute amount spent on food decreased from 5,077 AFN in 2021 to 4,573 AFN in 2022. This, despite an increase in the average food basket costs of 38 per cent during the same period, indicates reduced purchasing power (and consequently food consumption) in real terms.

Nevertheless, the large-scale humanitarian food response has allowed many households to avoid falling into more acute needs. This emergency measure highlights the Afghan population's vulnerability to absorb further shocks, particularly emerging from winter at the start of the year, followed by the lean season. Low levels of household resilience provide a limited and fragile buffer.

Displaced households, particularly in urban areas, struggle to absorb the cost of rent, with fewer job opportunities available due to the drought and economic shocks. Many people are unable to afford rent and fear eviction. In provinces such as Balkh and

Kabul, the rate of sudden evictions increased in 2022, increasing household vulnerability. Similarly, economic shocks and drought also increased household debt and adoption of negative coping mechanisms since last year.

As households continue to spend beyond their income, the prevalence of households incurring debt (73 per cent compared with 78 per cent) and average debt levels (48,739 AFN compared with 59,492 AFN) have increased since 2021. While debt levels seem to have plateaued for all population groups since the mid-year WoAA in 2022, they are consistently rising for the urban population and have increased by 44 per cent since 2021 (from 48,739 AFN to 70,027 AFN). This is in line with 25 per cent of urban households reporting to have exhausted their savings, compared with 8 per cent of rural households. The reliance on debt, particularly among the urban population, is an unsustainable source to meet basic needs and risks a rapid deterioration of already high levels of humanitarian need if a debt ceiling is reached.
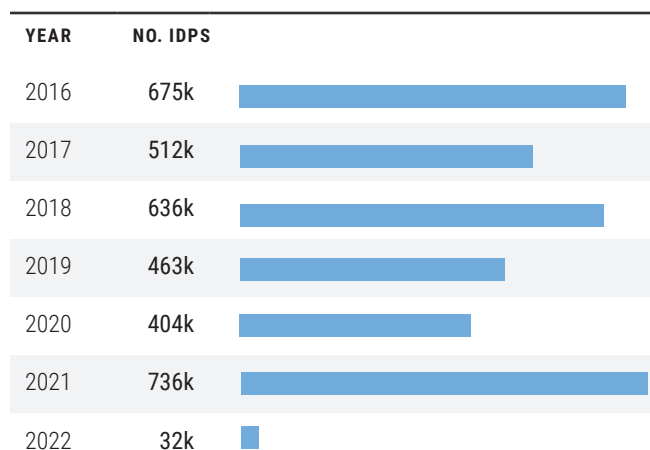
Female-headed households consistently report lower levels of income (5,252 AFN compared with 6,749 AFN for male-headed households) and expenditure (6,152 AFN compared with 8,847 AFN), suggesting a limited ability to meet basic needs and overall higher vulnerabilities. Increasing social and cultural barriers are further limiting their participation in the labour market, suggesting that their economic capacities might further deteriorate with implications on inter-sectoral needs.

Impact on markets

In some regards, markets appeared generally functional. Following the withdrawal of international forces in August 2021, violence and insecurity cited as a barrier for (men) consumers accessing markets improved, with the percentage of key informants reporting insecurity travelling to the market decreasing drastically compared with the previous year (67 per cent less as of September 2022).
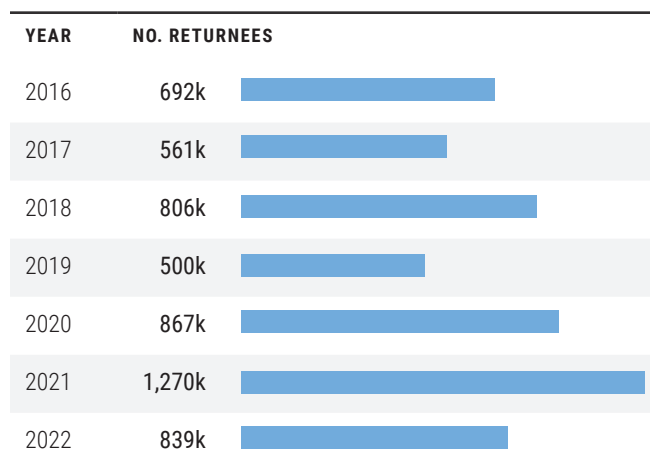
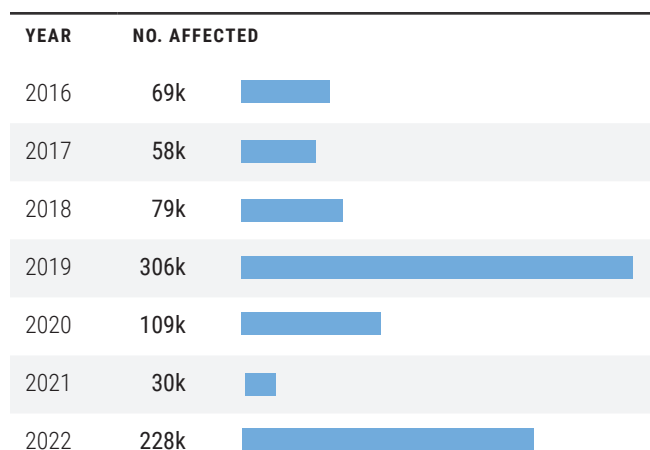## Internally displaced people

Thousands of people

YEAR	NO. IDPS	
2016	675k	
2017	512k	
2018	636k	
2019	463k	
2020	404k	
2021	736k	
2022	32k	

Cross-border returnees from Iran and Pakistan

Thousands of people

YEAR	NO. RETURNEES	
2016	692k	
2017	561k	
2018	806k	
2019	500k	
2020	867k	
2021	1,270k	
2022	839k	

Natural disaster-affected

Thousands of people

YEAR	NO. AFFECTED	
2016	69k	
2017	58k	
2018	79k	
2019	306k	
2020	109k	
2021	30k	
2022	228k	

However, over the past year, financial constraints have consistently been reported as the main barrier for traders to procure goods and meet demand (91 per cent per cent of key informants reported difficulties in procuring commodities in 2022). The high cost of items, as well as limited income and access for women consumers, have increasingly been reported by traders.[12] Furthermore, one-third of settlements reported that there are no functional money transfer systems that can deliver cash inside the settlement.[13] Only 5 per cent of assessed settlements were reported to have a functioning formal monetary transferring system such as banks or Western Union.

Although the cost of items has increased overall compared with 2021, most monitored food and non-food items are widely available in markets; as of September 2022, general availability of items is on par with levels of September 2021, albeit pricier.[14]

The collapse of the government services and limited market functionality also affected the livestock sector. Households earning their livelihood from livestock were affected by the spread of Lumpy Skin Disease among animals, as well as the impact of floods and earthquakes, and in the absence of adequate vaccination campaigns, their livelihoods could be further eroded. Agriculture extension (plant protection) and veterinary services are no longer able to perform outbreak surveillance and control services of plant pests (especially locusts) and animal diseases outbreaks that are essential to prevent devastating negative consequences for food security and livelihoods.

Sudden-onset disasters – floods and earthquakes

Afghanistan experienced natural disasters in 2022 towards the upper end of the anticipated scenario for impact, affecting more than 228,000 people[15] in 33 out of 34 provinces between January and August alone.

There were three major earthquake incidents in 2022 that caused loss of life and damage to houses and property: in Badghis Province in January, South Eastern Region in June and Kunar Province in September. In addition, unseasonal flooding occurred between July and September, affecting 21 provinces. And while the spring season saw the lowest levels of flooding in 2022 compared with the previous five years, a surge in atypical floods during the summer season (June to September) caused substantial disruption to agricultural livelihoods, affecting crops before harvest and otherwise disrupting regular cycles. The flooding events were concentrated around the Southern Region (88 per cent of households in Zabul Province reported flooding in the previous six months) and South Eastern Region (75 per cent of households in Ghazni Province), reflecting the impact of atypical flooding over the June to August summer season.[16]

Overall, it is expected that severe and unpredictable weather events, like the summer floods of 2022, will increase in 2023 and beyond due to the impact of climate change, with severe knock-on effects on infrastructure and agriculture, and contributing to displacement. Additionally, without targeted disaster preparedness support, people with a disability are exposed to greater risks of sudden onset disasters as they may be less able to independently escape from danger.

Drought and access to water

The severe needs from the 2018 and 2021/22 droughts have compounded and are reaching a crisis point. As of December 2022, Afghanistan was experiencing the first triple-dip impact of La Niña globally since 1998-2001[17] which was also a period of multi-year drought and high levels of food insecurity in Afghanistan.[18] The forecast is at least a 50 per cent chance of La Niña continuing from January to March 2023 before returning to ENSO neutral.[19] A period of multiple La Niña years prior to this, in the early to mid-1970s, saw severe national drought and famine in several provinces in Afghanistan, particularly Ghor and Badghis provinces.[20]

The WoAA confirmed drought as the most frequently reported shock experienced in the six months prior to data collection, increasing from 39 per cent in 2021 to 64 per cent in 2022 and analysis conducted using the Joint Intersectoral Analysis Framework (JIAF) shows that 25 out 34 provinces report either severe or catastrophic drought conditions, with over 50 per cent of the population affected, and 14 provinces as being a high priority. It is predominantly a rural phenomenon,
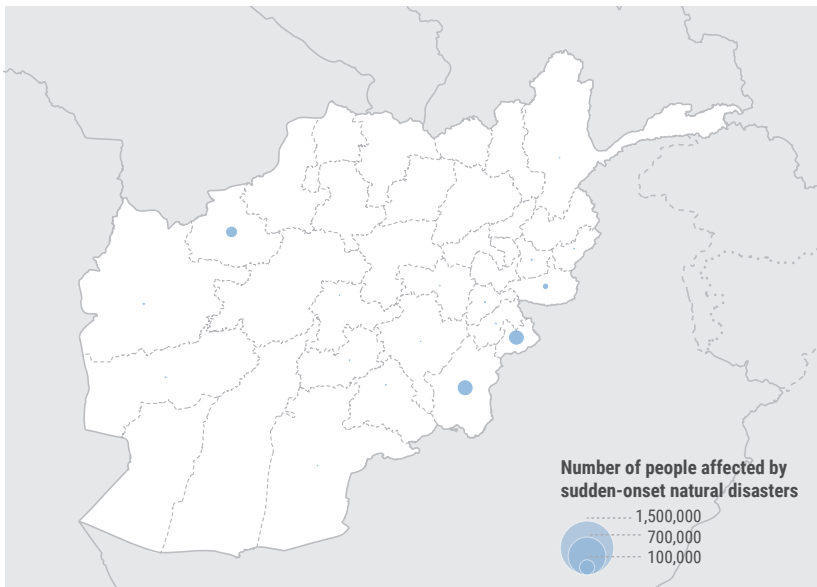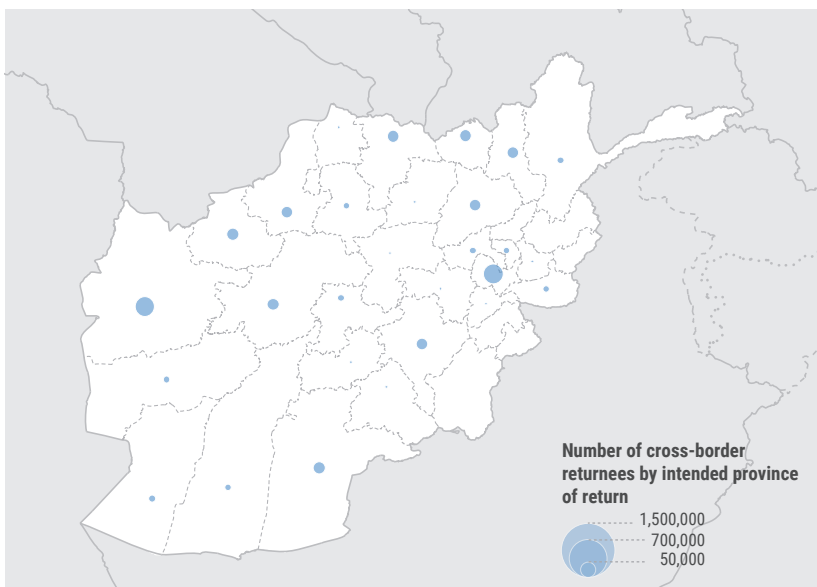
Impact on people: natural disasters

228,000

affected by sudden-onset natural disasters in 2022
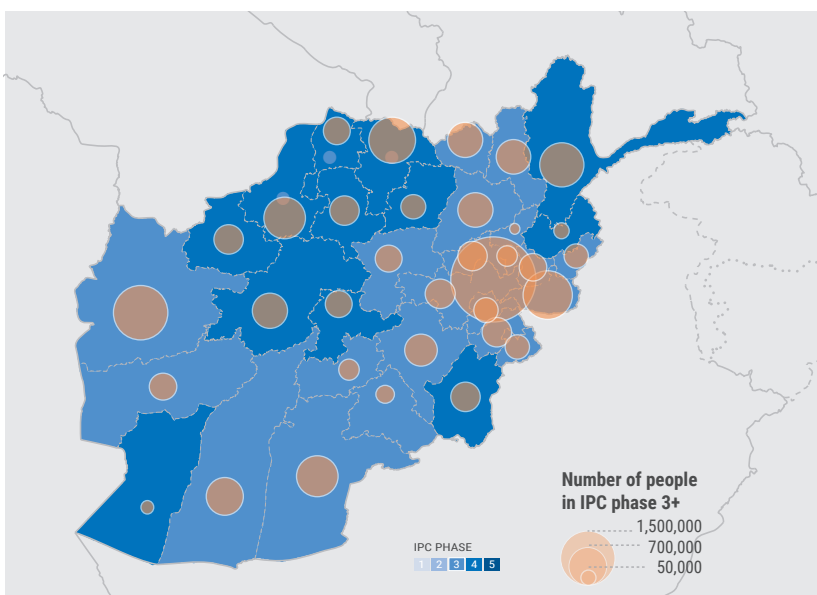
Source: OCHA DTS, as of 11 December 2022

Number of people affected by sudden-onset natural disasters
1,500,000
700,000
100,000

Impact on people: cross-border returns

838,000

returnees from Iran and Pakistan in 2023

Source: IOM, UNHCR, as of November 2022

Number of cross-border returnees by intended province of return
1,500,000
700,000
50,000

Impact on people: food insecurity

19,904,000

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

Source: IPC Analysis for November 2022 - March 2023

Number of people in IPC phase 3+
1,500,000
700,000
50,000

IPC PHASE 1 2 3 4 5

with 73 per cent of rural households compared with 24 per cent of urban households reportedly being affected; specifically, the Central Highland Region (99 per cent of households in Maidan Wardak Province, 91 per cent in Logar Province) was reportedly one of the hardest hit regions by drought, followed by the Southern Region (99 per cent in Uruzgan Province, 86 per cent in Zabul Province, 84 per cent in Hilmand Province), and Northern Region (92 per cent in Sar-e-Pul Province, 92 per cent in Faryab Province, 88 per cent in Jawzjan Province).

The prolonged drought is resulting in drying of surface water sources such as springs and a significant drop in groundwater levels of hand dug and shallow wells. Afghanistan's groundwater resources are becoming severely depleted, with 49 per cent of boreholes assessed in Kabul reported completely dry,[21] while functionality of the systems remains at about 60 per cent efficiency. Water production has been reduced by half while network losses peak 50-60 per cent, with intermittent distribution and increased contamination from wastewater – a situation that occurs both in urban and rural areas.

As a result of the ongoing drought event and water crisis, the proportion of households experiencing barriers to accessing water has risen from 48 per cent in 2021 to 60 per cent in 2022. Infrastructural barriers were the most frequently reported, with 19 per cent of households stating that there were insufficient water points and 18 per cent that they were not functioning or dried up. Urban households additionally reported that purchasing water was too expensive (21 per cent of urban households). With drought conditions expected to continue into 2023, a stretched water system could both negatively impact livelihoods and health conditions of an already vulnerable population.

The challenge to access adequate and safe water for drinking, cooking, sanitation, hygiene and other household uses has placed communities at heightened risk of displacement and transmission of waterborne and infectious diseases, including acute watery diarrhoea (AWD). Water collection can take up to a full day of trekking – with or without a donkey or other transport – exposing women in particular to the risk of gender-based violence (GBV), and general household

impoverishment through the purchase of water or loss of assets through the sale of small livestock.

In 2023, water, sanitation and hygiene (WASH) needs will continue to grow in urban settings and in rural drought-affected areas and will develop in areas of IDP returns and in newly accessible hard-to-reach districts, both in communities and institutions (health-care facilities, nutritional centres and schools).

Impact on water and sanitation services

A cessation of direct international development funding to Afghanistan has seen a reduction and near collapse of WASH management via its corporations and agencies. The national water supply system does not meet demand for 80 per cent of its urban population due to its infrastructure either being shuttered or falling into a state of disrepair. Lack of supplies, including chlorine, fuel, spare parts and equipment, and repair capacity has significantly hampered operational capacity in major urban areas like Kabul, Kandahar, Kunduz and Mazar-e-Sharif.

The suspension in development assistance to the Ministry of Rural Rehabilitation and Development (MRRD) responsible for rural water supply has seen the end of several WASH programmes including the installation of solar operated piped schemes with household connections, and the promotion of open defecation-free communities through a community-led total sanitation approach. This has left communities exposed to dire water, sanitation, hygiene and health risks and seen an increase in negative coping mechanisms particularly around water collection and excreta disposal through use of unsafe, unprotected water sources and open defecation.

Stalled government projects such as multipurpose dams in Paktika and Kandahar provinces that would have improved the artificial ground water recharge, coupled with the persistent drought, are now major challenges to ground water exploration and extraction. In the absence of development and infrastructure improvements, the situation risks becoming a humanitarian catastrophe if untreated.

Hunger and malnutrition

According to the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity (AFI), about 17 million people were classified as experiencing high levels of acute food insecurity (IPC Phase 3 or above) in October 2022. In the projected period between November 2022 and March 2023, deterioration is expected, due to the simultaneous effects of winter and the lean season, sustained high food prices, reduced income and unemployment and continued economic decline. The number of people estimated to be in IPC Phase 3 and above (Crisis level or worse) by March 2023 is projected to increase to 19.9 million people, or 46 per cent of the population, while 33 out of 34 provinces are either currently classified as or projected to worsen to IPC 3 and above between November 2022 and April 2023.[22] Of these, 6 million people are expected to reach IPC 4 (Emergency level), one step away from famine – and one of the highest figures worldwide. At the same time, the National Nutrition Survey (NNS) using the SMART methodology, covering all 34 provinces, demonstrated that malnutrition remains at high levels across the country.

Reduced yields from the 2022 harvests and anticipated shortfalls in 2023 will deeply impact food security in 2023. The national wheat deficit in 2022 was about 4 million metric tons, about 40 per cent of the estimated amount of wheat required by the population.[23]

Based on forecasted La Niña conditions and the 40 per cent national wheat deficit in 2022, wheat production in 2023 is expected to remain well below the five-year average.[24] In tandem, for livestock holders, the ongoing outbreak of Lumpy Skin Disease will continue in 2023 if vaccination efforts are not scaled up and sustained. There is also an increased likelihood of geographically localized locust outbreaks in March 2023 due to the favourable conditions induced by the impact of La Niña in the region (including the recent massive floods in Pakistan) and the widespread egg-laying observed

during the summer months between June and August 2022.

If realized, these factors will negatively affect Afghanistan's food security, impacting malnutrition levels, household savings and overall well-being. In particular, infants, young children and their mothers are most vulnerable to malnutrition,[25] due to food insecurity, poor feeding practices, cultural and gender norms, and high morbidity as a result of reduced access to WASH and health services.

The economic and food crisis disproportionately affects women, girls and female-headed households. Women reported eating less food than other household members because insufficient food for the household led them to prioritize feeding their children and male relatives rather than themselves.

Some 875,000 children are expected to suffer from severe acute malnutrition (SAM) in 2023, 2.3 million children from moderate acute malnutrition (MAM), and 840,000 pregnant women and lactating mothers from acute malnutrition. If Afghanistan enters a third year of drought, the nutrition situation could deteriorate by a further 20 per cent.

Health needs and disease outbreaks

Multiple parallel shocks are driving Afghanistan's health needs and are severely impacting the increasingly strained health systems and services. Chief among these are acute disease outbreaks, including multiple outbreaks of measles, AWD, dengue fever, pertussis, Crimean Congo Haemorrhagic Fever (CCHF) and malaria, and COVID-19 cases continue to be reported. In 2022, there were 237,258 cases of AWD, 207, 047 cases of COVID-19, 75,927 cases of measles, 946 cases of pertussis and 386 cases of CCHF reported by 613 sentinel health sites.[26] In the first nine months of 2022, two wild polio cases and one vaccine-derived poliovirus type 2 were also reported.

Infectious diseases like AWD and cholera are the consequence and catalyst of poor humanitarian conditions, including poor sanitation, water quality and quantity, malnutrition, reduced school attendance, poor health and reduced income.

Twelve provinces[27] have a catastrophic severity of AWD for children under age 5.[28] According to the WoAA, some 50 per cent of all children under age 5 living in rural households had AWD in the two weeks prior to data collection, compared with 39 per cent of the children living in urban households. The difference of the results between rural and urban households can be partially attributed to differences in sanitation infrastructure, including the use of inadequate water sources (26 per cent in rural homes compared with 1 per cent in urban homes) or unimproved latrines (53 per cent compared with 26 per cent).

Unmet maternal and child health needs and malnutrition continue to cause substantial mortality and morbidity. Limitations on women's movement continue to restrict women's access to life-saving health services, particularly reproductive health care, while children remain vulnerable to vaccine-preventable diseases, malnutrition and other diseases. Non-communicable diseases are also becoming more prevalent, leading to 33 per cent of all deaths.[29]

Due to wide contamination of explosive ordnance as well as road traffic accidents, trauma cases remain high. Between January and September 2022, 169,293 trauma cases were treated.[30]

Impact on health and nutrition systems

The broader humanitarian crisis critically limits the capacity of the health-care system and health services. Most health facilities have poor infrastructure and there are fewer qualified health-care workers due to emigration, limits on women's movement and employment, and reduced funds to pay salaries and keep facilities open. Afghanistan's continued "brain drain" of highly skilled medical workers seeking opportunities abroad, coupled with the December 2022 ban on women attending university, has weakened – and will continue to weaken – the public health system.

Analysis of underserved areas shows that 13.2 million people in 34 provinces reside in areas where primary health-care services are not accessible within a one-hour walking distance.[31] Equally, the most qualified health-care workers are concentrated in urban cities and well-resourced provinces. Less than 30 per cent of health-care workers are women, and they are also

mainly concentrated in urban areas (gender norms may require female patients to be treated only by women health-care workers).

The lack of resources and capacity within the public health system, coupled with hidden costs for private care and medicines, additionally undermine access to health care in Afghanistan. Auxiliary costs for patients, such as transport, particularly in rural areas, are additional barriers to accessing health care, particularly in the current socioeconomic context where people's savings are eroded. Restrictions on women's movement are also major barriers to women seeking and accessing life-saving health services, including the deployment of women health-care workers to rural areas. At the same time, population displacement and migration toward urban centres can overburden existing health services in urban areas.

While the demand for health care is similar among urban and rural households, the respective barriers they face in obtaining it are of different natures. The share of households reporting that they had no functional health facility nearby increased from 19 per cent in 2021 to 30 per cent in 2022, a rise predominantly driven by a reported lack of health infrastructure in rural areas (38 per cent) (e.g., in rural Nuristan Province it was 76 per cent; in rural Kandahar Province 66 per cent; in rural Samangan Province 65 per cent). This may reflect a number of factors, including the lack of medical staff, lack of funding or supplies. Although health facilities are numerous in urban centres, the urban population frequently reported that medicine or treatment was too expensive for them to obtain (50 per cent).

With limited funding to public health-care systems, its infrastructural and financial collapse is likely to continue, leaving households to either spend more or delay seeking care.[32]

Women aid workers' participation and access

Within the broader humanitarian access environment, participation in the humanitarian response has deteriorated for Afghan women staff since August 2021. Amid a growing set of restrictions curtailing their basic rights and freedoms, women humanitarian workers face increasingly restrictive challenges

affecting their ability to travel to beneficiaries. The 24 December 2022 DFA directive barring women from working for national or international NGOs will have a devastating humanitarian impact on millions of people across the country, as it will prevent millions of vulnerable women and girls from receiving services and lifesaving assistance. The order violates the most fundamental rights of women, restricts their participation in the workforce, curtails women's freedom, and is in clear breach of humanitarian principles. The scope of the order remains uncertain at time of writing, but it will have devastating humanitarian consequences and will impact the quality and effectiveness of services and assistance, especially protection.

Prior to the above directive, Gender in Humanitarian Action (GiHA) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that many women humanitarian workers were afraid to work. Unclear and inconsistent policies and accountability by the DFA, particularly in remote areas, compounded this fear and have led to caution around changing policies.[33] Even earlier, prior to the 2021 takeover, 71 per cent of women aid workers felt that they were at increased risk, including women from minority groups (especially Hazara and Shi'a women at risk of additional discriminatory restrictions, targeted killings, disappearances or severe harassment), single or divorced women (who may face greater harassment or limits on freedom of movement in the absence of a *mahram*), and staff who work on GBV, human rights or protection programming – both men and women – due to sensitivities around these topics and lack of community acceptance.

The Female Participation in the Humanitarian Response in Afghanistan mapping exercise was conducted nationwide in June and July 2022 to better understand the challenges national female staff experiencing in delivering humanitarian aid. The study suggested that in 171 surveyed districts, the ability of women to participate in humanitarian action was low in 88 districts (51 per cent) and high in only 68 districts (40 per cent), while finding that the *mahram* requirement has been the biggest impediment to women's ability to work in the humanitarian response.[34] Coupled with harassment by the DFA at checkpoints

and negative attitudes from male colleagues, the need for women to be accompanied by a male family member when visiting the field has largely impeded their ability to contribute to the response and to reach women and girls with humanitarian assistance, with potentially devastating consequences for women beneficiaries who depend on their involvement to be able to access life-saving assistance and services.

Protection and impact on women and girls

The Women Peace and Security (WPS) Index shows that Afghanistan is the worst place in the world to be a woman or girl,[35] with the situation only deteriorating since the takeover by the Taliban which continues to fully curtail women and girls' rights. The curtailment of Afghan women's enjoyment of their rights is uniquely severe.

The country is facing an unprecedented protection crisis due to the curtailment of rights and the scale of protection concerns catalysed by the economic crisis. The humanitarian crisis severely affects Afghanistan's women and girls. Not only do the multiple shocks and humanitarian conditions affect them the most, but women's highly limited (in some areas banned) access to humanitarian assistance compounds their urgent needs. If the December 2022 DFA directive barring women humanitarian workers of national and international NGOs from working remains in place, and humanitarian partners do not suspend their activities, life-saving assistance will be discontinued for up to half of the people targeted for assistance in 2023, affecting more than 11.6 million women and girls.

The takeover by the Taliban came with heightened movement restrictions on women including reinstating the *mahram* requirement. As a result, women cannot freely access especially protection services because in many cases their abuser is with her most of the time. GBV was widespread in Afghanistan prior to the takeover and continues now in the absence of any formal reporting mechanisms; the DFA has dissolved courts and prosecution dealing with violence against women, the Department of Women's Affairs and the Afghanistan Independent Human Rights Commission. Reports of murder, rape, forced marriages including child marriage, assault and battery as well as

so-called "honour killings" have been received by the United Nations in Afghanistan since the takeover of the country; none of the cases have been processed through the formal justice system.[36]

Amid reduced services and with a shortage of female staff, women and girls have vastly reduced access to essential health care, including sexual and reproductive health care. Some 85 per cent of households (headed by both men and women) reported that members of their households were able to obtain health care in the three months prior to data collection when they felt they needed it,[37] while just 10 per cent of women say that they can cover their basic health needs with the health services available to them, compared with 23 per cent of men.[38] This is again compounded by restrictions of their freedom of movement, which has seen some women remaining at home even when critically sick, rather than facing the challenges of trying to reach emergency health care.

Women's ability to work and earn an income has been critically affected by a combination of pre-existing gender disparities in the labour force, the current economic crisis and new restrictions on women's employment (with the only women allowed to work being in the health, and to some extent, police and humanitarian sector) and movement, with more severe impact on female-headed households reliant on women's employment, which in turn hinders their ability to navigate and recover from shocks. Further, sectors of the labour market that employed the largest percentages of women, such as education, public administration, social services, agriculture and health care, have been decimated by the collapse of the previous government, COVID-19 and the current food security and economic crisis. The banking and liquidity crisis has also seen wages withheld or inaccessible.

Some 87 per cent of women have reported a considerable decrease in their household income since August 2021.[39] The lack of economic opportunities also impacts women's feeling of safety. Lack of jobs and income was one of the main safety issues for women, reducing their independence and forcing them to adopt negative coping strategies, while high rates of male unemployment are also correlated with increases in domestic violence and other harmful practices.

Impact on women's rights and access to services for vulnerable groups

The DFA takeover has meant a drastic reduction in the availability of services that can be sought by women. Entities that specifically catered to women's needs, such as the Ministry of Women's Affairs, have been abolished, while the judicial system and all formal structures for women survivors of violence and other crimes to file complaints have ceased to operate under the DFA.

Despite the urgent need for these kinds of services for women, the restrictions issued by the DFA have had a catastrophic impact for women's ability to access services, and the ability of humanitarian actors to reach women and girls. Compared with 2021, women-headed households face a 10 per cent increase in restrictions to their access to markets, water points and health facilities.[40] Quarterly protection analysis in 2022 shows that discrimination against women is one of the main reasons for women being denied access to services.

Although women's protection needs remain enormous, services have not been able to meet demand – not only because of the scale, but also because of constraints in the operating environment and limitations in the protection space. In this regard, utmost caution has been applied in order to ensure respect of the principle of do no harm. As such, in protection monitoring for instance, it has not been possible to pose questions relating to violence against women and girls or to probe sensitive issues such as child recruitment and abuse.

This problem has been compounded by directives, policies and instructions imposed by the DFA which result in restrictions on freedom of movement for women, including women humanitarian workers to reach women and girls in need of assistance, as they are the only ones able to overcome the monumental barriers to assisting women and girls.

The December 2022 ban on female workers prevents humanitarian partners from providing key services and distributions, and severely impacts the quality of the assistance. This means that women and girls will not be targeted directly in distributions; that their vulnerabilities will not be assessed nor their preference on how to be assisted considered (e.g., related to design of shelter solutions, locations of WASH infrastructure such as water points and latrines, as well as projects and programmes which should be sensitive to the restrictions of women and culture norms). Women-headed households, which comprise at least 10 per cent of overall households in Afghanistan, will not be directly assisted nor consulted. This will also impact other vulnerable groups such as widows and women with disabilities. For some sectors, particularly GBV, the ban on women NGO aid workers will lead to a complete suspension of operations across the country.

Gender restrictions and the broader cultural context prevent women in need of humanitarian assistance from leaving their homes without a male guardian, therefore creating additional barriers in reaching distribution points, obtaining information on humanitarian assistance, or voicing their concerns and advising of their humanitarian needs. Although the DFA's formal requirement regarding travel with a *mahram* is for women to be accompanied more than 78 km from home, this is often interpreted by the DFA and community much more strictly, meaning that women are often unable to travel anywhere at all without a *mahram*. Some 54 per cent of women surveyed in the Protection Quarterly Analysis say they were not able to access services[41] and 34 per cent of women reported being denied access to services (compared with 25 per cent of men), showing gender discrimination in access to services.

According to men and women key informants, women-headed households were still at greatest risk of not being able to access services. Only 22 per cent of women interviewed in the same analysis reported knowing about complaints and feedback mechanisms. In addition, when women knew about these mechanisms, 40 per cent of them said they were unable to access them. This was the case for only 20 per cent of men, showing gender disparities in access to Community Feedback Mechanisms that would strengthen their access to services and information.

GBV services have been decimated, especially with the dissolution of specialized police units and courts established in the framework of the 2009 law on the

Elimination of Violence Against Women. No uniformed legal support is available in Afghanistan for survivors of violence, and there are very few spaces where survivors can seek sanctuary from abusive situations.

Child protection prevention and the management of violence, abuse and exploitation cases are heavily constrained by the limited availability of child protection services – especially social welfare services in rural areas – and inadequate capacity or desire at district level to provide child protection services. Protection and child protection services are deprioritized, with low investment into services for children, thereby exposing many vulnerable children to further harm.

In tandem, state institutions designed to address HLP needs suffer from varying levels of dysfunction around the country due to a lack of financial and material resources, as well as limited knowledge and capacity of staff. Since August 2021, women's access to HLP bodies is also heavily restricted due to lack of women staff or the requirement to attend with a *mahram*. In addition, informal justice mechanisms have shifted since the takeover of DFA in 2021, and women's representation in these structures has significantly decreased; meanwhile the status of legislation and policies protecting and overseeing HLP rights and entitlements remains uncertain.

Impact on basic services

Critical services continue to deteriorate, with major challenges around infrastructure maintenance and the DFA's provision of basic services preventing community or economic recovery. The reduction of conflict since 2021 has not improved access to services such as education and health care. On the contrary, the economic crisis has worsened barriers for education and health care across all population groups – for example the unavailability of medicines has increased from 24 per cent in 2021 to 37 per cent in 2022. Some 11 per cent of displaced households reported that a lack of access to basic services in their previous location contributed to their most recent displacement. As provision of basic services gets interrupted or worsens, future waves of displacement

may be driven by households seeking services and systems that are less affected.

Nevertheless, at the beginning of 2023, the DFA ban on women humanitarian workers working for NGOs will result in late delivery of winter assistance to almost 1 million people in need of life-saving seasonal winter items (such as warm clothing, heating materials and blankets in winter), leaving many vulnerable households exposed to the harsh winter conditions and at risk of respiratory infections, hypothermia, and preventable mortality especially among children and the elderly. Additionally, food assistance (in-kind and cash), cash for protection, counselling and legal assistance on HLP rights, victim assistance to survivors of explosive ordnance, and distribution of WASH non-food items (NFI) will have to scale down (however, the extent to which activities will scale-down is still being quantified in the days following the directive).

Different abilities, different needs

Some 15 per cent of all households have at least one member living with at least one form of disability. Decades of war, extreme poverty and poor institutional capacity have contributed to the prevalence of certain kinds of impairments causing disability: loss of limbs, vision or hearing due to explosive ordnance continues despite the conclusion of conflict and active humanitarian demining efforts. Disabilities caused by poor mother and child nutrition in utero or early years, and untreated diseases, also remain prevalent. Disabilities that might be manageable in other contexts can remain limiting in Afghanistan, with reduced access to technical, medical, legal, social or financial assistance.

Households with at least one member with disability continue to have higher costs associated with management (e.g., transport for carers, health care, assistive devices, specialized food) showing heightened levels of vulnerability and higher reliance on negative coping strategies (e.g., decreasing expenditure on other basic needs, resorting to child labour, engagement in high-risk activities to generate income, accumulation of debt) indicating the necessity of a prioritized and tailored response

which takes into account multiple and intersecting vulnerabilities. People with disabilities often find it harder to find employment and enjoy self-sufficiency due to institutional and cultural barriers; the precarious socioeconomic situation disproportionately compels many people with disabilities to resort to negative coping strategies, exposing both adults and children to grave protection risks.

In addition, pre-existing vulnerabilities among assessed populations also indicate 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 household member with disability were found to be more economically vulnerable than other households, being more likely to report debt and to report a higher average debt than households (72,576 AFN compared with 56,772 AFN) than households without someone with a disability.

Impact on education

Children's access to education, which was already interrupted due to the COVID-19 pandemic in 2020 and heightened military and political upheaval in 2021, continues to erode due to the worsening economic situation, related food insecurity, underfunding of the public education system, natural disasters and the DFA's restrictive policy decisions.

Continued economic shocks will increase the number of out-of-school children beyond the current high level of 40 per cent[42] and heighten barriers to remaining enrolled in school, as households deprioritize education in favour of income generation. In addition, the DFA ban on girls attending secondary schools has pushed about 1.1 million secondary school-aged girls out of school, with no clear pathway of return. Though the impact has yet to be assessed, the December 2022 announcement to close universities to women and girls may have repercussions for attendance across the entire school system.

Whilst the number of schools (primary and secondary) did not change drastically between 2019 and 2022,[43] the condition of these schools – without sustained funding – has deteriorated. Moreover, improved access in 2022 to previously inaccessible areas highlighted

the scale of needs in these underserved areas – such as the lack of public infrastructure – which go beyond the scope of short-term humanitarian assistance.

The 2022 WoAA found that households reported the main barrier to accessing education was "no school in the area or school is too far" (41 per cent for girls; 46 per cent for boys), which has increased significantly from 10 per cent and 7 per cent, respectively for girls and boys, since the previous year. For children who can access school, seasonal events such as floods, drought and natural disasters such as earthquakes, interrupt education. With the public school system no longer receiving development aid, school infrastructure damaged by disasters and conflict cannot be rebuilt, and the quality and safety of existing structures is eroding. Besides the loss of human capital for Afghanistan's future, a lack of schooling during the worsening economic crisis is also leading to child protection issues. The share of households reporting at least one child working outside the home almost doubled in 2022 (13 per cent in 2021 compared with 23 per cent in 2022).

Children with disabilities, whose access to school is further limited by a combination of institutional, social, physical and financial barriers, often require personalized support and accommodations in the classroom which, with very limited resources and capacities available, can rarely be guaranteed.

New IDPs, protracted IDPs and returnees face additional challenges in accessing education due to the inability of the overburdened public system to integrate them, placing a larger burden on humanitarian actors to provide interim support. Children living in IDP informal settlements who are forcibly evicted and returned to their places of origin with their families, resume education in emergencies (EiE) activities in their areas of origin at lower rates than when such services were provided in the settlements. This is partly due to the provision of a broad suite of services in the informal settlements which created conditions conducive to children's attendance. As these factors and shocks converge, the barriers to accessing education are compounded, resulting in increased severity of needs, and require multisectoral interventions to respond effectively.

The education system itself remains fragile. The de facto Ministry of Education has made considerable efforts to cover salaries for most of the formal education workforce in 2022 despite fears that they would not be able to support teacher salaries. However, more funding, is required to keep the system afloat and functional. The public education system remains critically underfunded and at risk of collapse, necessitating emergency education measures as a life-saving intervention. As the public education system deteriorates, the burden on the humanitarian response will inevitably increase.

Gaps in education service coverage persist particularly in remote and rural areas where basic infrastructure is sparse or non-existent. Children currently enrolled in public education risk joining the 4.2 million out-of-school children should the system fail to provide the basic provisions of paying salaries and maintaining school infrastructure. Deterioration of the public education system, including lack of support to institutionalized teacher training and academic supervision, also erodes confidence in the value of education, which contributes to drop-out in the longer term.

Impact on access to information

People affected by crises continue to face challenges to access information on humanitarian assistance and other life-saving messages to make informed decisions for them and their family. Despite a slight increase in awareness of humanitarian information from 25 per cent to 36 per cent (from the mid-year WoAA to the annual survey), there are still immense gaps to ensure the outreach to people served in humanitarian services across the country. Marginalized groups including women, girls, older people and people with disabilities are affected and excluded more severely due in large part to imposed restrictions and other barriers that prevent them from obtaining timely information and assistance.

Affected communities have consistently suggested their information needs around food assistance (83 per cent), how to request assistance (59 per cent), health services (38 per cent), education services (23 per cent), WASH (19 per cent) respectively (WoAA findings

in September 2022 on top five information needs). Collective efforts to improve information sharing with affected communities is as critical as providing life-saving assistance. The humanitarian community may risk losing trust from people they serve in humanitarian response if challenges to access information continue to exist.

Similar trends occur in community participation in response decision-making processes in Afghanistan. There was a 35 per cent increase in 2022 (from 17 per cent in 2021 to 23 per cent)[44] in community awareness on communication and engagement with aid agencies about their ongoing needs, assistance they received (including if there were problems in the services), and how to report misconduct of aid workers. Despite improvements, the prevailing lack of awareness about feedback mechanisms among affected people is concerning.

While humanitarian responders are making progress on this area, this needs a further scale up to ensure that humanitarian response is accountable to people it serves. Among households aware of a feedback mechanism, community focal points (73 per cent), specific organization contact numbers (21 per cent), local aid facilities (16 per cent), local government offices (14 per cent), the Awaaz helpline (13 per cent) were the most reported channels that households were aware of.

For reporting sexual exploitation and abuse specifically the preferred channels were community leaders (54 per cent), community committees/shuras (43 per cent), specific organization contact numbers (21 per cent) and Awaaz (16 per cent). Understanding and adapting to the community's preferred channels will boost trust and engagement, particularly for the safe and confidential reporting of sensitive issues such as sexual exploitation and abuse by aid workers.

Humanitarian access

Afghanistan continues to be a challenging access and operational environment for humanitarian action, with dynamics having changed markedly since August 2021, where constraints related to military operations and kinetic activity have drastically decreased, thus

allowing for improved physical access to previously hard-to-reach areas.

However, interference in humanitarian programming has surged dramatically, particularly in September and October 2022 following the launching of DFA's new procedures to coordinate with humanitarian actors (to be annexed to the 2005 Non-Governmental Organizations (NGO) Law). The new procedure on coordination and regulation of the activities of domestic and international organizations is expected to augment challenges related to humanitarian access and increase interference-related access constraints faced by humanitarian partners.

Continuation of DFA policies around women's rights and other restrictions on humanitarian action continue to limit global engagement and affect donor contributions to life-saving activities. Over 128 directives and instructions (of which 17 per cent relate to women) that have direct and indirect implications on the humanitarian operations were issued by the DFA as of December 2022. These directives have had or may have the potential to impact the access environment, including 99 directives that allow for interference in the implementation of humanitarian activities, 17 which relate to the restriction of movement of agencies, personnel, or goods within the affected country, 4 which could lead to/allow for violence against humanitarian personnel, assets and facilities, and 7 others that affect civilians' access to livelihoods and education, thus compounding humanitarian needs.

Between 1 January and 31 October 2022, 1,313 access incidents were reported by partners, of which 75 per cent involved the DFA. The most prominent access challenge faced by humanitarian partners involve interference in humanitarian programmes, with attempts to influence beneficiary selection and recruitment of staff, and demands to share other sensitive data that are enforced through bureaucratic procedures involving the signing of Memorandums of Understanding (MoU), and pressure by the DFA at provincial and national levels. Some 752 (52 per cent) access incidents relating to interference in

programming were recorded by November 2022, a 69 per cent increase from 2021 (461 incidents) and 63 per cent higher than 2019 (444 incidents).

Restriction of movement of agencies, personnel, or goods within the country, and violence and threats against humanitarian personnel/assets/facilities, have had a significant impact on the operational environment, with a total of 118 incidents (8 per cent of all reported incidents) and 340 incidents (24 per cent of reported incidents) recorded respectively since the start of the year.

Explosive ordnance contamination

Due to the long history of armed conflict, Afghanistan has one of the highest levels of explosive ordnance contamination in the world. This legacy of conflict impedes safe access to many parts of the country for residents and humanitarian workers alike. There are still 4,295 hazardous areas in the country,[45] affecting at least 1,528 communities and posing a threat to people living in proximity of these hazards, including children, farmers and people collecting water and other goods.

Based on mine action projections, 4.9 million people (including people living within 1 km of explosive hazards, cross-border returnees, IDPs and conflict affected non-displaced populations) need mine action services. According to the recent WoAA, 47 per cent households in Hilmand Province, 46 per cent in Kabul Province, 33 per cent in Farah Province and 10 per cent in Paktika Province reported that the children in their household feel unsafe on the way to school or in school due to the threat of explosive ordnance.

The Humanitarian Access Group also recognizes the presence of UXO as one of the key access constraints for humanitarian access. In this regard, mine action activities such as the explosive contamination survey, quick response, large-scale clearance (in particular those targeting abandoned improvised mines and ERW), explosive ordnance disposal, explosive ordnance risk education, and effective mine action coordination will continue to be priorities of the sector in 2023.

1.3
Scope of Analysis

This HNO looks at a likely evolution of humanitarian needs in Afghanistan in 2023 with a joint and intersectoral approach to the analysis that recognizes the multidimensional nature of people's needs across sectors. To address the information gaps additional assessments and analysis were undertaken over 2022 to provide a more robust snapshot of the situation in all parts of the country. However, the situation beyond 2023 remains uncertain with a wide range of risks and potential factors that could influence the situation

All 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.

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.

With nearly two thirds of the country in crisis, most people fall under the category of vulnerable people in humanitarian need, disaggregated by urban and rural dwellers. This refers to households living in the 34 provincial capitals, with satellite imagery used to review the urban structures and determine

the boundaries of the areas; and rural referring to households living in all non-urban areas.

The other groups are defined as follows:

- Shock affected non-displaced people, refers to people affected by a sudden-onset disaster, primarily floods and earthquakes, who have not left their area of origin
- Recently internally displaced persons, refers to households that had to move from their area of

origin to another location of Afghanistan within six months of data collection

- Recent cross-border returnees, refers to households that had to move to a country outside of Afghanistan but have returned to Afghanistan within six months of data collection – this could be to their area of origin or to another location in Afghanistan
- Refugees refers to refugees and asylum seekers residing in urban areas, as well as Pakistani refugees residing in Khost and Paktika provinces

Scope of analysis matrix

	POPULATION GROUPS				
	NEW INTERNALLY DISPLACED PEOPLE IN 2022	NEW CROSS-BORDER RETURNEES IN 2022	SHOCK-AFFFECTED 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

1.4
Humanitarian Conditions and Severity of Needs

In 2023, a staggering two thirds of Afghanistan's population will need urgent humanitarian assistance in order to survive as the country enters its third consecutive year of drought-like conditions and the second year of crippling economic decline, while still reeling from the effects of 40 years of conflict and recurrent natural disasters. High levels of unemployment and sustained inflation of key commodity prices have caused the average household's debt to increase, reversing people's basic coping mechanisms and thwarting the already fragile economy's ability to adapt to shocks.

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 28.3 million people – two thirds 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), continue to be widely reflective of the baseline conditions for all vulnerable people affected by humanitarian shock in the country, as has been articulated in previous HNOs.

However, emerging distinctions between those in need in urban and rural settings have become starker and therefore warranted a stronger articulation of the needs of each group, which are now highlighted in

the analytical framework of the 2023 HNO. Within the wider group of people in need, 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. 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.

Five population groups have been articulated to support people in need (PiN) calculations and facilitate

a targeted response and stronger reporting. HNO needs figures are disaggregated and analysed in a number of ways, including though 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 marginalized including people with disabilities, older people, pregnant women and lactating mothers, and people with mental health disorders. Disaggregated data is provided where available.
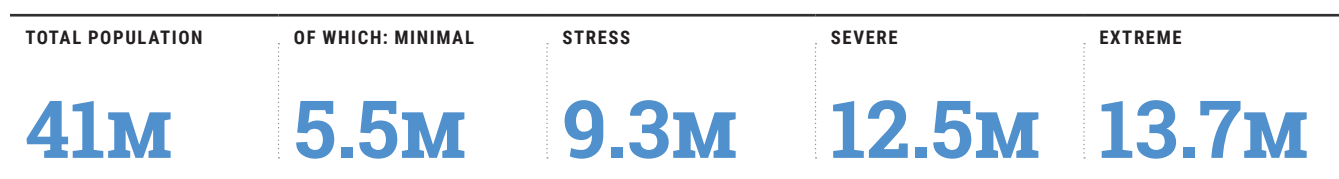
Most vulnerable groups

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	ASSOCIATED FACTORS	LOCATIONS
New IDPs and vulnerable migrants	**691k**	-	-	346k	345k	Conflict, natural disasters	All provinces
New cross-border returnees in 2023	**1.1m**	-	-	586k	526k	Economic factors, protection environment	All provinces
Natural disaster-affected in 2023	**200k**	-	-	96k	104k	Natural disasters	All provinces
Vulnerable people with humanitarian needs	**26.2m**	5.5m	9.3m	12.5m	13.7m	Food insecurity & deteriorating livelihoods, malnutrition and access to services, debt, natural disasters	All provinces
Refugees and asylum seekers	**52k**	-	-	20k	32k	Protection concerns, lack of durable solutions, food insecurity and access to services	Khost, Paktika
TOTAL	**28.3**	**5.5M**	**9.2M**	**13.7M**	**14.7M**		

MOST VULNERABLE GROUPS

POPULATION GROUP	BY GENDER WOMEN | MEN (%)	BY AGE CHILDREN | ADULTS | ELDERLY (%)	WITH SEVERE DISABILITIES (%)	BY LOCATION RURAL | URBAN (%)
New IDPs and vulnerable migrants	50 | 50	62 | 36 | 2	7.5	80 | 20
New cross-border returnees in 2023	22 | 78	29 | 67 | 4	10.9	80 | 20
Natural disaster-affected in 2023	49 | 51	54 | 43 | 3	8.3	82 | 18
Vulnerable people with humanitarian needs	50 | 50	55 | 43 | 2	8.2	78 | 22
Refugees and asylum seekers	53 | 47	54 | 43 | 3	8.2	99 | 1

A. Vulnerable people with acute humanitarian needs

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME
41м	**5.5м**	**9.3м**	**12.5м**	**13.7м**

With the emergency now evenly affecting the entire country, there is a great commonality of needs for the majority of people. Among the largest distinctions are the differences between urban and rural dwellers who face different types of challenges, such as financial vs. infrastructural barriers, in access to markets, WASH, health and livelihoods and who face different types of protection threats.

Food and nutrition

In September and October 2022 (the post-harvest season), nearly 17 million people in Afghanistan experienced high levels of acute food insecurity (IPC Phase 3 or above). The main drivers of acute food insecurity include a series of droughts impacting crops and livestock production, other natural hazards like flooding, the continuation of widespread unemployment, and a severe economic crisis and increasing food prices in the country. An estimated 11 per cent of the national population are experiencing Emergency (IPC Phase 4), or about 4.4 million people. Some 30 per cent of the national population are experiencing Crisis (IPC Phase 3) food insecurity, or about 12.6 million people. A significant absolute amount of humanitarian food assistance (HFA) was provided during the current period, covering roughly 23 per cent of the estimated national population. However, while this assistance mitigated food gaps for nearly one quarter of the national population at the time it was provided, the drivers of acute food insecurity largely continue.

Between November 2022 and March 2023 (the lean season in most areas of the country), deterioration in food security is expected. The number of people in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) is projected to increase to 19.9 million, or 46 per cent of the population, taking into account the planned HFA assistance for the same period. Some 13.8 million people will likely be in Crisis (IPC Phase 3) and 6.1 million in Emergency (IPC Phase 4), the second highest globally as of December 2022. The number of areas at Emergency level is expected to increase in the projection period from 3 to 12 analytical domains.

It is likely that households' food security will deteriorate within this projection period due to the likely continuation of La Niña conditions and a third year of drought and related effects on water availability, pasture conditions, distress migration, the continued macroeconomic crisis, high food prices, reduced remittance inflow from Pakistan and Iran due to seasonality and the economic situation of both destination countries, and a large reduction in planned, funded, likely humanitarian food assistance.

According to the 2022 NNS, the prevalence of acute malnutrition in Afghanistan is high at 10.3 per cent. Half (17) of all provinces show a high or very high prevalence of global acute malnutrition (GAM) among children under age 5, as per WHO classification.[46] The prevalence of combined (weight for height and mid-upper arm circumference (MUAC) measurements) severe acute malnutrition (SAM) among children under age 5 reaches 2 per cent in 29 provinces. Acute malnutrition disproportionately affects pregnant women and lactating mothers, with a national estimate of 20.8 per cent classified as severe, and provincial

prevalence ranging from extreme in 9 provinces[47] and catastrophic in 5 provinces.

In general, the observed prevalence of acute malnutrition in children and women is above regional and global averages.[48] Similarly, chronic malnutrition resulting from the long-term effects of underlying determinants of malnutrition, is above regional and global averages, with all assessed provinces reporting high (8 provinces) or very high (25 provinces) prevalence among children under age 5, as per WHO classification. Overall, based on the NNS and the IPC Acute Malnutrition (AMN), an estimated 4 million vulnerable people will suffer from acute malnutrition in 2023, including 875,224 and 2,347,802 children with SAM and MAM respectively, and more than 840,000 pregnant and lactating women with acute malnutrition. Furthermore, insufficient or lack of water and sanitation facilities, compounded by an absence of knowledge of how to prevent contamination in the handling and preparation of food (hygiene promotion), especially by pregnant and lactating mothers, can further compromise adequate nutrition, even if diets are adequate.

Shelter and housing rights

Previous conflict, natural disasters, and the erosion of communities' resilience after over 40 years of war have combined to create dire needs for shelter and NFI needs in Afghanistan that have only been compounded by economic shocks and drought. The situation has been particularly challenging for people living in poverty, recently displaced, those that rely on insecure employment in the informal sector, those in underserved locations and those residing in informal settlements.

The number of people needing shelter and NFI assistance in 2023 is 9.7 million people. Shelter needs remain acute with a staggering (WoAA 2022) 77 per cent of all households responded that their shelter was that their shelter was either partially damaged, significantly damaged, or fully destroyed; while 79 per cent of households are using inadequate heating sources for winter; and 88 per cent reported that at least one of the NFI is missing out of five NFI

categories (Sleeping mats or mattress, Kitchen sets/household cooking items, Heating devices, Winter clothing, including for all children, and Water storage containers).

The level of vulnerability increases for people with specific needs. Women, older people, adolescents, youth, children, people with physical and mental disabilities, refugees, migrants, and minorities experience the highest degree of socioeconomic marginalization, especially in the winter. Household air pollution is particularly acute during winter as thousands of families use plastic, car tyres and raw coal in their stoves for heating. The lack of warm clothing, insulation, heating heightens the risk of respiratory infections, hypothermia and preventable mortality among children and older people are prevalent in these areas.

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.

In terms of HLP, many Afghans live in precarious housing arrangements placing them at risk of eviction leading to insecurity in the sector. 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 in 2022, in a survey on private renters, 73 per cent of respondents in Hirat had received a threat of eviction since August 2021, and 68 per cent of respondents in Kandahar Province lacked any type of agreement with their landlord. IDPs and returnees typically suffer very high tenure insecurity because they have no other option but to occupy land with insecure property rights. Often displaced people live in protracted displacement; often people living in IDP and returnee settlements have resided in their settlements for five years or more.[49] In these contexts, high tenure insecurity limits investment in adequate shelter/housing, livelihoods, WASH services and local infrastructure,

exposing residents to long periods of deprivation and accumulating vulnerabilities.

Water and sanitation

The 2022 WoAA shows that 79 per cent of households do not have enough water for drinking, cooking, bathing, and washing, indicating high water needs across the population groups and provinces.

Health

In 2023, it is projected that more than 17.6 million (Urban: 5; Rural: 12.6) people will need humanitarian health assistance.

The humanitarian life-saving and life-sustaining essential health services at primary health-care centres, and coordinated referrals to secondary care and trauma services, are vital for addressing population health needs and preventing further harm. Availability of reproductive, maternal, new-born and child health services are critical in humanitarian settings that typically see rises in maternal deaths, unintended pregnancy, sexually transmitted infections, unsafe abortion, and gender-based violence. Children under age 5 need routine immunization services – enhanced efforts are needed in areas with low rates of vaccination coverage. Mothers need outreach support to properly care for the new-born at home, including feeding practices for infants and young children. Finally, adolescent girls are particularly vulnerable in crisis settings and require tailored health services and approaches to manage sexual and reproductive health and GBV.

Recent assessments indicate the need for an improved supply of medicines and services within primary health care particularly for non-communicable diseases that are estimated to account for 33 percent of all deaths. Mental Health and Psychosocial Support Services (MHPSS) needs are critical: Prolonged exposure to conflict is believed to increase the prevalence of mental health conditions above the WHO global prevalence of 15 percent, yet stigma and shortages of trained health-care workers are treatment barriers.

Surveillance data for epidemic-prone diseases indicates that acute respiratory infections including measles and AWD are the most common morbidities. At the same time, outbreaks of COVID-19 continue, and increased cases of CCHF, dengue fever, pertussis and malaria are reported. Broad coverage of surveillance activities and response teams, as well as joint efforts with WASH actors to ensure safe water supplies and sanitation are needed to prevent and control disease outbreaks.

Trauma cases remain high due to suicide attacks, landmines and road traffic accidents. Many will be left with life-long disabilities, requiring post-operative care, MHPSS, rehabilitation and prosthetics. Providing free-of-charge quality trauma care can prevent fatalities, reduce the amount of short-term and long-term disability, and help those affected to cope physically, emotionally, and financially with the impact of the injury on their lives.

Winter will also present an added challenge to those living in poor shelters and remote areas, increasing the risk of morbidity and mortality from respiratory infections. Respiratory infections are one the most prevalent causes of mortality among children under age 5.

The most reported barriers to accessing health-care facilities are the unavailability of nearby functional health facilities (50 per cent), medicines (47 per cent), and treatment or services needed (37 per cent).[50] 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 a need to support people to purchase the drugs prescribed by the physician.

Education

Ensuring that all crisis-affected children in both rural and urban settings have continued access to education remains the most pressing need for the Education Cluster. There continues to be a huge demand for education in marginalized communities and yet one of the key barriers preventing access is inaccessibility of schools. WoAA 2022 found that 46 per cent of boys

and 41 per cent of girls reported the largest barrier to accessing education was 'no school in the area or the school is too far.' This points to the importance of increasing and maintaining access to education through community-based interventions while public infrastructure development remains insufficient.

Where secondary school-enrolled children have not been historically targeted for EiE assistance, the ban on secondary school education for girls has increased vulnerability for this target group. As of December 2022, girls in 21 provinces out of 34 have no access to education, while there are varying levels of access across the 13 remaining provinces.[51] In 2022, the WoAA found that 36 per cent of households reported that the new bans restricted girls from attending school.[52] The announcement by the DFA in December 2022 of a ban on women's enrolment at universities (with a possible exemption for health education) is likely to cause continued deterioration of access to education in 2023.

Furthermore, economic decline has resulted in a deprioritization of education. Households indicated that costs associated with education have become prohibitively expensive at the rate of 17 per cent of boys and 13 per cent of girls. According to the school census led by the United Nations Children's Fund (UNICEF), "cost/economic reasons" was the largest barrier to accessing education at all levels. Notably, 66 per cent of key informants in schools cited economic reasons for boys' absences from primary school, and 47 per cent as reasons for girls' absences.

For children still enrolled in education, the quality of their learning is often compromised as their families cannot afford the needed school supplies. Fifteen per cent of households stated that because of the economic hardships, boys had to earn money rather than go to school. According to the same assessment, 23 per cent of households have at least one child working compared with 9 per cent in 2021. The deprioritization of education due to economic as well as food insecurity has increased the number of vulnerable children with acute humanitarian needs targeted by the Education Cluster.

A1. Vulnerable people with acute humanitarian needs – urban

Food security and nutrition

All urban areas (in the provinces of Baghlan, Balkh, Faryab, Hilmand, Hirat, Jawzjan, Kabul, Kandahar, Kunduz, Nangarhar and Takhar) analysed under the IPC Oct-22 for determining specific vulnerabilities of urban households, are classified as IPC Phase 3 (Crisis). For the current period Sept-Oct 2022, approximately 4 million urban people (41 per cent of the assessed urban population) are in Phase 3 and 4, and 1 million people is in Emergency status (IPC Phase 4). This is about 10 per cent of the urban population considered. For the projected period Nov-22/Mar-23, approximately 3.9 million urban people (47 per cent of the assessed urban population) is estimated to be classified as IPC Phase 3 and IPC Phase 4. Urban vulnerability has remained high since August 2021, with little changes identified through IPC analysis.

Surprisingly severe and moderate food security may be somewhat higher in urban areas – more than 1 per cent of households fell in the "severe" category for the Household Hunger Severity Scale with less than 1 per cent in rural, while the share of households found to be in the "moderate" category increased from 16 per cent in 2021 to 43 per cent in 2022, compared with an increase to 33 per cent in rural areas in 2022. Meanwhile 35 per cent of urban households reported livelihoods among their priority needs, compared with 14 per cent of rural households. This could be affected by rural households' access to seasonal harvest during the data collection.

The food security situation in urban areas is likely to deteriorate due to the combination of a high reliance on markets, high food prices, severely reduced urban

livelihood opportunities, and low household purchasing power. A high household debt burden, reducing the ability of households to continue borrowing to meet basic needs, as well as a projected reduction in humanitarian food assistance due to unconfirmed funding, also contributes to the increase in acute food insecurity in analysed urban areas.

With urban households reporting access barriers to water supply due to economic shocks, households might revert to negative coping strategies such as obtaining unsafe water that might contribute to diarrhoea-related infections, resulting in poor feeding and nutrients absorption.

Shelter and housing rights

A cross-analysis of shelter type and shelter defects based on WoAA findings shows that 21 per cent of urban households face extreme and 12 per cent face catastrophic needs.[53] In urban areas, about 10 per cent of households reportedly live in inadequate shelter. Some 12 per cent of households reported that their shelter had been damaged significantly (damage to foundations, roof, walls, etc.), and 52 per cent reported that their shelter had been partially damaged (broken windows, doors, small cracks, etc.). This is somewhat lower than rural areas in terms of damage to shelters, however, a higher number of urban households, about 31 per cent, reported insecure tenure (tenancy agreement). Urban households more frequently reported taking on debt due to rent (8 per cent) than rural households (<1 per cent).

In fact, HLP needs continue to be high in urban and peri-urban areas of Afghanistan. Firstly, there are a high number of displaced people and returnees in Afghanistan's urban centres as many displaced people seek the relative stability and economic opportunity offered by cities but find it difficult to find land and housing where they can live without the threat of eviction and disputes with host communities. Consequently, many live in makeshift shelters in informal settlements. According to REACH's 2021 survey of informal IDP and returnee settlements, nearly 72 per cent are in urban and peri-urban areas. The year 2022 saw multiple incidents of threatened and actual forced eviction in predominantly urban-located informal settlements associated with displacement across the country. Second, high competition for valuable urban real-estate leaves those without tenure documents vulnerable to eviction, particularly for those living in private rental arrangements without adequate agreements and those living in informal settlements. Rental costs are also high in urban areas, meaning that economic shocks can result in people losing their housing.

Displaced people living in urban areas may not be able to or willing to return to their place of origin and will continue to need awareness-raising and legal support with security of tenure documents, increasing communal tenure rights and accessing land allocation schemes to strengthen long-term tenure security. This will support the reintegration of these communities into social, economic and community systems to provide opportunities for long-term socioeconomic sustainability and solutions.

Women in urban areas, and especially women in informal settlements, face increased risks of displacement linked to land grabs by the DFA. Women and women headed households are disproportionately represented in these communities (UN Habitat), and they are also less likely to be able to find other types of livelihoods if they were to be evicted or return to places of origin. This is due to the impact of current restrictions on women's mobility, impacting their resilience to these shocks. In the same vein, women headed households and those with members with disabilities are often reliant on urban services and not able to return to rural areas due to restrictions on their mobility and lack of economic support systems.

Water and sanitation

While insufficiency of water is reported at similar levels among urban and rural households, rural households stated a higher prevalence of inadequate water sources (26 per cent compared with 1 per cent), unimproved sanitary facilities (53 per cent compared with 26 per cent) and non-functioning hand washing facilities (13 per cent compared with 5 per cent), indicating an overall worse WASH situation

compared with urban households with potential health implications. Almost all urban households reported having access to adequate water sources (only 1 per cent did not), which is linked to 51 per cent of urban households getting water through piped networks, compared with 11 per cent in rural areas. Urban households reported considerably higher expenditure on water both compared with rural households (255 AFN compared with 40 AFN per month) and with 2021 (38 per cent higher), in order to have a sufficient amount to meet needs.

Access to services

Access to health care was generally higher in urban areas, although the share of urban households reporting a lack of access to a functioning health-care centre in or close to their village in the three months prior to data collection almost doubled from 10 per cent in 2021 to 17 per cent in 2022. Additionally, 8 per cent of urban households reported not being able to obtain health care when they needed it.

For education, the most reported barriers for boys in urban areas not attending/going to school were "education is too expensive" (34 per cent) followed by "child had to earn money instead" (19 per cent). The most reported barriers for girls in urban areas not attending/going to school were "new bans, restrictions against girls attending school" (54 per cent) followed by "education is too expensive" (22 per cent).

Coping mechanisms

Overall, two-thirds (65 per cent) of urban households reported adoption of negative food coping strategies represented by high food Reduced Coping Strategy Index (RCSI), a substantial increase from 2021 levels (21 per cent), indicating protracted food insecurity among the population. Using the Livelihood Coping Strategy Index (LCSI), 19 per cent of urban households were found to be in the emergency category. Women-headed households in urban areas were considerably more likely to classify in the emergency category at 21 per cent, compared with 12 per cent of households headed by men located in urban areas. While emergency levels have not changed much compared with 2021, the share of urban households moving from stress to more severe categories increased by 10 percentage points, indicating a continued reliance on negative mechanisms and the inability of households to rebuild resilience capacity.

Frequently reported negative coping strategies to obtain food or money to buy food included spending savings (13 per cent), selling household assets (32 per cent), and delaying health care or education expenses (43 per cent) for urban households.

Many of these strategies were reported to have been exhausted, such as spending savings (24 per cent), indicating further eroded coping capacity. For urban households, prevalence and severity of debt had also worsened, with 81 per cent reporting that they were currently in debt, and the average debt increasing by 44 per cent since 2021, to 70,027 AFN. In certain cases, this resulted in protection risks, such as 3 per cent of households reportedly resorting to "marriage of daughters earlier than intended" as a coping strategy to meet their basic food needs. Reliance on negative livelihood and food coping strategies has worsened compared with 2021, however, this reliance has not deteriorated much further in the last six months of 2022. The high prevalence of debt and the continued increase in the average amount of debt suggests that urban households are relying on finite mechanisms to address their continued basic needs.

A2. Vulnerable people with acute humanitarian needs – rural

Food security and nutrition

In the period November 2022 to March 2023, 16 million people living in rural areas are estimated to be in IPC Phase 3 and above. This is 46 per cent of the assessed rural population. According to the WoAA, 33 per cent of rural households experienced moderate

hunger at the time of assessment, as reported through the Household Hunger Scale. Some 60 per cent of rural households reported to take on debt to pay for food, compared with 49 per cent of urban households, indicating that expenditure on food consumes a higher proportion of household income.

Shelter and land rights

While urban areas had higher challenges with land tenancy and rights, and a greater dependence on renting, rural areas were worse in term of damaged and insufficient shelters. A cross-analysis of shelter type and shelter defects based on WoAA findings shows that 24 per cent of rural households face extreme and 28 per cent face catastrophic needs, substantially worse than in urban areas. In rural areas, about 5 per cent of households reportedly live in inadequate shelters. Some 21 per cent of households reported that their shelter had been damaged significantly (damage to foundations, roof, walls, etc.), and 60 per cent reported that their shelter had been partially damaged (broken windows, doors, small cracks, etc.). According to WoAA findings, almost all rural households (91 per cent) were using inadequate heating source in winter, without a substantial difference between female and male headed households.

Water and sanitation

Access to adequate water was considerably worse in rural areas, where 25 per cent households were found not to have access to adequate water sources. Furthermore, 12 per cent of rural households reported not having access to sufficient water, likely due to drought and water scarcity, with the main reported barriers to accessing water considerably increasing compared with 2021.

The proportion of rural households reporting that there were insufficient water points doubled (10 per cent compared with 20 per cent) and 17 per cent stated that the water points were not functioning or dried up, compared with 13 per cent in 2021. The increase in these barriers signals a worsening of drought effects amidst decaying water infrastructure in rural areas.

Access to improved sanitation is also significantly worse in rural areas, with 40 per cent of people having access to improved latrines (compared with 70 per cent in urban areas), while 53 per cent of rural people use unimproved latrines (compared with 26 per cent of people in urban areas).

Access to services

All people, but particularly, women and girls in rural areas generally face greater barriers accessing services due to the unavailability of services, the physical distance to reach them, and lack of personal safety when travelling to reach them. For example, nearly 49 per cent of households with girls reported that there was no school in the area or it was too far, compared to just 7 per cent in urban areas. These differences have translated into lower literacy rates for women and girls in rural areas – 16 per cent for rural women; 40 per cent for urban women; and 50 per cent for men.

Some 16 per cent of women-headed households who responded to WoAA menstrual hygiene questions reported that menstrual hygiene management items were not available for women in their households. This was more frequently reported by rural households compared with urban households (21 per cent compared with 4 per cent; WoAA 2022). Consistent with 2021, over one quarter (27 per cent) of rural households reported lack of access to an active health-care centre in or close to their village in the three months prior to data collection and 16 per cent of those who had a health care need in the 3 months prior to data collection said that they were unable to obtain health care when needed. One third (36 per cent) of rural households indicated that emergency care is not available within 24 hours of the emergency/injury (for example, care for loss of a limb, broken bone, etc.). Difficulty in accessing health services is particularly stark for some 24,000 women who give birth each month in hard-to-reach areas of Afghanistan.[54]

Other barriers exist, such as identification documents: 24 per cent of rural households reported no women or girls in their household having civil identification, versus 5 per cent of urban households (WoAA), which

impacts on the ability to access public service, show ownership of access, travel between provinces, etc.

Access to markets and higher prices were also a challenge in rural areas with high prices in markets reported by rural households as a barrier to meeting needs, with 76 per cent reporting high price of food items, and 71 per cent reporting high price of NFIs. This may indicate higher barriers to meeting NFI needs for rural versus urban households.

Coping mechanisms

The use of consumption-based coping strategies was slightly lower for rural than for urban households, despite demonstrating a more severe increase from 21 per cent in 2021 to 56 per cent in 2022. In the same timeframe, the reliance on negative livelihood coping strategies (LCSI) slightly improved among the rural households with a smaller share adopting emergency

strategies in 2022 (27 per cent) compared with the year before (35 per cent). Rural women-headed households were again more likely to report the use of emergency level coping strategies (32 per cent) compared with rural male-headed households (26 per cent). However, fewer rural households reported having exhausted savings (8 per cent), reported selling household assets (23 per cent), and delaying health care/education expenses (38 per cent) than urban households. The higher level of emergency LCSI among rural households stems from an increased engagement in extreme or high-risk activities, adopted by 14 per cent of rural households compared with 4 per cent of urban households. Additionally, 78 per cent of rural area households reported that they currently have debt. The average debt is reported as 56,467 AFN up from 48,963 AFN in 2021, which is however lower than the increase in debt in urban areas.

B. New internally displaced people and vulnerable migrants in 2023

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME
691k	**0k**	**0k**	**346k**	**345k**

The year 2022 witnessed a shift in the contributing factors affecting internal displacement, from conflict to protracted economic shocks and natural shocks.[55]

Based on forecast analysis of trends, it is predicted that there will be approximately 690,000 people displaced or moving in 2023 – of these about 80,000 from conflict, 233,000 from natural disasters including drought and the remaining 378,000 as vulnerable internal migrants impacted by a combination of economic stress, natural disaster, conflict and protection challenges. This reflects the observed

trends from 2022 – while conflict was the main contributing driver of displacement according to 2021 WoAA results, being reported by 73 per cent of recently displaced households, it fell to 8 per cent of households in the 2022 WoAA, however leaving a legacy effect for those that remain in protracted displacement. Although substantially reduced, conflict is still the second highest primary factor of displacement (15 per cent) at the national level and reaches up to 79 per cent in Panjsher Province, demonstrating its potential to rapidly exacerbate humanitarian needs when flaring up.

The role of the economic crisis and of its impact on unemployment and poverty played a greater role in displaced or moving households' decision to leave their area of origin (AoO), being reported as a contributing driver of displacement or moving by 81 per cent of recent IDP households in the 2022 WoAA (compared with 47 per cent in 2021). Similarly, recent IDPs are increasingly affected by natural disasters, including drought, which have become a significant push factor. Among recent IDP or vulnerable internal migrant households surveyed in the 2022 WoAA assessment,

28 per cent reported drought or precipitation deficit as one of the main factors affecting their displacement or movement (compared with 13 per cent in the 2021 WoAA), and 17 per cent reported floods (compared with 2 per cent in the 2021 WoAA).

According to WoAA results, only a small minority (6 per cent) of recent IDP households[56] inend to return to their area of origin (AoO) within the next six months. Barriers that prevent IDPs from returning to their AoO are overwhelmingly economic, with 39

per cent of recent IDP households reporting better livelihoods and 20 per cent reporting financial means for transport as the main types of support that would help them return. The gap between movement preferences and intentions suggests that returns could be facilitated by a promotion of economic opportunities. Although there has been a push by the de-facto authorities encouraging the displaced to move back to their areas of origin, many of the IDPs remain displaced as a lack of livelihood opportunities is preventing them from returning to their areas of origin. There remains a risk of forced return of the IDPs by the DFA, without adequate preparation and consent. A scenario with significant drought-related displacement, including due to acute food insecurity and insufficient drinking water, cannot be ruled out. This could involve numerous provinces in western and northern regions, often the worst-affected by drought.

According to the International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM) projections for 2023, displaced people in Afghanistan will be more likely to be women in 2023. This was true for all causes of displacement, but it was especially the case for displacement caused by conflict where women represent 54 per cent of the displaced population according to DTM. This suggests that men may be staying behind or be involved in the conflict, while women were more likely to flee the conflict situations. Women in displacement face a variety of issues linked to the restrictions in place as they are often unable to move freely, in a context where they may have lost support systems and economic opportunities.

UNHCR's protection monitoring based on approximately 24,000 household assessments conducted across Afghanistan between May and October 2022, also shows that among IDP households, 54 per cent indicated having vulnerability factors among persons in the household, compared with 48 per cent among non-displaced host communities.

In addition, IDPs may have less assets to sell as a coping mechanism, compared with non-displaced host communities, while at the same time slightly more IDPs indicate an inability to work and cover daily needs (74 per cent) compared with non-displaced host community members (71 per cent).

While the magnitude and severity of recent IDPs' needs are comparable to that of other population groups in nearly all sectors, they face specific needs related to shelter. A cross-analysis of shelter type and shelter defects based on WoAA findings shows that 39 per cent of recent IDPs face extreme needs and 23 per cent face catastrophic needs. In general, compared with other population groups, recent IDP households face more precarious housing situations. According to 2022 WoAA results, 38 per cent of recent IDPs live in informal settlements (settlements where the majority of households do not have permission to live or build). This situation has an impact on housing security, with 31 per cent of recent IDP households reporting having insecure tenancy documents (such as Safayee notebooks or a verbal rental agreement) and 10 per cent reporting they occupy their shelter without permission, this being the case for 8 per cent and 6 per cent of host community households respectively. Compared with the assessed households (8 per cent), a higher share (22 per cent) of recent IDP households reports eviction risk as one of their main difficulties related to shelter.

IDP households are strongly impacted by barriers to access services and to earn livelihoods. This is compounded by the intersectionality with other variables, and IDP women headed households are in particular at risk of not being able to cover their household needs. On average 72 per cent of men-headed IDP households indicated not being able to work and cover daily expenses while among women-headed households the proportion increased to 81 per cent. Similarly, among IDP returnee households, the rates are 68 per cent and 76 per cent, respectively.[57]

C. Cross-border returnees in 2023

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME
1.2M	**0K**	**0K**	**586K**	**526K**

In 2023, it is estimated that there will be 1.1 million cross border returnees, with the vast majority – just under 1 million people – returning from Iran, and the rest from Pakistan. Return figures of undocumented returnees from neighbouring countries for the first quarter of 2022 increased compared with the end of 2021, with deportations from Iran increasing month on month. While returnee households' sectoral needs are generally slightly less severe than that of other displaced population groups, WoAA findings show that their needs situation deteriorated between 2021 and 2022 in several sectors.

UNHCR's monitoring conducted with former Afghan refugees who have voluntarily repatriated to Afghanistan, primarily from Iran and Pakistan have wide-ranging needs.[58] These include lack of shelter (54 per cent), lack of job opportunities (32 per cent), lack of land (26 per cent) and lack of documentation (19 per cent). The latter is of particular concern as UNHCR's protection monitoring shows that a major consequence of not having identification is not being able to access services and assistance. In fact, a key driver for the number of people needing housing, land, and property protection support is the large number of cross-border returnees into Afghanistan who require land to rebuild their lives. Cross-border returnees are frequently forced to share limited land resources with host populations in urban areas or have lost access to their land through usurpation or occupation. Cross-border returnees are specifically exposed to the risk of explosive ordnance as they may not be able to recognize safe and unsafe areas as they have been away from their area of returns and may not understand the risks.

Cross border returnees' migration experience also leads to a heightened debt burden, as nearly one quarter (24 per cent) of returnee households who report having contracted debt specify they did so in order to cover their displacement cost. This situation potentially leaves a large number of returnee households with an additional economic burden as they settle in their area of return, limiting their possibility to meet their basic needs and invest in improved living conditions. 64 per cent of refugee returnees indicate that they will be reliant on daily wage labour to cover their daily expenses after their return to Afghanistan.

As they rebuild their lives adequate shelter needs will high. Those households that are returning in medium and high priority districts based on the severity of the winter season by mean temperatures of less than 15 degrees Celsius are prioritized and considered to need winterization assistance during the winter season.

The WoAA 2022 shows the shelter needs of recent returnees are high, with 85 per cent of households needing shelter repairs; while 82 per cent of households are using inadequate heating sources for winter; and some 70 per cent require basic household items. Indicators from the WASH sectors also highlight deteriorating living conditions for the returnee population group since 2021. Returnees appear to face specific challenges in accessing water from a safe source. An increasing share of recent returnee households reported barriers to water access (48 per cent in 2021 compared with 59 per cent in 2022), predominantly due to water point functionality issues

(27 per cent of recent returnee households) and the lack of containers to carry water (24 per cent).

Fifteen per cent of recent returnee households also reported that the accessed water sources are inadequate (unprotected spring or surface water), the highest of any displaced population group. Additionally, the proportion of recent returnee households reporting they do not own soap grew from 18 per cent in the 2021 WoAA to 29 per cent in the 2022 WoAA.

While recent returnees appear less affected than other population groups by protection incidents with the lowest share of households reporting a member experiencing a protection incident in the three months prior to data collection (16 per cent compared with 21 per cent of all households),[59] a 29 percentage points decrease compared with 2021 levels. However, 57 per cent indicated having vulnerability factors among persons in the household with 52 per cent indicating

that their primary information need was related to how to access humanitarian assistance indicating a continuing dependence on support from humanitarian partners. All children living in vulnerable households returning from cross border as undocumented migrants or returnees are at risk of violence, abuse and exploitation.

With regards to health, the WoAA results suggest that returnees face increasing difficulties in accessing health services. The share of recent returnee households reporting they did not have access to an active health facility in the three months prior to data collection increased from 8 per cent in 2021 to 24 per cent in 2022. Likewise, nearly one quarter (23 per cent) of recent returnee households reported having to travel one hour or more to access the nearest health-care facility, a proportion higher than that of other displaced population groups and nearly a threefold increase when compared with 2021 figures (7 per cent).

D. Shock-affected non-displaced people

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME
200k	**0k**	**0k**	**96k**	**104k**

In 2023, about 200,000 people are projected to be affected by natural disasters – mainly floods and earthquakes. This is in line with trends over recent years, however repeated natural disasters and unseasonal events are having a compounding effect in reducing resilience, potentially exposing more people or increasing the severity of impact. Unseasonal flooding, such as that seen in late summer 2022 (July and August) has a greater impact on agriculture and livelihoods, threatening longer-term impact and tipping more people in crisis. In addition, without repair of embankments and other disaster risk reduction (DRR) infrastructure, effects are likely to compound annually becoming increasingly severe and potentially leading to displacement.

While this group is broadly similar to the general group of people in need, newly shock-affected people whose shelters are damaged and have lost basic household items will require emergency shelter support and non-food items. As they recover from the effects of the events, the need for shelter repair and rebuilding will remain key. There are also potential issues with land disputes if property boundaries are destroyed and become unclear and could exacerbate existing land conflicts within a community.

Natural disasters will continue to disrupt children's access to health and education in 2023 with insufficient development recovery support, indicating that health and education needs will increase in

those areas. Disasters similar to the 5.9 magnitude earthquake in June 2022 and the floods in August 2022, will also negatively impact the health and education sector in 2023, as health and schools are damaged or destroyed, or taken up as disaster hubs, resulting in increased acute schooling needs in an increasingly less resilient system.

Similarly, natural disasters such as floods and earthquakes are likely to affect WASH infrastructure, damaging or destroying water points and contaminating water sources. Following such events, water repairs, rehabilitation or new construction, and decontamination of affected water sources is required.

E. Refugees and asylum seekers

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME
52k	**0k**	**0k**	**20k**	**32k**

There are approximately 52,000 refugees living in Afghanistan, the vast majority of whom were displaced from Pakistan to Afghanistan in 2014 and who reside in Khost and Paktika provinces in the South Eastern Region. A small number of asylum seekers and refugees (approximately 400 people) are residing in urban areas in Kabul and Hirat provinces. At the end of 2021/early 2022 some refugees from Khost and Paktika returned to Pakistan. Returns are unlikely to take place in 2023, given that, according to the 2022 WoAA, 0 per cent of surveyed refugees indicated an intention to return to their area of origin within the next six months. The feasibility of refugee returns is highly conditional upon the political and socioeconomic situation in Afghanistan and Pakistan.

Economic shock is considered as the main driver of increased needs and vulnerability among the refugee community. According to the WoAA, 74 per cent of refugees reported experiencing an economic shock within the last six months, which was significantly higher than other population groups (IDPs, IDP returnees, cross-border returnees and host community members) (54 per cent). This has impacted the refugee community in various ways, notably including loss of access to food (reported by 67 per cent of

respondents), loss of shelter (19 per cent) and loss of access to education (11 per cent).

Food security

Food security continues to be critical among the refugee population with 81 per cent of refugee households scoring poor or borderline levels of food consumption.[60] Harmful coping strategies in relation to food consumption were evident from UNHCR household assessments conducted in Khost and Paktika provinces; according to findings, 28 per cent of refugee households reported eating less food, 21 per cent reported borrowing food, and 18 per cent reported limiting portions in the previous 7 days.

Challenges in terms of accessing food were evident among the refugee population with 82 per cent in the WoAA citing having struggled to obtain food or did not have enough money to obtain food in the last 30 days, which was highest among all population groups. Food price increases have particularly affected refugees as can be seen from the fact that 83 per cent reported being unable to buy food due to prices being too high, whereas the median among other population groups was 78 per cent.

Physical and mental well-being

MHPSS continues to be a critical need across the refugee community. According to the WoAA, the proportions of refugees who claimed having experienced either excessive sad mood or crying, excessive worry, no hope for the future, hyper vigilance, or angry, aggressive, or violent behaviour were nearly twice as high among men, women, boys and girls compared with other population groups. For both men and women, the most frequently cited reason behind such behavioural change was poverty or financial stress due to loss of livelihoods and debt, reported by 60 per cent of respondents.

A total of 90 per cent of refugees have access to active and nearby health-care services, a higher level than other population groups (77 per cent). However, the proportion reporting problems with the availability of specific medicines, treatments or services was higher (46 per cent) than other population groups (41 per cent).

In addition, according to UNHCR household assessment findings, more than 90 per cent of the refugees claimed that cost of care/treatment and cost of medicine were barriers to accessing health care and 83 per cent claimed cost of transport as a barrier. Such data infers that while health-care services may be available in refugee populated areas, the quality of the services may be limited leading to a situation where refugees need to travel long distance to access better treatment and which they require, but which they cannot afford.

Living conditions

As seen in 2021, shelter needs for refugees remain critical, with 18 per cent of refugees living in inadequate shelter compared with 7 per cent among other vulnerable population groups.[61] Nearly one third (31 per cent) of refugee households report that their shelter is significantly damaged or fully destroyed, higher than any other population group (19 per cent nationally). Due to such deterioration, most refugees experience obstacles such as leaks during heavy rain (34 per cent), leaks during light rain (49 per cent), lack of insulation to protect from the cold (25 per cent) and limited ventilation (14 per cent). Against such a backdrop, 50 per cent of refugees lack the means to afford repair materials of labour.[62]

In addition, unstable or non-existent rental agreements render refugees more vulnerable to eviction, with 30 per cent of refugees having no tenancy agreement.[63] Furthermore, in contrast to other population groups, where 44 per cent cited having a customary tenure document and 19 per cent reported having a land title deed issued by a court, only 36 per cent of refugees claimed having either document, requiring alternative arrangements such as a letter of permission from authorities. This indicates that refugees rely on a non-permanent arrangement of their stay in the area of residence.

Access to civil documentation may be a compounding factor in accessing housing documents, as less than half of refugee households have civil documentation for all household members, significantly lower than the national average among other population groups.[64] As a result, the inability to afford rent and/or the threat of eviction is cited as a concern by 52 per cent of refugees.[65]

Access to WASH facilities is also critical given that 15 per cent of refugees reportedly have no latrines and 77 per cent use unimproved latrines, significantly higher than other population groups (4 per cent for the former and 51 per cent for the latter). However, refugees seem to have better access to water, with 56 per cent citing having no problems accessing water (compared with 40 per cent among other population groups), while 5 per cent of refugees said that waterpoints were too far or difficult to reach, less than half of those in other population groups (13 per cent).[66]

Access to education remains a challenge, with 30 per cent of refugee households reporting that no children between 6 – 17 years were enrolled in any formal school in the last 6 months. The absence of schools nearby was the most frequently cited reason for not attending school (46 per cent of refugee boys and 59 per cent of refugee girls).[67]

Information gaps for refugees is high, with 69 per cent reporting that they do not know how to access humanitarian assistance (e.g., where to go and who to contact). In addition, 83 per cent cited not knowing of any mechanisms to raise complaints regarding assistance or report misconduct by aid workers.[68]

Coping mechanisms

The 2022 WoAA findings revealed that the proportion of refugees carrying debt is extremely high with 89 per cent of refugee respondents indicating having debt compared with an average of 82 per cent among other population groups. The two main reasons for taking on debt were to purchase food (46 per cent) and afford health care (23 per cent). The number of refugee households citing purchasing food as a main reason for debt increased by 28 percentage points from 2021, highlighting the increasing need for food among the refugee population. In parallel, taking loans was cited as a primary or secondary source of income by 19 per cent of refugee households.[69]

Other harmful coping mechanisms are used by the refugee community, with 85 per cent of refugees borrowing money to buy food (72 per cent among all population groups), 68 per cent reducing expenditure on health care and education (39 per cent among other population groups) and 14 per cent marrying off their daughters earlier than expected (the national average is 1 per cent).

As a result, the asylum seeker and refugee population in Afghanistan constitutes one of the most vulnerable populations in the country, with the PiN at 100 per cent across all clusters.
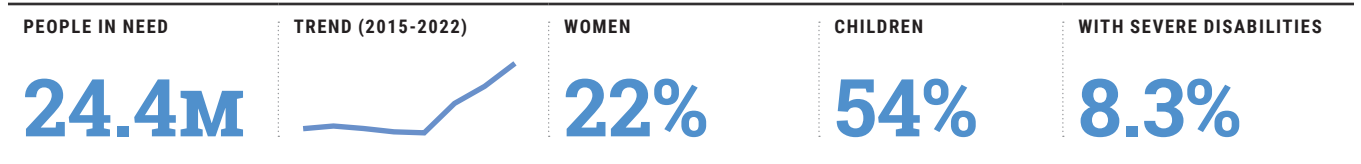
The presence of explosive ordnance in Afghanistan, particularly improvised mines from armed clashes in the past 20 years and ERW, continues to be a top humanitarian priority. Explosive ordnance continues to claim lives, maim the local population, and threaten the safety of humanitarian personnel and the scale-up of humanitarian assistance, but their wider impact is far-reaching: the real or perceived presence of explosive ordnance causes psychological distress, blocks access to resources and services, impedes safe humanitarian access and hinders infrastructure development, among others.

Following the improvement in the security situation in most parts of the country, there is an increased risk as the local population ventures into previous battle areas inaccessible until recently, as well as that returnees and other people on the move return to areas without knowledge of the presence of the explosive hazards in the location or how to act safely around them. The improved security situation has also resulted in those people who were displaced primarily by conflict to be willing to return, which has however put strain on places of origin due to shelter damage and insufficient services. Many of those returning come back to communities devastated by conflict and chronic vulnerability. Loss of remittances, loss of livelihood opportunities in places of origin and loss of family support networks all add to returnees' vulnerability.

1.5
Number of People in Need

Current figures

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

Projected figures (2023)

PEOPLE IN NEED	TREND (2015-2023)	WOMEN	CHILDREN	WITH SEVERE DISABILITIES
28.3M		**23%**	**54%**	**8.3%**
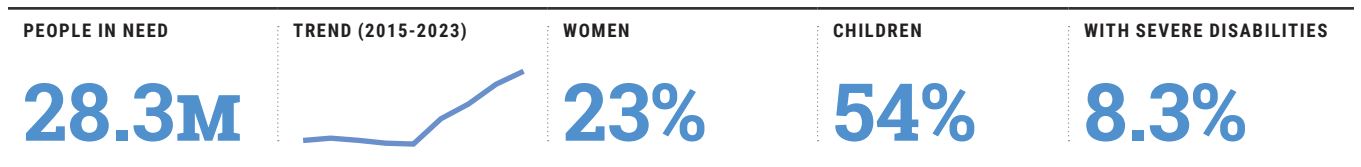
Severity of inter-sectoral needs and estimated number of people in need
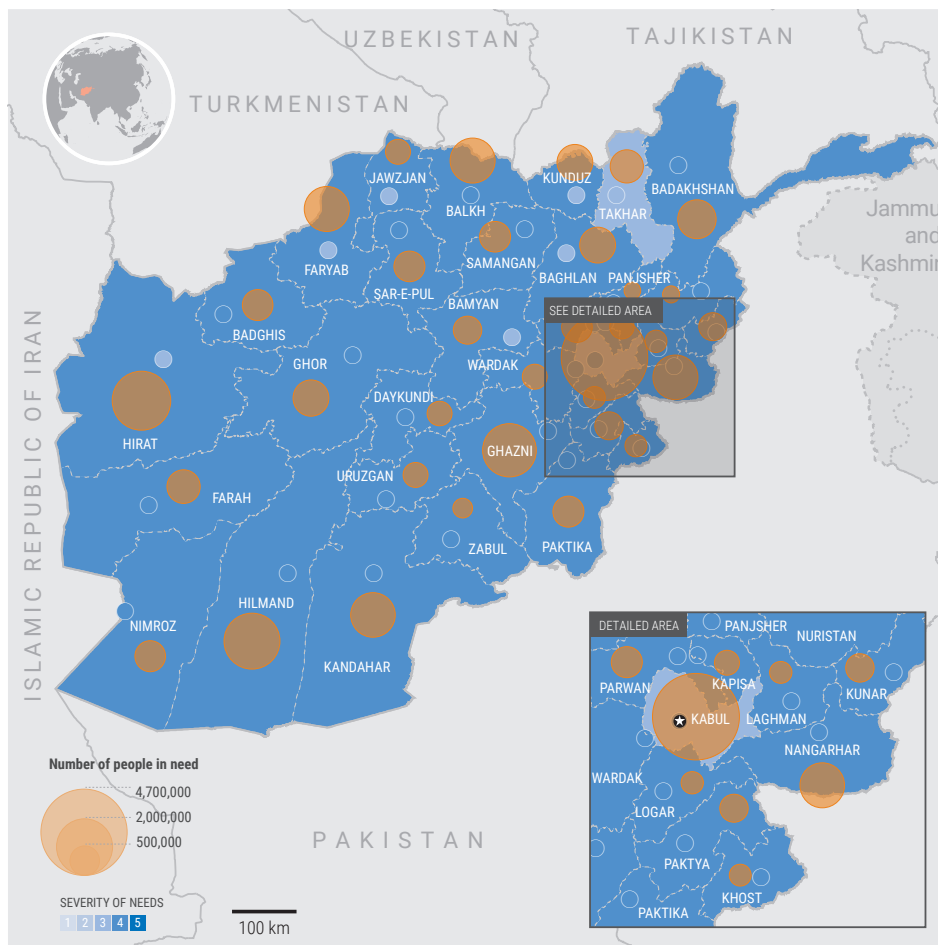
PiN by severity phase and location

PROVINCE	LOCATION	POPULA-TION 2023	AREA SEVERI-TY PHASE	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				TOTAL PEOPLE IN NEED	PIN VARIATION WITH 2021 (%)
				MINIMAL	STRESS	SEVERE	EXTREME		
Badakhshan	Rural	1.3M	4	122K	366K	494K	353K	846K	1% ⌄
	Urban	113K	4	10K	31K	41K	30K	71K	
Badghis	Rural	679K	4	51K	101K	287K	239K	527K	3% ⌃
	Urban	76K	4	8K	16K	28K	24K	52K	
Baghlan	Rural	1.1M	4	173K	302K	292K	365K	656K	31% ⌃
	Urban	262K	3	47K	75K	100K	40K	140K	
Balkh	Rural	1.4M	4	172K	401K	423K	423K	847K	8% ⌄
	Urban	653K	4	120K	150K	209K	174K	383K	
Bamyan	Rural	633K	4	18K	164K	226K	226K	451K	19% ⌃
	Urban	47K	3	2K	19K	21K	5K	26K	
Daykundi	Rural	688K	4	135K	168K	210K	175K	385K	22% ⌄
	Urban	21K	4	4K	5K	7K	6K	12K	
Farah	Rural	717K	4	-	-	318K	398K	717K	89% ⌃
	Urban	57K	4	12K	14K	14K	17K	31K	
Faryab	Rural	1.4M	4	102K	204K	592K	494K	1.1M	13% ⌃
	Urban	131K	3	10K	14K	75K	32K	107K	
Ghazni	Rural	1.7M	4	-	-	283K	1.4M	1.7M	60% ⌃
	Urban	170K	4	52K	52K	11K	54K	65K	
Ghor	Rural	1.0M	4	79K	132K	468K	334K	802K	10% ⌃
	Urban	37K	4	1K	2K	20K	14K	34K	
Hilmand	Rural	1.7M	4	-	--	482K	1.2M	1.7M	118% ⌃
	Urban	298K	4	-	-	85K	213K	298K	
Hirat	Rural	2.0M	4	327K	490K	583K	583K	1.2M	5% ⌄
	Urban	958K	3	183K	320K	354K	101K	455K	
	Transit points	507K	3	-	-	267K	240K	507K	
Jawzjan	Rural	619K	4	103K	155K	180K	180K	361K	13% ⌄
	Urban	208K	3	45K	62K	63K	38K	101K	
Kabul	Rural	2.9M	3	348K	609K	1.5M	437K	2.0M	34% ⌃
	Urban	4.2M	4	712K	712K	1.4M	1.4M	2.8M	
	Transit points	14K	4	-	-	8K	7K	14K	
Kandahar	Rural	1.3M	4	228K	320K	267K	446K	713K	14% ⌃
	Urban	660K	4	82K	115K	174K	289K	463K	
	Transit points	94K	4	-	-	49K	44K	94K	

NEW IDPS	NEW RE-TURNEES	NAT. DIS. AFFECTED	VUL. PEOPLE	REFUGEES	BY GENDER (%) FEMALE | MALE	BY AGE (%) CHIL. | ADULTS | ELDERLY	WITH SEVERE DISABILITIES (%)
6K	32K	8K	800K	-	49 | 51	54 | 43 | 3	8.3
626	717	984	69K	-	49 | 51	54 | 43 | 3	8.3
4K	45K	11K	467K	-	48 | 52	54 | 43 | 3	8.3
4K	9K	2K	37K	-	47 | 53	53 | 44 | 3	8.4
6K	40K	5K	604K	-	52 | 48	53 | 44 | 3	8.4
111	7K	1K	133K	-	56 | 44	54 | 43 | 3	8.3
27K	56K	11K	753K	-	48 | 52	53 | 44 | 3	8.4
11K	11K	2K	359K	-	48 | 52	53 | 44 | 3	8.4
3K	9K	3K	436K	-	49 | 51	54 | 43 | 3	8.3
537	3K	426	22K	-	47 | 53	53 | 44 | 3	8.4
910	3K	2K	379K	-	49 | 51	54 | 43 | 3	8.3
210	898	246	11K	-	48 | 52	53 | 44 | 3	8.4
7K	19K	8K	682K	-	49 | 51	54 | 43 | 3	8.3
5K	457	2K	23K	-	49 | 51	55 | 42 | 3	8.2
16K	113K	13K	944K	-	48 | 52	54 | 43 | 3	8.3
5K	6K	588	96K	-	48 | 52	53 | 44 | 3	8.4
6K	13K	2K	1.7M	-	49 | 51	54 | 43 | 3	8.3
2K	5K	1K	57K	-	49 | 51	54 | 43 | 3	8.3
15K	30K	4K	753K	-	49 | 51	54 | 43 | 3	8.3
11K	10K	334	13K	-	47 | 53	53 | 44 | 3	8.4
3K	3K	6K	1.7M	-	49 | 51	54 | 43 | 3	8.3
976	1K	5K	291K	-	49 | 51	54 | 43 | 3	8.3
16K	48K	8K	1.1M	-	49 | 51	54 | 43 | 3	8.3
1K	5K	1K	448K	25	51 | 49	54 | 43 | 3	8.3
-	507K	-	-		18 | 82	25 | 71 | 4	11.3
112	44K	8K	309K	-	46 | 54	51 | 46 | 3	8.6
17	17K	438	83K	-	44 | 56	49 | 48 | 3	8.8
61K	74K	3K	1.8M	-	49 | 51	54 | 43 | 3	8.3
25K	58K	2K	2.7M	418	49 | 51	54 | 43 | 3	8.3
-	14K	-	-		51 | 49	59 | 39 | 2	7.8
65K	9K	6K	634K	-	49 | 51	55 | 42 | 3	8.2
47K	12K	3K	401K	-	49 | 51	55 | 42 | 3	8.2
-	94K	-	-		51 | 49	63 | 35 | 2	7.3

PROVINCE	LOCATION	POPULA-TION 2023	AREA SEVERI-TY PHASE	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				TOTAL PEOPLE IN NEED	PIN VARIATION WITH 2021 (%)
				MINIMAL	STRESS	SEVERE	EXTREME		
Kapisa	Rural	611K	4	64K	128K	157K	261K	418K	50% ∧
	Urban	60K	4	8K	16K	13K	22K	35K	
Khost	Rural	748K	4	135K	305K	88K	220K	308K	6% ∧
	Urban	126K	4	24K	54K	14K	34K	48K	
Kunar	Rural	641K	4	70K	122K	200K	250K	449K	29% ∧
	Urban	45K	4	5K	8K	14K	18K	32K	
Kunduz	Rural	1.2M	4	203K	405K	238K	396K	634K	8% ∧
	Urban	319K	3	67K	94K	118K	39K	158K	
Laghman	Rural	639K	4	117K	176K	172K	172K	345K	3% ∨
	Urban	39K	4	7K	10K	11K	11K	22K	
Logar	Rural	569K	4	80K	186K	152K	152K	304K	34% ∧
	Urban	27K	4	874	2K	12K	12K	24K	
Nangarhar	Rural	2.1M	4	400K	599K	550K	550K	1.1M	15% ∨
	Urban	238K	4	56K	67K	51K	64K	116K	
	Transit points	20K	4	-	-	10K	9K	20K	
Nimroz	Rural	93K	4	8K	13K	32K	40K	73K	64% ∧
	Urban	159K	4	23K	39K	43K	54K	97K	
	Transit points	477K	4	-	-	252K	226K	477K	
Nuristan	Rural	223K	4	7K	12K	102K	102K	204K	44% ∧
	Urban	2K	4	172	286	747	747	1K	
Paktika	Rural	1.0M	4	107K	285K	291K	364K	654K	20% ∧
	Urban	19K	4	2K	7K	4K	5K	9K	
Paktya	Rural	757K	4	100K	234K	211K	211K	423K	14% ∨
	Urban	84K	4	11K	26K	23K	23K	47K	
Panjsher	Rural	204K	4	-	-	58K	146K	204K	113% ∧
	Urban	29K	4	5K	8K	5K	11K	16K	
Parwan	Rural	899K	4	111K	222K	212K	354K	566K	8% ∧
	Urban	114K	4	9K	19K	32K	54K	86K	
Samangan	Rural	517K	4	4K	5K	254K	254K	508K	54% ∧
	Urban	74K	4	872	1K	36K	36K	72K	
Sar-e-Pul	Rural	792K	4	89K	133K	285K	285K	570K	9% ∧
	Urban	61K	4	9K	14K	19K	19K	38K	

NEW IDPS	NEW RE-TURNEES	NAT. DIS. AFFECTED	VUL. PEOPLE	REFUGEES	BY GENDER (%) FEMALE | MALE	BY AGE (%) CHIL. | ADULTS | ELDERLY	WITH SEVERE DISABILITIES (%)
811	7K	2K	408K	-	49 | 51	54 | 43 | 3	8.3
383	2K	296	33K	-	50 | 50	54 | 43 | 3	8.3
2K	1K	2K	282K	21K	49 | 51	54 | 43 | 3	8.3
478	330	590	47K	-	49 | 51	54 | 43 | 3	8.3
7K	2K	5K	435K	-	49 | 51	54 | 43 | 3	8.3
2K	84	1K	29K	-	49 | 51	54 | 43 | 3	8.3
4K	39K	1K	590K	-	48 | 52	54 | 43 | 3	8.3
142	18K	464	139K	-	50 | 50	51 | 46 | 3	8.6
2K	19K	3K	320K	-	48 | 52	54 | 43 | 3	8.3
863	3K	181	18K	-	48 | 52	53 | 44 | 3	8.4
967	14K	4K	285K	-	49 | 51	54 | 43 | 3	8.3
-	2K	223	22K	-	47 | 53	53 | 44 | 3	8.4
5K	20K	7K	1.1M	-	49 | 51	54 | 43 | 3	8.3
-	3K	2K	111K	-	50 | 50	54 | 43 | 3	8.3
-	20K	-	-		51 | 49	63 | 35 | 2	7.3
4K	14K	2K	53K	-	44 | 56	50 | 47 | 3	8.7
5K	11K	29	80K	-	46 | 54	51 | 46 | 3	8.6
-	477K	-	-		18 | 82	24 | 72 | 4	11.4
436	2K	1K	200K	-	49 | 51	54 | 43 | 3	8.3
474	-	33	988	-	49 | 51	55 | 42 | 3	8.2
1K	2K	1K	618K	31K	49 | 51	54 | 43 | 3	8.3
-	32	30	9K	-	49 | 51	54 | 43 | 3	8.3
4K	4K	3K	412K	-	53 | 47	54 | 43 | 3	8.3
255	138	386	46K	-	53 | 47	54 | 43 | 3	8.3
963	39	1K	202K	-	49 | 51	54 | 43 | 3	8.3
158	6	84	16K	-	49 | 51	54 | 43 | 3	8.3
3K	53K	3K	507K	-	48 | 52	53 | 44 | 3	8.4
2K	10K	641	73K	-	48 | 52	53 | 44 | 3	8.4
242K	24K	3K	238K	-	49 | 51	54 | 43 | 3	8.3
4K	10K	820	58K	-	49 | 51	54 | 43 | 3	8.3
2K	33K	7K	528K	-	49 | 51	54 | 43 | 3	8.3
2K	8K	2K	26K	-	46 | 54	52 | 45 | 3	8.5

PROVINCE	LOCATION	POPULA-TION 2023	AREA SEVERI-TY PHASE	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				TOTAL PEOPLE IN NEED	PIN VARIATION WITH 2021 (%)
				MINIMAL	STRESS	SEVERE	EXTREME		
Takhar	Rural	1.2M	3	265K	371K	420K	140K	559K	20% ∧
	Urban	306K	3	44K	116K	98K	49K	146K	
Uruzgan	Rural	514K	4	71K	99K	129K	215K	344K	6% ∨
	Urban	85K	4	18K	25K	15K	26K	41K	
Wardak	Rural	890K	4	165K	288K	194K	243K	437K	15% ∨
	Urban	17K	4	611	1K	7K	8K	15K	
Zabul	Rural	469K	4	98K	138K	88K	146K	234K	17% ∨
	Urban	58K	4	13K	18K	11K	18K	28K	
Total	Rural	33.3M		3.9M	7.1M	10.5M	11.8M	22.2M	16% ∧
	Urban	9.8M		1.6M	2.1M	3.1M	2.9M	6.1M	
	Transit points	1.1M		-	-	586K	526K	1.1M	
	Total	**43.1M**		**5.5M**	**9.2M**	**13.6M**	**14.7M**	**28.3M**	

TThe humanitarian conditions created by Afghanistan's multidimensional crisis continue to impact all parts of the country and affect every aspect of Afghan life. In 2023, a total of 28.3 million people (two thirds of the population) need humanitarian assistance to survive, of whom 14.7 million are in extreme need (severity 4). A total of 6.4 million are women and 15.2 million are children; nearly 2.4 million have disabilities, 6.1 million live in urban areas and 22.2 million live in rural areas. There are needs in every province of the country, with extreme need in 33 out of 34 provinces and 27 out of 34 major cities/provincial capitals with the rest in severe need, indicating how widespread the crisis is across the country.

The 2022 PiN of 28.3 million people is up from 24.4 million in 2022 (a 16 per cent increase) and 18.4 million in 2021 (a 54 per cent increase). The main increase in the PiN is due to the dramatic increase in WASH needs (up 40 per cent) and protection needs (up 25 per cent) – reflecting the compound impact of the drought and the increasingly restrictive measures impacting women and girls – and includes all secondary school aged girls denied access to education. The PiN was calculated using the JIAF, which looks holistically at people's needs in Afghanistan and measures the severity of these needs using a series of intersectoral indicators. The JIAF intersectoral analysis of needs revealed that there are humanitarian needs in every province of the country. The JIAF found extreme needs in 33 out of 34 provinces, and 27 out of 34 major cities/provincial capitals, with the rest in severe need, highlighting the sheer scale of the crisis.

NEW IDPS	NEW RE-TURNEES	NAT. DIS. AFFECTED	VUL. PEOPLE	REFUGEES	BY GENDER (%) FEMALE	MALE		BY AGE (%) CHIL.	ADULTS	ELDERLY			WITH SEVERE DISABILITIES (%)
11K	65K	6K	478K	-	46 | 54		51 | 46 | 3			8.6
17	7K	1K	138K	-	47 | 53		53 | 44 | 3			8.4
3K	96	5K	336K	-	49 | 51		54 | 43 | 3			8.3
2K	100	2K	37K	-	49 | 51		54 | 43 | 3			8.3
1K	30K	4K	402K	-	48 | 52		53 | 44 | 3			8.4
3K	2K	30	10K	-	47 | 53		58 | 40 | 2			7.9
25K	19K	3K	187K	-	48 | 52		54 | 43 | 3			8.3
98	1K	3K	24K	-	49 | 51		54 | 43 | 3			8.3
555K	888K	163K	20.6M	52K	49 | 51		54 | 43 | 3			8.3
136K	224K	37K	5.7M	443	49 | 51		54 | 43 | 3			8.3
-	1.1M	-	-		22 | 78		29 | 67 | 4			10.9
691K	**1.1M**	**200K**	**26.3M**	**52K**	**49 | 51**		**54 | 44 | 3**			**8.3**

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Part 2:
Risk Analysis and Monitoring of Situation and Needs
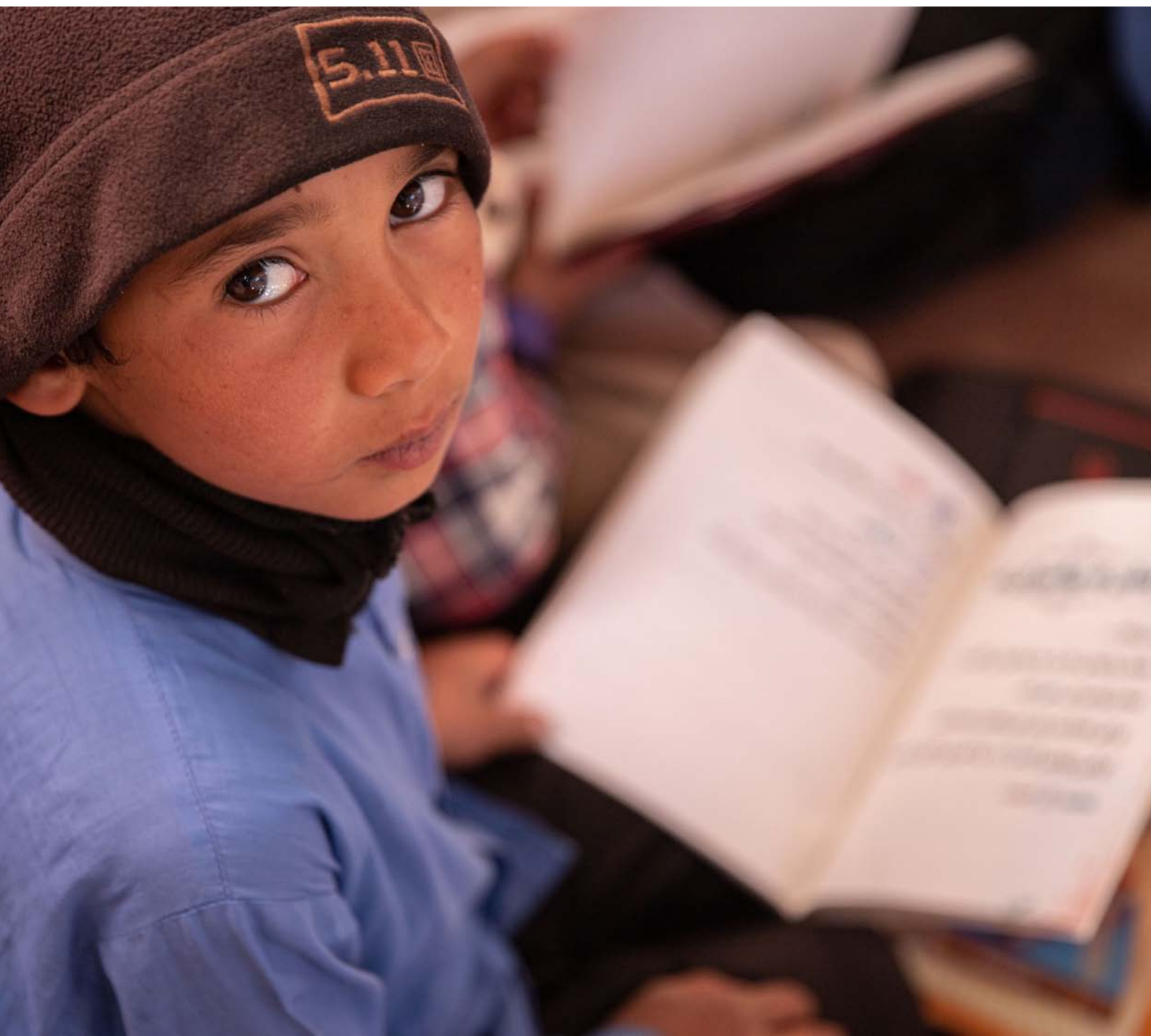
2.1
Risk Analysis

Scope of risk analysis

This HNO risk analysis looks at developments that are likely to impact on needs for all population groups throughout 2023.

Potential risks and influences on the needs facing populations of concern throughout 2023 include:

- Gender-based restrictions and unique risks for women and girls' participation in life and society
- The La Niña climate outlook and potential third year of drought
- Food insecurity and malnutrition trends
- Household debt, remittances, negative coping strategies and related protection risks
- Risks for women, men, boys and girls (including GBV, sexual exploitation and abuse, burden of care, early marriage), including individuals with disabilities and mental health issues
- Continued weak implementation by the DFA of policies that reduce core needs
- Macroeconomic factors and continued instability of key sectors
- Increase in NSAG attacks, crime and violence

- Restrictive humanitarian access and bureaucratic impediments limiting delivery of assistance
- Global and regional economic outlook and influences, particularly on price of food and fuel
- Regional geopolitical dynamics
- Unseasonal floods and other sudden-onset disaster shocks
- Communicable and vector borne disease outbreaks (for people and livestock)
- Internal displacement and movement and cross-border mobility patterns
- Residual and new needs generated by lack of funding and investment in basic services and critical service infrastructure

These risks have seasonal dimensions. Afghanistan's spring season between March and May is characterized by increased flooding and spread of communicable waterborne diseases such as AWD, while regular population movements tend to occur in spring and summer. Winter months are marked by heavy snowfall, avalanches and inaccessibility of several parts of the country.

The seasonal patterns from 2023 can be seen below:

Seasonal events
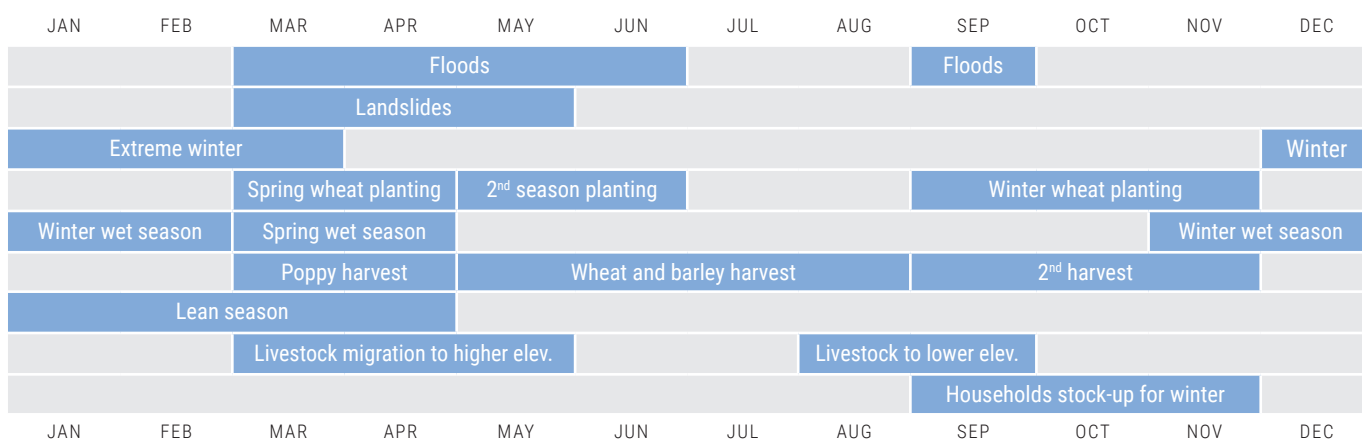
Timeline of events (Jan - Dec 2022)

JANUARY 2022

Earthquake

A 5.3 magnitude earthquake struck in Qadis District, Badghis Province, damaging and destroying up to 1,000 houses and killing 27 people.

MARCH 2022

Donors pledge

Donors pledged $2.4 billion in support of humanitarian response in a conference co-hosted by OCHA, Germany, Qatar and the United Kingdom.

APRIL 2022

Attacks

Several attacks on places of worship and an educational facility in Kabul, Balkh and Kunduz provinces kill dozens of civilians, including children.

MAY 2022

Announcement of Hijab decree

De facto authorities announce the 'Hijab decree', requiring women to wear prescribed forms of hijab and to cover their faces when in public.

JUNE 2022

Earthquake in Paktika and Khost

A 6.2 magnitude earthquake struck Paktika and Khost provinces killing at least 1,163 people. A 3-month appeal was launched covering 362k people and seeking $110m.

JULY 2022

Female participation

OCHA conducted the first Female Participation in Humanitarian Action mapping exercise across the country to understand the challenges face by national female staff since the Taliban take-over.

AUGUST 2022

Alarming malnutrition situation

A National Nutrition Survey (NNS) covering 31 provinces demonstrate that malnutrition remains at alarmingly high levels across the country.

AUGUST 2022

Surge in atypical floods

A surge in atypical floods during the summer season (June-August) was experienced 33 provinces. Over 115,000 people have been affected by floods in 2022.

SEPTEMBER 2022

Winter prioritisation

An ICCT winter prioritisation exercise was concluded to identify urgently needed activities iin 122 high, 247 medium and 32 low priority districts.

NOVEMBER 2022

Establishment of cash import pipline

The cash import pipeline established by the UN for humanitarian operations and salary payments of UN staff and contractors continued to function, with $1.63 billion transferred between 1 December 2021 and 14 November 2022 to UN (19), INGOs (30) and the World Bank.

DECEMBER 2022

Ban on females participating in higher education

De facto authorities announce an immediate and indefinite suspension on women attending universities and re-imposes the previous ban on girls' secondary school education.

DECEMBER 2022

Ban on women working for NGOs/INGOs

The de facto authorities announce a ban on Afghan women working for national and international organisations.

Forward projected risk and need

2023 planning scenario

The Inter-Cluster Coordination Team (ICCT) undertook a workshop in October 2022 to look at risks, opportunities and drivers of need, building on the regular monitoring and different approaches for forecasting. The conclusions were used to develop a most-likely planning scenario while articulating a severe-case, likelihood for which is less, to facilitate contingency planning. This was then followed by a series of workshops with subnational Inter-Cluster Coordination Groups (ICCGs) to unpack regional and geographic dimensions of risks and scenarios.

An analysis of the most likely scenario based on the aforementioned risks forms the basis around which planning parameters have been set, specific population group projections are based (internally displaced people, cross-border returnees and shock-affected non-displaced people), and overall HNO numbers calculated. In conjunction with this work, a collective set of indicators to derive the number of people needing humanitarian assistance in 2022 as developed through the JIAF building on the more robust needs monitoring framework undertaken in 2022.

Based on this analysis, the humanitarian outlook and planning scenario for 2023 for all population groups remains bleak in both urban and rural settings, due to a series of factors including the severely deteriorating water crisis with a forecast for continuing drought; worsening food insecurity and malnutrition; drought and consequent water scarcity; the economy; natural disasters and climate patterns; and flow-on effects from unmet needs in 2022. These effects span all three humanitarian conditions.

Gender and women's participation

Women and girls are at greater risk in Afghanistan as a result of rapidly increasing gender-related restrictions by the DFA over the past 12 months. Due to these public restrictions and those imposed informally by families/communities, women and girls face unique risks and barriers in accessing basic services and work, and meaningfully participating in societal aspects of

life. These risks are compounded for women-headed households and groups that experience intersectional discrimination, such as women headed households with disability in the family, girls with disabilities in rural areas, older women and marginalized minorities. Culturally, it is seen as appropriate for women and girls to receive support and assistance from women humanitarian workers and service providers. The effects of such restrictions significantly impact women humanitarian workers' participation in the response, and the effectiveness of the response overall.

On 24 December 2022, the DFA issued a ban on women humanitarian workers from working for international and national NGOs. The restrictions, coupled with threats and harassment of women humanitarian workers, have the potential to prevent humanitarian actors from reversing a current trend of diminishing numbers of women humanitarian staff at the lowest administrative levels. This has serious consequences on service delivery and the ability of the response to reach women and girls. As of 28 December 2022, the extent of the ban remains uncertain, and several international humanitarian NGOs have suspended their operations. The directive will have devastating humanitarian consequences for millions of people across the country, as it will prevent vulnerable women and girls, including those with disabilities, from receiving services and life-saving assistance.

The risks and impact are manifold. If humanitarian programming continues without women staff, higher protection risks and cases of sexual exploitation and abuse are imminent. The combination of a lack of funding for women's civil society organizations,[70] and targeted threats and measures aimed at restricting their work in the field, is also leaving a large gap in critical front-line service delivery at the community level, particularly in smaller villages, and in mediation and engagement work with communities.

If the NGO ban on women employees remains in place, and humanitarian partners decide to suspend all operations, life-saving assistance will be discontinued

for 23.7 million people prioritized to receive multi-sector humanitarian assistance in 2023. The human cost of a potential suspension of all operations will have the following impact on some core activities:

- 6 million people in IPC 4 may slip into IPC phase 5 (famine) and 13.8 million people in IPC 3 may slip into IPC phase 4 (emergency).
- More than 1,000 primary health-care facilities, able to serve more than 15 million people, will close and 3 million children under age 5 and 3.3 million women of reproductive age will have limited access to child and reproductive health services.
- 13.5 million people will miss out on safe water supply which could result in displacement as well as water-borne and water-based diseases, including AWD/cholera, typhoid and dysentery.
- 600,000 children will miss out on their education.
- Over 1.3 million people (newly displaced and other affected vulnerable households) will have no access to emergency shelter and core relief household items.
- Over 3 million children and pregnant women and lactating mothers will miss out on life-saving nutrition support delivered through static and mobile sites, as well as community-based nutrition services.
- 14.1 million people will miss out on out on key general protection services; 2 million women and girls will not be reached with GBV services; 108,500 people living with insecure land rights in informal settlements will not be targeted with interventions to improve tenure security; 730,204 boys and girls will be left without mental health and psychosocial support intervention to help improve their wellbeing; and some 1,3 million people will be deprived from receiving explosive ordnance risk education including 456,301 women and girls.

The likely scenario is that a more restrictive environment lies ahead. Even if many members of the DFA have privately indicated their disappointment with the rolling back of women's and girls' rights, especially in relation to girls' education, hardliners have demonstrated an unwillingness to compromise, and have communicated through different channels that rights-based advocacy actually contributes to them taking more rigid positions.

The humanitarian community understands that there will be no easy, clear-cut solutions to the current challenges on women's rights; uncomfortable and imperfect compromises will be required. This includes finding practical solutions to existing constraints negatively impacting women's participation in humanitarian action, such as the *mahram* and strict hijab requirements.

Governance

One and a half years after the takeover, the transition to de facto leadership has not fully stabilized. There is a continued display of weak governance and tension between central and provincial authorities. This is anticipated to partly limit ability to implement a comprehensive set of domestic, economic and public policies which sustain critical public and basic services and reduce needs.

This anticipated scenario poses varying implications for different sectors. The ban on higher education for girls and opacity around estimated timeline for resumption will continue to alienate girls from meaningful life. The only available means for education for these groups will be dependent on informal alternative learning pathways agreed with authorities at the provincial levels. Provinces in the country's south are particularly experiencing authorities' push to divert resources towards religious schooling and channel aid through religious mechanisms. The ICCT most-likely scenario also assumes that the current de facto authorities are able to cover teachers' salaries and support the basic services of children enrolled in public schools. However, should this change, a total collapse of the education system could result in more than 10 million children with limited access to formal education.

Inability to instate clear housing and protection policies for IDPs and those residing in informal settlements is expected to increase the risk of forced evictions while access to justice, particularly for women and minority groups remains curtailed. The DFA has expressed an intention to lower the upper age limit in the definition

of a child, which will deprive children from their major rights and exacerbate child marriage and child sexual assault.

Lack of protective policies for ethnic minorities and backlogs in civil registration processes are also anticipated to broaden existing marginalization of ethnic minorities and compromise access to services for vulnerable groups, respectively. This is particularly a concern for the country's central region where lack of trust between communities and governing authorities may be further lamented.

With the food production falling short of meeting domestic demands, inadequate public policy or planning to respond to national food basket gaps will only exacerbate the existing severe levels of acute food insecurity. The present levels of formal revenues from petty traders are likely to further limit households' access to adequate food. Authorities' inability to repair and maintain water supply facilities is expected to push nearly half of the population already experiencing inadequate access to water and sanitation, over the edge.

Unclear border policies, beyond revenues, are also expected to weaken de facto authorities' ability to control cross-border operations of NSAGs. This is particularly a risk in the eastern region where NSAGs operations and limited governance and control over tribal elders poses increased security risks.

Security

The ICCT considered the most-likely scenario of the overall security situation to continue to be less violent than the pre-August 2021 period marked by intensified conflict and high number of targeted attacks and security incidents. However, increased security incidents are expected as compared with 2022. Increased attacks by newly emboldened NSAGs (notably the IS-KP) are anticipated to require high levels of security measures that stretch de facto authorities' capacity across the country. Most notable for the country's east, the scenario anticipates a potential for resistance and cross border armed groups to emerge stronger with a wider foothold.

Growing internal rivalries reported within the DFA in 2022 are likely to continue in 2023, implying that the security situation remains unpredictable and increasingly volatile, particularly in central and eastern regions of the country. At the same time, the scenario anticipates that the strained economic conditions will continue to fuel criminality and violence. It is anticipated that it will also lead to increased recruitment to armed groups, particularly among men and young boys, including those children who were previously engaged in armed conflict.

Localized conflict events may continue to drive internal displacement, albeit at lower levels, as compared with 2021 and the years prior. However, communities considered to be associated with armed groups are at risk of internal displacement with additional dimensions of protection risks including arbitrary arrests and detentions, and corporal punishments requiring a sensitive and special protection and human rights lens to assisting these IDPs. For children, particularly girls, this is expected to add to the increasing levels of psychosocial distress. The implementation of certain punishments and opaque and non-inclusive judicial systems may provide institutional support to previously silent extrajudicial killings, enforced disappearances, torture and arbitrary detention.

Sporadic clashes between NSAG and DFA forces continue to harm civilians and create explosive ordnance contamination in areas of conflict, leading to physical trauma cases, overwhelm of already stretched health-care facilities, and permanent disability requiring long-term health and social support. Legacy mine contamination and widespread prevalence of explosive ordnance will also continue to restrict access to agricultural land. For the southern region, this is particularly a risk for areas where people can access durable solutions.

Any districts and provinces cut off from assistance would be likely to see a rapid increase in people's needs, given the rising dependence on aid observed in 2022.

Access

While the political and rights space is becoming increasingly restrictive, the physical operating space – in terms of the ability of partners to move within and between provinces – remains broadly permissive. However, the initial months of broadened physical presence enabled by the decrease in active military hostilities, are now marred by a rapid increase in interferences and an increasingly restrictive operating environment, particularly for women staff and service-focused sectors.

There are regional and provincial dimensions to trends in access constraints. Kandahar, Kabul, Hirat, Nangarhar and Badghis are the top five provinces where interference in the implementation of humanitarian activities (relating to beneficiary selection, staff recruitment, levy requests, aid diversion and interference with programming) persist. There is also a shift in higher restrictions in female participation in some of the southern provinces of Uruzgan, Hilmand and Kandahar. Other challenges are related to cumbersome bureaucratic requirements – such as MoU signing.

Bureaucratic impediments to service delivery are increasing due to growing donor conditionalities, and by the de facto authorities expanding administrative burdens. These administrative burdens include requirements for negotiating terms of service delivery at national, provincial, and district levels; growing requirements for line ministries' conditions for service delivery, interference in the selection of NGO implementing partners and registration of programme beneficiaries, as well as complex demands for signature of MoUs or certificates of no objection between national and international NGOs with the de facto authorities – all leading to delays in implementation for some response activities.

The anticipated implications vary across different sectors. For Education, this is anticipated to result in reduced geographic reach and a limited pool of line ministry-approved partners. For protection, response to female beneficiaries is closely linked to the ability of female staff to being granted access to the field; if restrictions get stricter and female staff are not able to move around, response will be compromised and partners will be challenged to implement activities targeting women and girls, which are a tool to secure an opening in the access to survivors.

Operational strategies will have to be identified and implemented in order to ensure the delivery of assistance and services targeting women and girls. It is also expected that ongoing negotiation will allow for limited movement with the use of *mahram*s.

For other sectors such as WASH and health, a relative stability is likely where access to remote areas is sustained more than ever before, and continued services are allowed but the bureaucratic impediments result in periodic delays in time-sensitive programmes

The overall likely scenario is that humanitarian operations will have to continue to require labour-intensive engagement with authorities at both national and provincial levels to unlock access impediments on curtailing our operating space, on a case-by-case basis.

Geopolitical and regional influences

There has not been a formal recognition for the de facto authorities a year and a half after the takeover. Since late 2021, the international community expedited the adoption of UN Security Council Resolution 2615 (the 'humanitarian exception') and the issuance of several General Licenses to facilitate necessary engagement for the purposes of delivering humanitarian assistance and basic human needs support. These carve-outs have allowed humanitarian operations to continue, eased some of the banking challenges that partners are experiencing, and ensured that critical payments which have to be made to line ministries to implement programmes have been able to be completed.

The international donor community is likely to keep funds towards basic human needs conditioned on authorities' concessions on the restrictive space and curtail humanitarian funding across key sectors, such as education, with an assumption that delivery would not be possible. The continued lack of development

assistance will continue to hinder people's sustained access to critical basic services such as health facilities and water systems. It will also mean that people's basic needs will have to be met partially through costlier humanitarian activities.

Most of Afghanistan's Central Asian neighbours oppose isolating the current administration in Afghanistan and support regional cooperation, particularly around critical cross-country infrastructural projects. While there is uncertainty among some of the country's southern neighbours (India) on the security front, economic ties continue to facilitate imports and exports. Most of these countries are still expected to continue maintaining strict control of official and unofficial borders owing to concern regarding large-scale refugee outflows.

The unprecedented scale of floods in Pakistan in 2022 and ongoing pandemic-related restrictions in the region continue to affect supply chains necessary for the importation of food, fertilizers, nutrition supplies, shelter materials, teaching materials, and other commodities needed by people in Afghanistan. Globally, the continued conflict in Ukraine is increasing the cost of food in local markets and is driving commodity prices even higher.

Political unrest in Iran is also expected to negatively affect Afghan labour migrants, contributing to reduced remittances and increasing potential flash points in border areas. At the same time, the economic conditions that prevailed after the takeover continue to drive thousands of people to flee through Afghanistan's porous borders.

Economy

The most-likely scenario anticipates that Afghanistan's economy is plateauing at low-levels and broader isolation from most of the world remains.

The wartime and aid-reliant economy had been de-coupled from global markets and financial systems meant that international aid reliant public sector and war-economy reliant service sector continue to take a hit. The impact was greater in major cities, which

are more formalized and better integrated into the global economy and where people were more reliant on services and salaried work (both in the private and public sectors). While there has been some respite in national income from borders and exports in some raw materials such as coal, this have not enabled sufficient resuscitation of the economy. The aggregate demand continues to decline, and majority of the private driven supply chains remains unrestored. At the same time, exogenous factors are driving the prices of key commodities – food and fuel – high compounding the depressed demand with households unable to meet their most basic needs.

This is likely to create heightened barriers to maintaining enrolment for children in school and instead families having to use children as a coping strategy and put them to work, marry them off or resort to recruitment by armed actors. More people are expected to resort to riskier irregular migration routes in search of income generation avenues exposing them to trafficking and other risks. Women and mothers are also likely going to continue to forgo the already limited care for their reproductive health to meet the primary food needs of their children and families.

The formal banking system remains dysfunctional. The chilling effects of sanctions has meant that a confidence crisis remains and that foreign correspondent banks are deterred from engagement with the country's finance sector due to risk. The UN cash facility has been serving as a primary source of liquidity for the international aid community and the market at large. While this is anticipated to continue, it is recognized that it is not a sustainable mechanism and that the Central Bank and Afghan banks need to be restored to functionality.

Drought

Drought-like conditions are likely to extend into a third year.[71] Under this scenario, a significant negative impact on agriculture and livestock-keeping, particularly in rainfed agriculture zones, is imminent. Irrigated agricultural production is also likely to be reduced, with water generated from snowfall like to be

insufficient – a primary driver of severe and potentially extreme food insecurity. The lack of employment opportunities during the winter season will impact vulnerable people (both rural and urban) who mainly rely on agricultural wage labour as their main income source. If forecasts hold, there is also an increased risk of uncontrolled outbreak or further spread of plant pests and animal diseases.

Most concerning is that if Afghanistan enters a third consecutive year of drought in 2023, it could cause the already staggering nutrition situation to further deteriorate. With the likelihood of a return to average precipitation during spring only at 54 percent, the outlook remains grim. The impact of global events– particularly price shocks – could be worse than expected, causing domestic price spikes for key commodities such as wheat flour and fuel.

Sudden-onset disasters

Afghanistan is highly prone to natural hazards, whose frequency and intensity are exacerbated by the effects of climate change, increasing humanitarian needs. Indeed, Afghanistan is the country 4th most at risk of a crisis based on its structural conditions (INFORM Risk Index 2023).[72] The number of atypical sudden-onset disasters was higher in 2022 than preceding years and the scenario anticipates that these patterns may be considered the norm moving ahead.

The ICCT scenario anticipates that flooding and weather patterns will become erratic with higher humanitarian impact on livelihoods, access to basic services (health, education, WASH, etc.) and limited capacity to recover. In many areas, recovery has not taken place after floods, and retaining walls and other infrastructure have not been repaired. If not done so, these areas will remain extremely vulnerable for more catastrophic flooding. Previous preparedness and DRR strategies are either under-resourced or ineffective, compounding further inability to mobilize early warning and early action.

Destruction of key public infrastructure – such as schools, water and sanitation infrastructure, and health facilities – will be imminent, with no clear
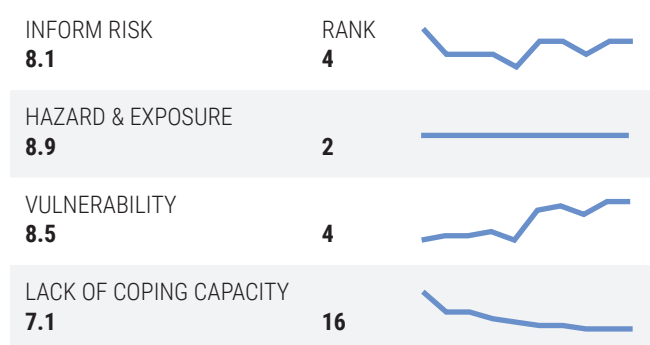
paths for reconstruction. Some areas of the country – particularly in the country's north and centre are often inaccessible during winter, while the impact of flooding in the country's east temporarily affects major roads.

Epidemics and diseases

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, dengue fever and Crimean Congo Haemorrhagic Fever, all on the backdrop of COVID-19 pandemic.

The scenario anticipated that outbreaks are expected to be limited in geographic scope. The deteriorating economic situation and reduced access to health services will fuel (manageable) outbreaks, while inadequate water and sanitation facilities might see widespread outbreaks of AWD/cholera. Lumpy Skin Disease is also spreading across the country posing a major risk to livestock, household food security and nutrition. If not properly addressed, it can drive livestock loss (which takes an average of 2-4 years of normal conditions to restore an average herd) and lead to adoption of negative coping strategies.

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INDEX FOR RISK MANAGEMENT

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	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPU-LATION GROUPS	IMPACTED HUMANITAR-IAN CONDI-TIONS
Inability of DFA to deliver basic services	Much of the basic services that were delivered with the support of donors have been significantly reduced throughout 2022. This includes health services and rural development programs. Girls access to education has been curtailed through the ban on secondary and higher education and with no timeline for resumption. While there are efforts underway to find workaround arrangements to resume some of these services, they are not sustained by predictable financing and are not diverse and far reaching.	5	5	25	All groups	Well-being, Living Standards, Coping Strategies
Operational environment for humanitarian operation	Increasing restrictions on female. At the same time, increasing pressures by de facto authorities to and interferences on humanitarian work. Humanitarian actors are likely to continue to operate through cumbersome and labour-intensive negotiations. If the de facto authorities increase such restrictive measures, it will have negative impact on humanitarians' ability to operate and most concerningly, donors' interest to continue funding to specific sectors.	5	5	25	All groups	Well-being, Living Standards, Coping Strategies
Shrinking CSO space	Shrinking CSO space, especially for women's CSOs, and restricted/banned participation of female humanitarian staff, making it increasingly difficult to assess the situation on the ground, as well as restriction of media to report on social/economic issues.	5	5	25	All groups	Well-being 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, particularly urban households	Well-being Living Standards Coping Strategies

Indicators
# of school-aged out of schoolgirls
per cent of access impediments for which the de-facto authorities bear responsibility
amount of funding that cannot be implemented due to bureaucratic impediments
# of humanitarian actors facing difficulties financing their operations.

CATEGORY: GEOPOLITICAL

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPU-LATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Non-recognition/ Restrictive rights space/ Humanitarian funding	UNSCR 2615 'humanitarian exception' and US General Licenses (especially GL 20) allow for support to humanitarian operations and key basic services to continue in 2023. Key western donors continue providing humanitarian aid through UN cash facility, but this remains unsustainable in the long run. Western countries continue to engage with the de facto authorities on counterterrorism, human rights, and humanitarian issues. But this has an adverse effect and further pushes the Taliban to assume more rigid positions to avoid generating perceptions that they are submitting to international pressures.	5	5	25	All groups	Well-being, Living Standards Coping Strategies
Strengthened regional economic partnership	Afghanistan's neighbours continue to be concerned about refugee flows and spread of instability across their borders and maintain population movements restricted. However, the governing authorities increasingly seek regional economic opportunities particularly around long-term infrastructure-related plans.	5	3	15	All groups	Well-being, Living Standards, Coping Strategies
Increasing cross-border returns	At the same time, political uncertainly and economic decline in Iran and the devastating floods in Pakistan crippling the local economy maintains an increasing number of returns and deportations among undocumented migrants. However, this does not deter further movement out of Afghanistan's porous borders in search of income generating opportunities	5	4	20	Cross-border returnees	Well-being, Living Standards, Coping Strategies

Indicators:
per cent decrease in humanitarian funding in efforts to sway
per cent increase in cross-border returns

CATEGORY: SECURITY & CONFLICT

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPU-LATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Reduced conflict with pockets of hotspots	The security situation stabilises as compared to pre-mid-2021 period. However, continued security incidents and isolated low-level conflict with resistant forces (in Panjshir), NSAG, particularly IS-KP and also new splinters among de facto authorities. Clashes between the de facto government and IS-KP are concentrated in parts of eastern Afghanistan with increasing high-profile IS-KP attacks in Kabul as well targeted attacks against civilians.	4	2	8	People in eastern and central regions, minority groups	Well-being, Living Standards, Coping Strategies

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPU-LATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Coerced return and evictions of IDPs and people in informal settlements	Despite the certain degree of voluntary returns, many IDPs and people living in informal settlements opt to remain in areas of displacement due to proximity to small scale income generating activities and bareness of places of origin due to damage and insufficient services. Authorities however continue to push for the return of IDPs and people living in informal settlements and clearance of informal settlements, particularly those sitting on government and private land.	5	3	15	IDPs and people living in informal settlements (approx. 1.5 million people)	Well-being, Living Standards
Crime and violence	Many currently reeling from cumulative debt, increased unemployment, and the ongoing financial crisis will continue to fuel crime and insecurity (including robbery and kidnapping) in Kabul and other major urban areas.	4	1	4	All, particularly urban households	Well-being, Living Standards

Indicators:
Civilian casualties
 per cent increase of access restriction incidents
# of people living in areas highly affected by conflict
 per cent 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: ECONOMY

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Plateauing economic decline	Real GDP has contacted by up to 35 per cent since 2021. According to UNDP, a worst-case scenario would see 97 per cent of Afghans below the poverty line by mid-2022.	5	5	25	All	Living Standards, Coping Strategies
Minimum basic services	Most of the former development assistance does not get channelled through alternative modalities, with the exception of few critical sectors such as health. This may result in unaddressed DRR, livelihoods, infrastructural and other long-term investments that reduce needs and improve access to services particularly in rural areas.	4	5	20	All	Well-being, Living Standards, Coping Strategies

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Increased prices for staple foods and consumer goods	Exogenous factors are already driving prices for critical commodities – food, fuel and fertilizers – globally and regionally. This has increased the cost of the food and minimum expenditure baskets and packages of assistance being delivered. With people's incomes evaporating, there is a risk of a further increased dependence on aid, which, due to underfunding, is barely meeting people's needs but not putting them on a path of stability. Further drought shocks (as anticipated for 2023) will have a devastating impact on people's purchasing power and ability to survive.	5 ▮▮▮▮▮	5 ▮▮▮▮▮	25 ▮▮▮▮▮	All	Well-being, Living Standards, Coping Strategies

Indicators:
per cent increase / decrease in real income
per cent increase / decrease of income as a proportion to expenditure and debt
per cent of households without access to primary healthcare
per cent of students without access to education
per cent increase in staple food prices

CATEGORY: DROUGHT & FOOD INSECURITY

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Crisis and Emergency food insecurity 46% of the population	"Up to 20 million, or 46 per cent of the population will be in crisis and emergency levels of food insecurity, with 6 million people one step away from famine. Another drought and the sustained inflation and erosion of income will worsen the situation if timely external aid is not delivered. "	5 ▮▮▮▮▮	5 ▮▮▮▮▮	25 ▮▮▮▮▮	All	Well-being, Living Standards, Coping Strategies
Crop cycles are interrupted by third consecutive La Niña rain deficiencies	With both raid and irrigation fed agriculture is already projected to be affected due to low precipitation induced by the third year of La Nina phenomenon, the food basket of the country (already insufficient to meet domestic needs), will be critically affected	5 ▮▮▮▮▮	5 ▮▮▮▮▮	25 ▮▮▮▮▮	All (esp. farming households)	Well-being, Coping Strategies
Worsening nutrition among children and women	"The IPC Acute Malnutrition Scale shows that there are 16 provinces and urban Kabul that fall under phase 4 / critical category, with 33% -59% of children in these provinces projected to be acutely malnourished. Similarly, chronic malnutrition (when children do not eat the correct balance of nutrients and become stunted in their mental and physical development) is high or very high, above regional and global averages. If Afghanistan goes its third consecutive year of drought in 2023, it could cause the nutrition situation to further deteriorate by close to 20%."	4 ▮▮▮▮▯	5 ▮▮▮▮▮	20 ▮▮▮▮▯	All but esp. children under age 5 and nursing mothers	Well-being

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
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	Well-being, 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: NATURAL DISASTERS & DISEASE OUTBREAK

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Flooding and landslides	With soil moisture depleted as Afghanistan enters its third La Niña forecast, erratic flooding impact and landslides are imminent	3	3	9	People living in flood-prone areas	Well-being, Living Standards, Coping Strategies
Harsh winter	While lower-levels of precipitation are forecasted, the winter season will still be cold and harsh particularly for majority of the population residing in insufficient shelters and those in winter-prone areas (central highlands and surrounding areas).	4	4	16	All, especially people living in inadequate shelters	Well-being, 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.	1	5	5	All	Well-being, Living Standards, Coping Strategies
Drought	Drought like conditions are likely to extended into a further third year. Significant negative impact on agriculture and livestock-keeping households as well as vulnerable people who mainly rely on agricultural wage labour as their main income source	4	5	20	All	Well-being, Living Standards, Coping Strategies
Disease outbreaks	There is likelihood of multiple disease outbreaks next year such as measles, acute eatery diarrhoea (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	Well-being, 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

2.2
Monitoring of Situation and Needs

Given the pace at which people's conditions deteriorate in response to any shock, the ICCT's planning for 2023 focused on its increased efforts to obtain more frequent and high-quality data country-wide. This was done through the use of two multisector needs assessments (WoAA), the first National Nutrition SMART survey in 7 years, food security assessments feeding into two rounds of IPC analyses, a district level humanitarian situational monitoring, and other assessments and physical access to all districts across the country. The use of common indicators consistent with previous years has allowed the ICCT's planning to be informed by a strong trends analysis to pinpoint new drivers, trigger points and variances in needs between population groups.

The robust datasets confirmed shifts in drivers of humanitarian needs in Afghanistan (from conflict driven shocks to drought and economic drivers) and recognized that needs did not considerably vary by displacement status (with IDPs and cross border returnees scoring similarly to vulnerable host community members across multiple needs indicators) but that Vulnerability profiles were different across urban and rural populations.

In response to this, the ICCT expanded its sampling frame to assess needs and vulnerabilities across the entire population and will no longer be limited to displaced population groups and hosting communities around them. This was in line with the Humanitarian Country Team's commitment to assess and address acute vulnerability across the country, particularly in

underserved and previously hard to reach areas. In 2023, a similar broader lens of analysis will be applied to monitor needs across all 401 districts in the country. To inform a targeted response, the sampling frame took differences among urban and rural populations into consideration ensuring disaggregated findings at provincial-level.

In 2022, the ICCT had also increased efforts to improve real-time adjustments of seasonal geographic prioritization of needs across the country, with seasonal inter-sector prioritization exercises at the district level. This is expected to continue in 2023 offering a quarterly pulse-check of areas where high needs, seasonal risks and underserved areas intersect. This will be conducted for spring (March to May), summer (June to August) and twice for winter (Q1 and Q4).

In 2023, the Assessment and Analysis Working Group (AAWG) of the ICCT will pilot its real-time Needs Monitoring Framework (NMF), in an effort to regularly assess the evolution of needs in between yearly HPCs. The NMF builds upon the JIAF and consists of several cross-cutting and sectoral indicators as well as climate and season-sensitive indicators to take into account changing priorities and needs of households throughout the year. The NMF leverages existing data source to assess the severity of need both at the provincial and district level Given that the present severity scoring ('extreme' for all provinces) will require an even more granular analysis into geographic differences, the Needs Monitoring Framework will also introduce 0.5 separations across the severity scores to highlight areas in need of humanitarian assistance across districts and provinces. This means that severity scores will go beyond the 5 categories (1 being no stress/minimal to 5 being catastrophic) and offer 10 categories between the 1 to 5 scale. The multi-sectoral results of the initial pilot of the NMF matched the JIAF severity classifications for 85 per cent of the geographic domains, demonstrating its validity and analytical accuracy to support the real-time monitoring of needs. Additional refinements will be made for individual indicators and sector-aggregated results to continuously improve their accuracy when compared to the JIAF outcomes.

Data sources for the Needs Monitoring Framework will include the district level Humanitarian Situational Monitoring (HSM); Seasonal Food Security Assessment (SFSA) and Pre-Lean Seasonal Assessment (PLSA); IPC Analysis; Displacement Tracking Matrix (Baseline Mobility Assessment and Community Based Needs Assessment – DTM BMA / CBNA); Health Resources and Services Availability Monitoring System (HeRAMS); Vaccination Coverage Survey; National Nutrition SMART Survey; Whole of Afghanistan Assessment; Data in Emergencies Monitoring (DiEM) of agriculture, livestock and livelihoods; Mine Risk data; snow, flooding and other climate-related data sets from IMMAP and FEWSNET; among others. With a slightly restrictive assessment space expected in 2023, the Needs Monitoring Framework could serve as a basis for rapidly applying proxy sources and indicators to continue to monitor needs across all sectors.

Furthermore, the previous summary of cross-cutting and sectoral needs indicators (see below table) will continue to be reviewed at the mid-year point. A narrative update on needs-related trends will again be included as an annex to the 2023 mid-year and end-year Humanitarian Response Plan (HRP) monitoring report. 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 and identify displacement related specific needs. OCHA publishes a series of interactive dashboards that provide nearly real-time data for partners on these trends. The Displacement Tracking Matrix will remain the primary tool for tracking all displacement (including protracted displacement) across the country. Through Population Movement Task Team (PMTT), work is also underway between IOM and UNHCR to harmonise displacement statistics across the country focusing on protracted displacement and IDP returnees.

There are plans to undertake further monitoring exercises of informal settlements – ISETs – at least

twice per year. Mobile Camp Coordination Camp Management (CCCM) teams will regularly monitor in districts with more IDPs and people living in informal settlements. This will focus on the living conditions of people in informal settlements identifying gaps and coordinating support through a cross-cutting approach with concerned clusters.

Sector-specific systems are also being strengthened. For ESNFI Cluster, this includes a Rapid Assessment Mechanism (with two rounds conducted in 2022) and will be used to provide a more detailed area-based assessment of the ESNFI needs. The twice-yearly IPC analysis will continue to be a key means for monitoring and updating primary needs indicators in the country, with provincial-level coverage. The Food Consumption Score baseline and end line assessments will allow Food Security and Agriculture Cluster (FSAC) partners to capture the impact of assistance. The Protection Cluster will continue and enhance protection

monitoring activities and update protection analysis of Afghanistan to monitor the needs indicator throughout 2023. The Protection Cluster partners apply a whole-of-community approach through strengthening Community-Based Protection Monitoring (CBPM), which focuses on identifying key protection gaps and challenges across all 34 provinces in Afghanistan. For Nutrition Cluster, needs data will be compiled through a combination of site-level admissions data, population-based anthropometric data (feeding into SMART surveys) and sentinel site-based surveillance. Existing systems such as the Health Management Information Systems (HMIS), Health Resources and Services Availability Monitoring system (HeRAMS) and the Information Management System for Mine Action (IMSMA) will serve as key tools to monitoring health and mine related needs, while a combination of AWD hotspots monitoring, and urban and rural water supply data will inform monitoring of WASH needs.

Cross-cutting indicators

#	INDICATORS	BASELINE 2021	SOURCE
01	# of access constraints	1,313	OCHA Humanitarian Access Snapshot Oct 2022
02	# of people receiving trauma health care (conflict)	169,293 trauma cases	Health Cluster data as of September 2022
03	% of the population in need of social assistance	80%	IPC (2+) Projection June - Nov 2022
04	# of people newly displaced 2022	32,400 people	OCHA DTS, Dec 2022
05	% of households aware of feedback or complaints mechanisms to reach aid providers	23%	WoA Assessment, 2022
06	% of households critical levels of debt (>65,000 AFN)	28%	WoA Assessment, 2022
07	% of households who reported areas in or around their home where women and girls feel unsafe	19%	WoA Assessment, 2022
08	% of households reporting at least one individual displaying changes in behaviour in the past year (mental health/trauma)	72%	WoA Assessment, 2022
09	% of households with at least one member without civil documentation (such as tazkira, etc.)	35%	WoA Assessment, 2022
10	% of households who report at least one member has a disability	15%	WoA Assessment, 2022

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]	48%	WoA/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)	43%	WoA/HTR SDR	Yearly
03	% of community and school management shuras in need of sensitisation/training on RCCE and safe school operations	33%	EC monitoring database	Monthly

Emergency Shelter and NFI

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	% of households in need of shelter assistance	77%	WoA Assessment, 2021	Once in 2023
02	% of households in need of non-food items	88%	WoA Assessment, 2021	Once in 2023
03	% of households requiring assistance to cope with the winter season	79%	WoA Assessment, 2021	Once in 2023

Food Security and Agriculture

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	% of people in IPC Phase 3 and 4	41%	IPC AFI Analyses	Bi-annually
02	% of shock affected households with a poor food consumption score	40.1%	SFSA, Post Distribution Monitoring and WoA Assessment	Bi-annually
03	% of households who have lost their source of income due to conflict, natural disaster, or reduced employment opportunities	25%	HEAT assessments WoA Assessment	Bi-annually

Health

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	# of people without access to primary health care services	13.2 M	HeRAMS	Bi-annually
02	# of deliveries without skilled birth attendant	42%	DHIS 2	Bi-annually
03	# of under one year of age children without Penta 3 vaccination	40%	DHIS 2	Bi-annually

Nutrition

#	INDICATORS	BASELINE 2021	SOURCE	UPDATE FREQUENCY
01	Prevalence of Global Acute Malnutrition among children aged 0 to 59 months	Not available	SMART Survey	Annually
02	Number of children aged 0 to 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	% of households reporting areas where women and girls feel unsafe	JIAF severe value - 9%	WOAA	Once a year
02	# of people with unmet need for occupancy documents	5.8 million	WoAA	Once a year
03	% of household that have individuals experiencing any behavioural changes in the past year.	Mid Term WOAA JIAF Assessment	JIAF/WOAA	Twice a year
04	% of households with a member experiencing a protection incident in the past 3 months	Mid Term WOAA JIAF Assessment	JIAF	Twice a year
05	# of civilian causalities from mines, including VOIEDs and ERWs, in 2020 and 2021	90 per month in 2021	IMSMA/JIAF	Monthly
06	% of households by member ownership of tazkira	Mid Term WOAA JIAF Assessment	JIAF	Twice a year
07	% of households with a vulnerable head of household (women, elderly (>65y), HoH with a disability)	Mid Term WOAA JIAF Assessment	JIAF	Twice a year
	% of HHs having access to a sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use	-	WoAA	Yearly
	% of households reporting areas where women and girls feel unsafe	-	WoAA	Yearly
	% of households with at least one child (11 -17 years) working outside the household in the last 30 days, per gender	Mid Term WOAA JIAF Assessment	JIAF	Twice a year

# of households reporting barriers to education access for children (aged 6 - 17 years), per barrier type and gender	Mid Term WOAA JIAF Assessment	JIAF	Twice a year
% of households reporting "Marriage of daughters earlier than intended" due to lack of food or income to buy food in the last 30 days	JIAF severe value - 1%	WOAA	Once a year

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

Overview of Sectoral Needs

AREA	PEOPLE IN NEED	NEW IDPS	NEW RETURNEES	NAT. DIS. AFFECTED	VUL. PEOPLE	REFU-GEES	BY GENDER (%) FEMALE | MALE	BY AGE (%) CHILDREN | ADULTS | ELDERLY	WITH SEVERE DISABILITIES (%)
Education	**8.7M**	278.4K	206.6K	70.5K	8.1M	18.5K	48 | 52	100 | 0 | 0	3.5%
Emergency Shelter and NFI	**9.7M**	690.8K	1.1M	200K	7.7M	49.0K	47 | 53	52 | 45 | 3	8.5%
Food Security and Agriculture	**21.2M**	690.8K	333K	200K	19.9M	52.0K	49 | 51	54 | 44 | 2	8.2%
Health	**17.6M**	604.7K	1.1M	200K	15.6M	52.5K	48 | 52	53 | 44 | 3	8.4%
Nutrition	**7.2M**	115.1K	92.6K	33.9K	6.9M	7.9K	75 | 25	48 | 52 | 0	8.9%
Protection	**20.3M**	690.8K	1.1M	181.4K	18.2M	52.5K	57 | 43	54 | 43 | 3	8.3%
Protection: GP	*14.1M*	*690.8K*	*1.1M*	*167.6K*	*12.0M*	*52.5K*	*47 | 53*	*53 | 44 | 3*	*8.4%*
Protection: CP	*7.5M*	*439.2K*	*370.0K*	*100.3K*	*6.6M*	*27.6K*	*48 | 52*	*77 | 22 | 1*	*5.9%*
Protection: HLP	*5.9M*	*217.1K*	*283.5K*	*33.3K*	*5.4M*	*1.1K*	*48 | 52*	*54 | 43 | 3*	*8.3%*
Protection: GBV	*10.1M*	*185.3K*	*159.8K*	*42.3K*	*9.7M*	*7.1K*	*88 | 12*	*54 | 43 | 3*	*8.3%*
Protection: MA	*5.0M*	*690.8K*	*1.1M*	*-*	*3.2M*	*-*	*43 | 57*	*49 | 48 | 3*	*8.8%*
Water, Sanitation and Hygiene	**21.2M**	386.5K	577.2K	107.5K	20.1M	29.3K	49 | 51	54 | 43 | 3	8.3%
Total	**28.3M**	**690.8K**	**1.1M**	**200K**	**26.3M**	**52.4K**	**49 | 51**	**54 | 43 | 3**	**8.3%**

3.1 Education

PEOPLE IN NEED

8.7M

TREND (2015-2023)

SEVERITY OF NEEDS*

Rural
56% Severe **44%** Extreme

Urban
18% Stress **59%** Severe **24%** Extreme

PEOPLE IN NEED

Number of people in need
1,500,000
500,000
100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5
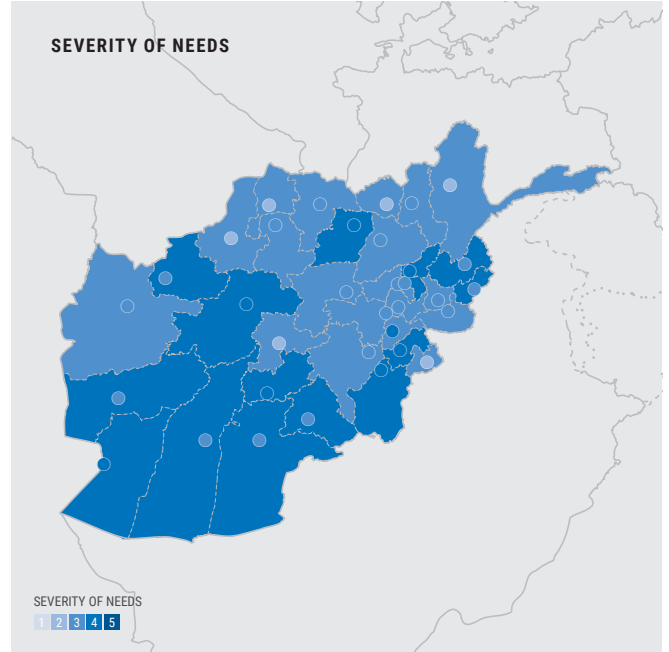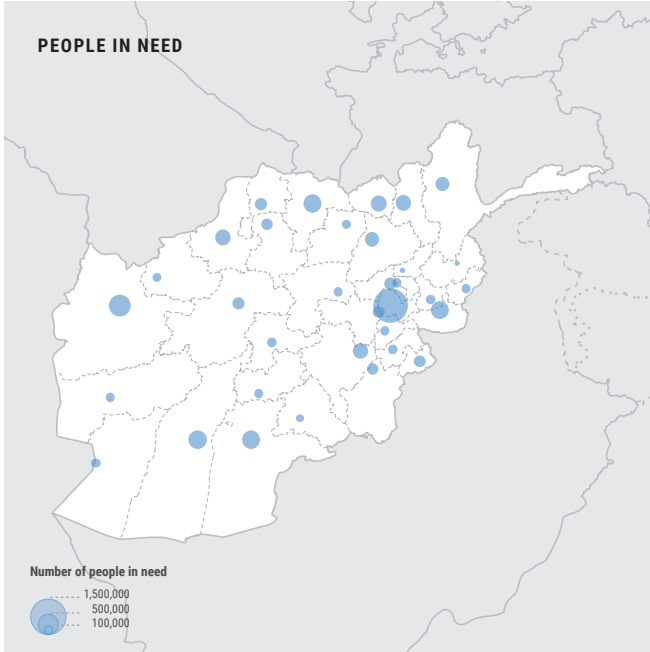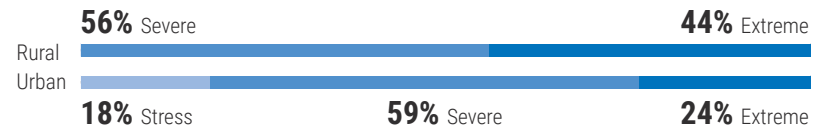
* As a proportion of area

3.2 Emergency Shelter and NFI

PEOPLE IN NEED

9.7M

TREND (2015-2023)

SEVERITY OF NEEDS*

Rural
71% Severe **29%** Extreme

Urban
3% Stress **85%** Severe **12%** Extreme

PEOPLE IN NEED

Number of people in need
1,500,000
500,000
100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5

* As a proportion of area

3.3 Food Security and Agriculture

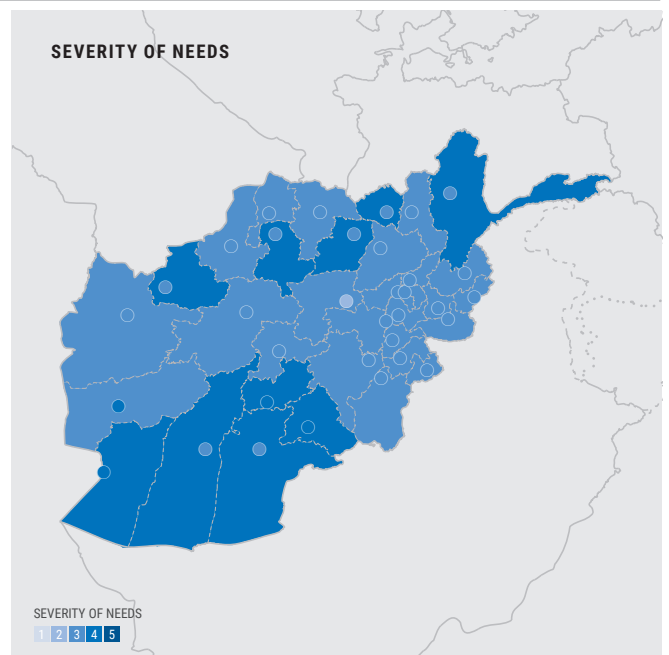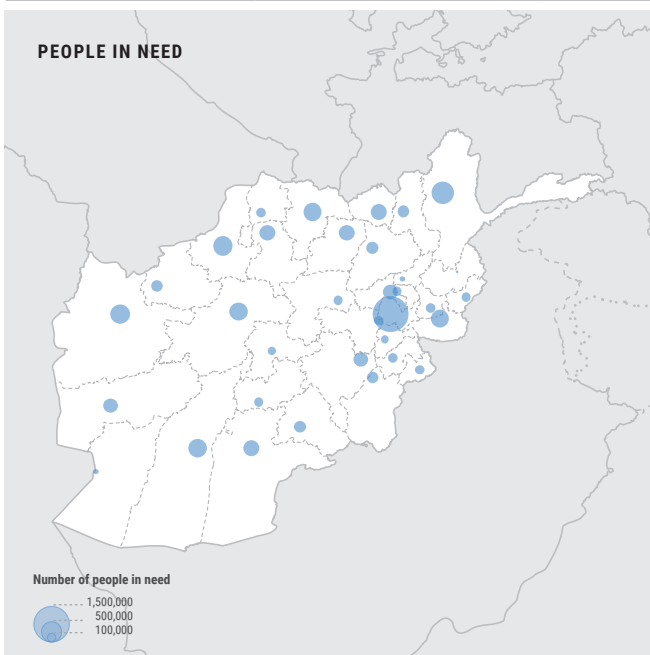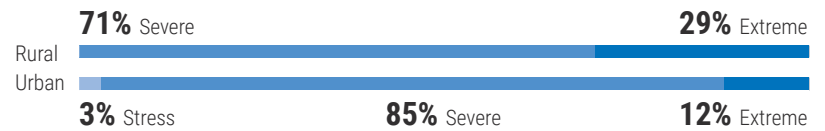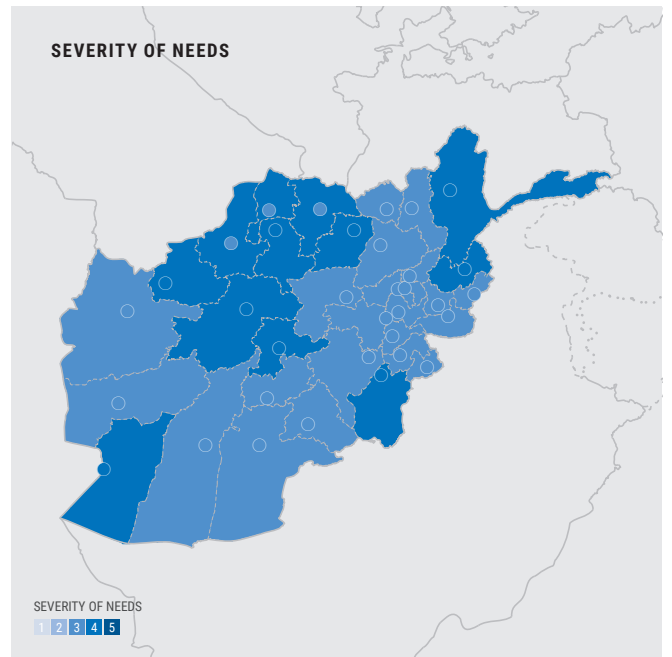| PEOPLE IN NEED	TREND (2015-2023)	SEVERITY OF NEEDS*			
21.2M		**20%** Minimal	**34%** Stress	**31%** Severe	**44%** Extreme
		Rural			
		Urban			
		23% Minimal	**30%** Stress	**35%** Severe	**11%** Extreme

PEOPLE IN NEED

Number of people in need
- 1,500,000
- 500,000
- 100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5
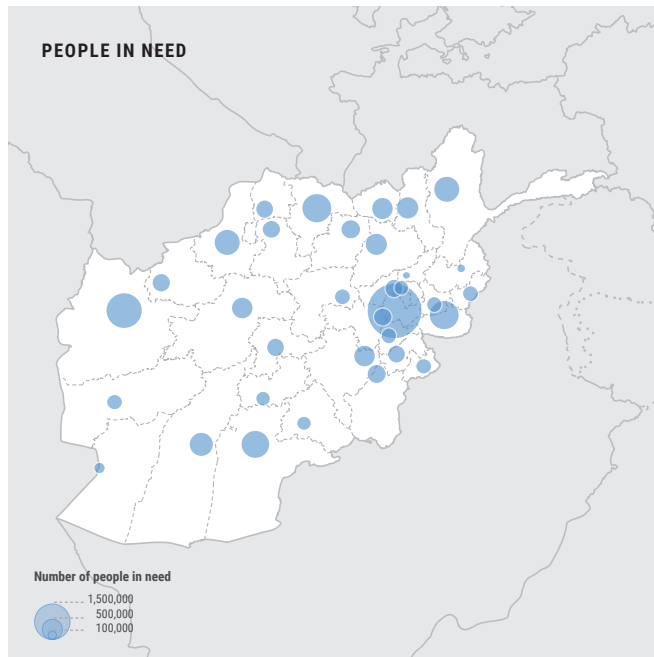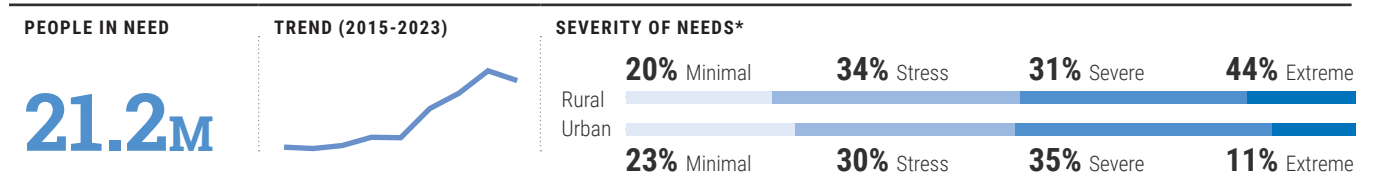
* As a proportion of population
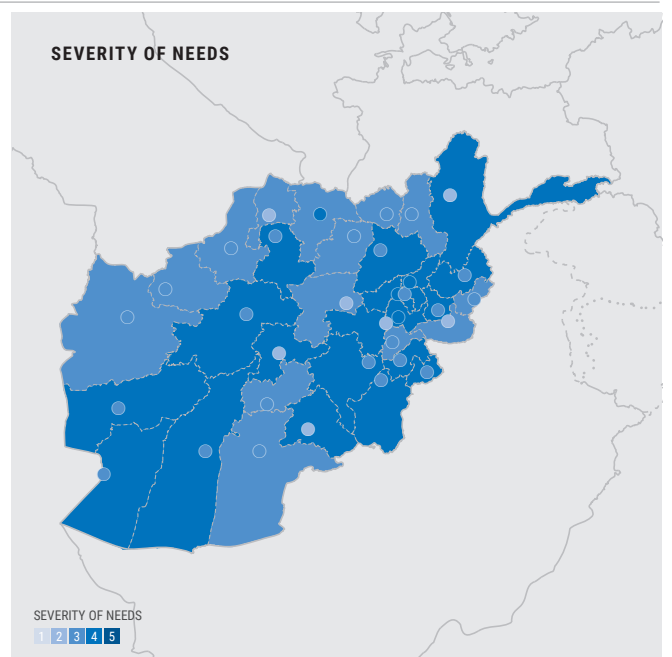
3.4 Health

PEOPLE IN NEED	TREND (2015-2023)	SEVERITY OF NEEDS*		
17.6M		**41%** Severe		**59%** Extreme
		Rural		
		Urban		
		21% Stress	**68%** Severe	**12%** Extreme

PEOPLE IN NEED

Number of people in need
- 1,500,000
- 500,000
- 100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5

* As a proportion of area

81
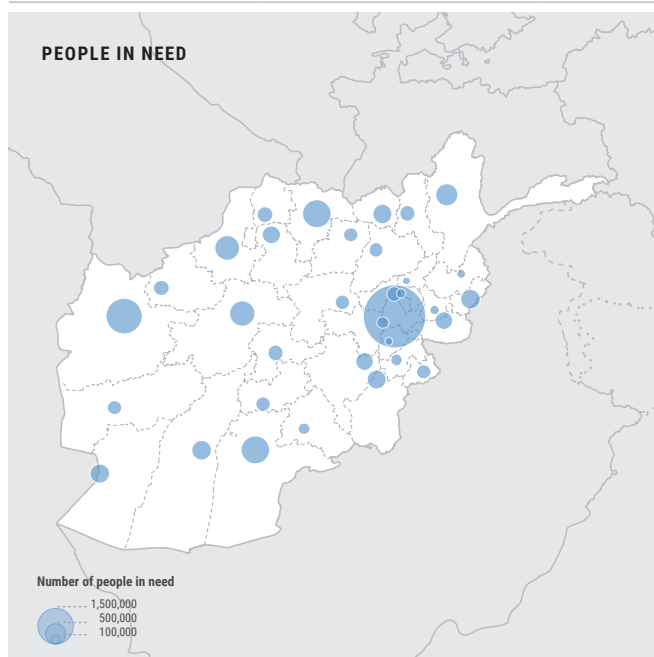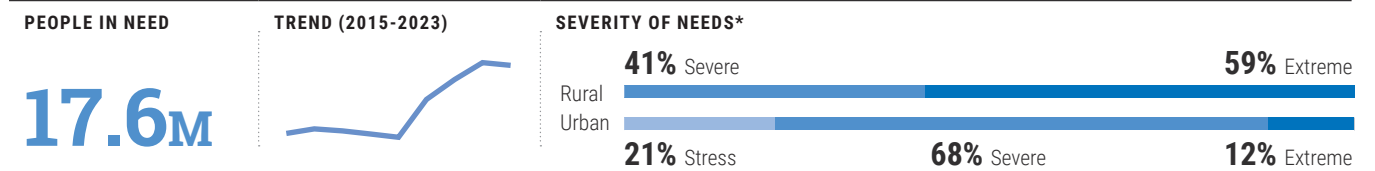
3.5 Nutrition

PEOPLE IN NEED

7.2M

TREND (2015-2023)

SEVERITY OF NEEDS*

Rural
| 3% Stress | 50% Severe | 47% Extreme |

Urban
| 3% Stress | 47% Severe | 50% Extreme |

PEOPLE IN NEED

Number of people in need
- 1,500,000
- 500,000
- 100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5
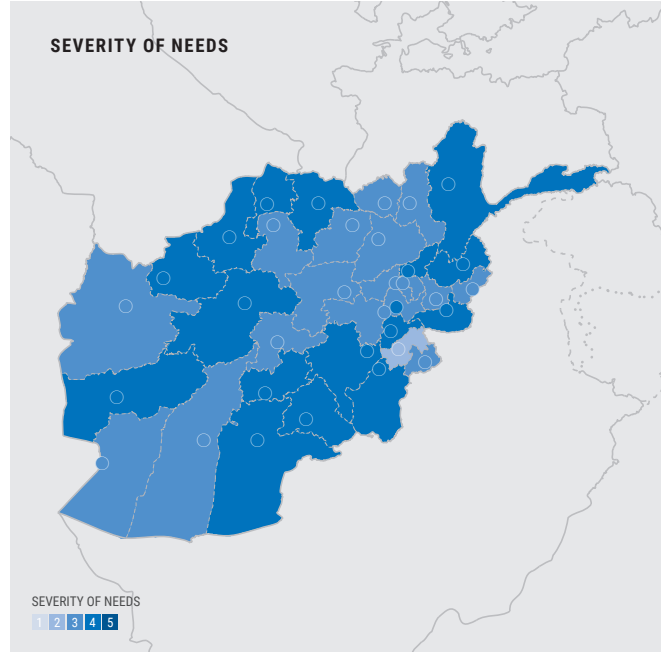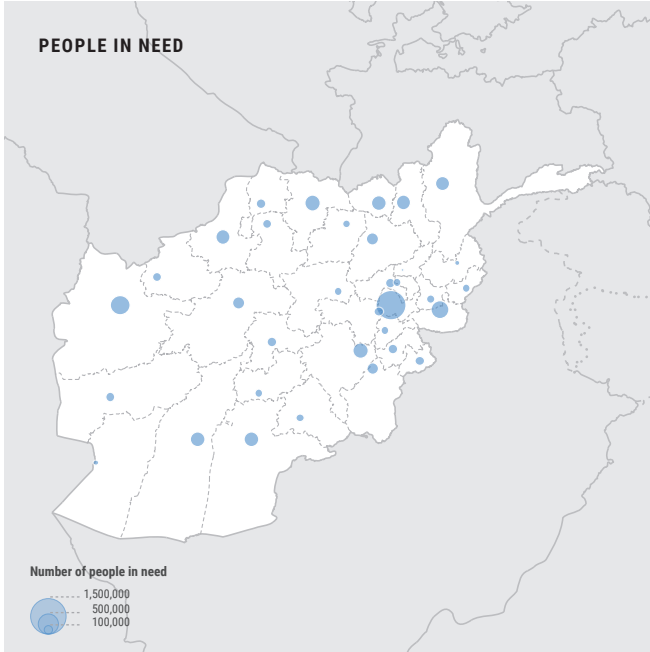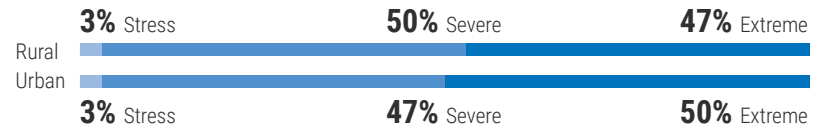
* As a proportion of area

3.6 Protection

PEOPLE IN NEED

20.3M

TREND (2015-2023)

SEVERITY OF NEEDS*

Rural
| 12% Stress | 62% Severe | 26% Extreme |

Urban
| 21% Stress | 62% Severe | 18% Extreme |

PEOPLE IN NEED

Number of people in need
- 1,500,000
- 500,000
- 100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5
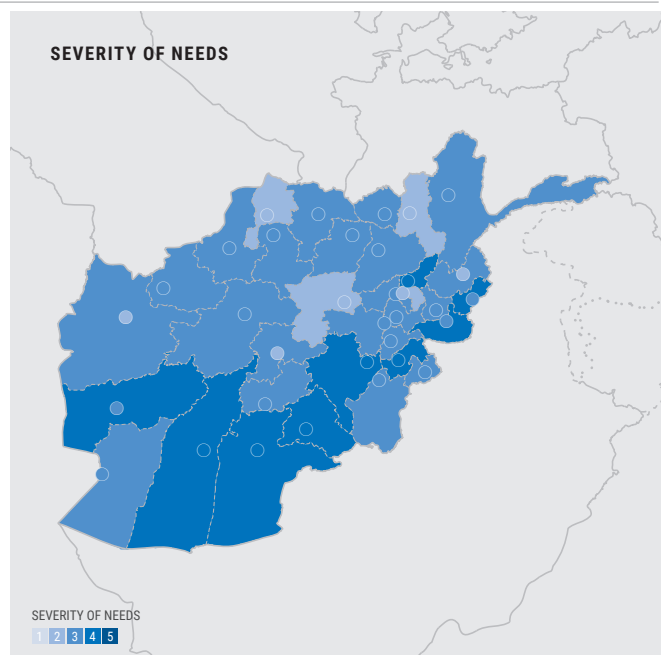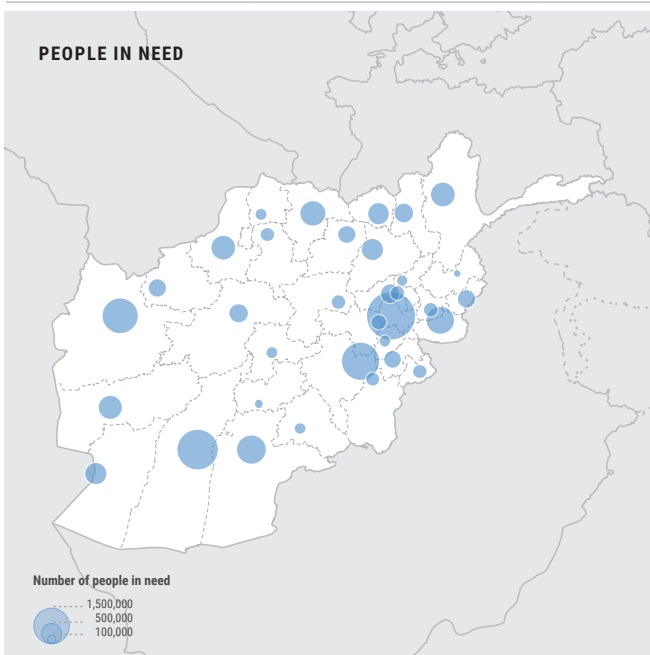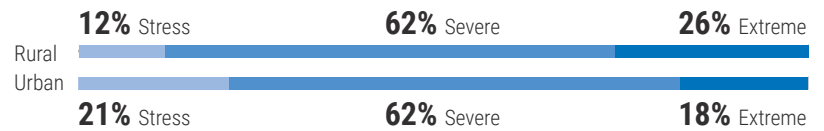
* As a proportion of area

3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED

21.2M

TREND (2015-2023)

SEVERITY OF NEEDS*

Rural
| **18%** Severe | **56%** Extreme | **26%** Catastrophic |

Urban
| **59%** Severe | **41%** Extreme |

PEOPLE IN NEED

Number of people in need
- 1,500,000
- 500,000
- 100,000

SEVERITY OF NEEDS

SEVERITY OF NEEDS
1 2 3 4 5
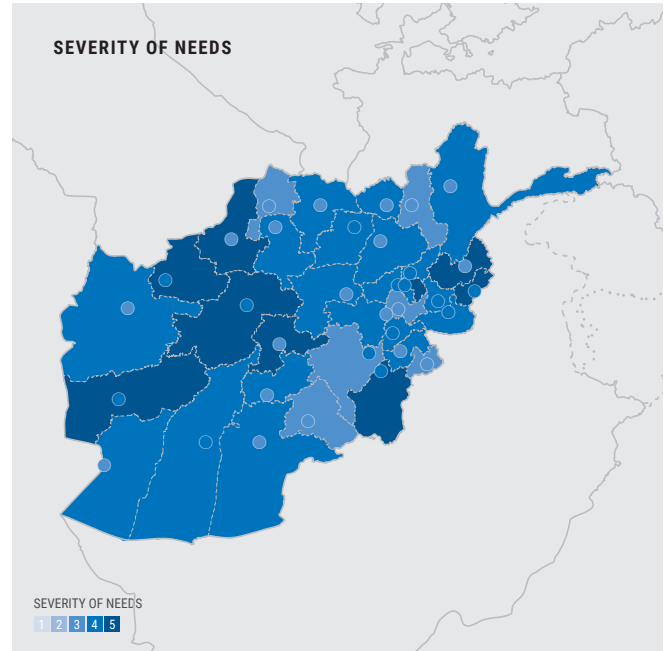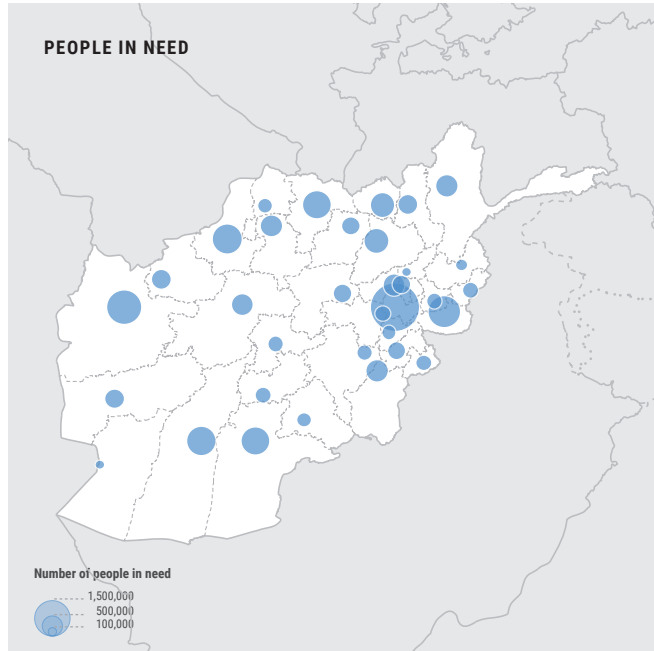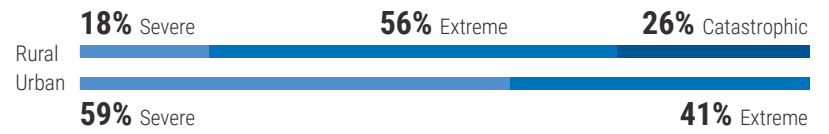
* As a proportion of area

Part 4:
Annexes

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4.1
Data Sources

Whole of Afghanistan Assessment

The fifth annual multisector needs assessment – the WoAA was conducted from August to September 2022 to inform the HNO and response planning for 2023. The WoAA was conducted under the framework of the ICCT and co-facilitated by REACH, in close collaboration with OCHA. NGOs underpinned this effort with 250 enumerators (104 female and 151 male) drawn from REACH and 8 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 45 minutes per household to conduct. Open Data Kit (ODK) was used to collect the surveys.

During this annual multisector needs assessment, some 17,262 households were interviewed despite some access constraints faced by enumerators in Kandahar urban centre where no data was collected. In comparison to previous years, reach to female headed households was vastly improved. It is estimated that approximately 10 per cent of households are headed by women and 23 per cent of WoAA interviews were conducted with women heads of households, while the target for dual-household interviews was also met.

Findings for the household survey have a minimum of 95 percent confidence level and 5 percent margin of error for the general population living in urban areas, rural areas, recent IDPs, recent cross-border returnees, refugees, host community members and women heads of household at the national level. At provincial level, findings are representative with a 90 per cent confidence level and 9 per cent margin of error for urban and rural households and a 90 per cent confidence level and 7 per cent margin of error for

refugee households in Paktika and Khost provinces. The Kandahar Province urban population being the only exception as data could not be collected due to access constraints. Similar precision levels apply for findings on female-head households. Data was disaggregated according to the urbanity, provinces, sex of the head of the household and displacement status.

To enable even further inclusion of women's voices and needs, REACH continued to implement the dual-household interview approach, first used in 2020, whereby a mixed-sex enumerator pair conducts two interviews per household – one with the male head of household and the other with a female adult member of the household – in as many provinces as culturally possible. This approach allows to capture a wider range of perspectives and compare how needs are reported differently by household members. Despite the access constraints in Kandahar urban centre under the new de facto authorities, the WoAA teams conducted 3,370 interviews with female members of households through the dual-household interview approach across 34 provinces (out of 3,400 planned).

Humanitarian Situation Monitoring

Humanitarian Situation Monitoring (HSM) aims to collect and then triangulate information regarding service provision, sectoral needs, and vulnerabilities in Afghan communities, in order to then support geographical and sectoral prioritizations within the 2022 humanitarian response in Afghanistan, particularly in light of the rapidly evolving context in Afghanistan. HSM also seeks to complement the annual household-level 2022 Whole of Afghanistan Assessment, which assesses/validates the multi-sectoral and sectoral needs of target populations in the Humanitarian Needs Overview (HNO), by filling in information gaps and enhancing response capacity for district-level prioritization.

The key-informant-based HSM methodology uses settlements as the unit of analysis, using a structured survey tool to interview key informants about the situation in their settlement. A sampling frame covering all 401 districts in Afghanistan was used, covering a minimum of 10 per cent of total settlements in each district. To achieve geographical spread across each district, at least three key informant interviews (KIIs), in a number proportionate to the number of settlements, were conducted in each Basic Service Unit (BSU). To determine a BSU (defined as an economic/geographic service unit which relies on the same services, i.e., healthcare clinics and schools, and common public spaces, i.e., markets and roads), participatory mapping of settlements and services available was conducted prior to data collection. Any analysis conducted using the data in this file will generate statistically non-representative results, as the key informant methodology is indicative. Analysis regarding BSUs available on request.

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

Food security and other vulnerability calculations in this HNO were heavily reliant on the IPC analysis which is conducted twice a year in Afghanistan. The SFSA was not conducted in 2022 due to issues around securing access for the assessments. Instead, this HNO relied on other comparable datasets with country-wide food security and livelihood indicators. The IPC analysis was conducted twice in 2022 with projection periods between June and November 2022, and November 2022 to March 2023. The IPC analyses of 2022 covered all 34 provinces of the country. The 34 provinces were divided into 45 analytical domains, 34 which were rural areas and 11 which were urban areas/centres.

National Nutrition SMART Survey

Valid and reliable data are crucial for nutrition situation analysis and programming, especially where large scale interventions are needed. The HNO process involved a National Nutrition SMART Survey conducted from April to August 2022, the peak period for admissions for acute malnutrition.

The survey was representative for each province and collected anthropometric data on a random sample of 29,100 children under age 5, and 28,600 women of reproductive age, as well as retrospective mortality data.

Informal Settlements Monitoring (ISETs)

Longer-term displaced and vulnerable internal migrant 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 and 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 effects of COVID-19, and create maps outlining ISET boundaries and infrastructure (not available publicly). The third round of ISET monitoring is expected to be conducted in 2023.

Joint Market Monitoring Initiative

Launched jointly by the Afghanistan Cash and Voucher Working Group 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 the World Food Programme (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 (covering

the period between 06 – 17 December 2022), a total of 663 retail and wholesale trader KIs in markets were interviewed, across 92 districts in 31 provinces.

Awaaz

Awaaz is the collective inter-agency information and feedback service for the humanitarian community that promotes Accountability to Affected Populations (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 multilingual 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, improving affected populations' access to humanitarian assistance, and links callers with established referral systems and provides a complaint-feedback mechanism that can complement individual organizations' feedback mechanisms.

Relaying people's feedback, priority concerns and preferences 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 multidimensional 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 11 months of 2022, Awaaz handled more than 63,000 calls (21 per cent from female callers and 5 per cent from children) across all 34 provinces. All data collected by Awaaz is published on its interactive dashboard each month.

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 organizations' 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 quarterly mapping exercise by GiHA and Ground Truth Solution which conducts phone-based key informant interviews to map shifts in social practices and access to services for women and girls in Afghanistan.

Additionally, between June and July 2022, OCHA conducted its first Female Participation Mapping Exercise across the country to better understand the challenges national female staff are experiencing in humanitarian action since the take-over by the de facto authorities in August 2021. The exercise was composed of quantitative and qualitative components – convening focus group discussions (FGDs) with national female and male staff (separately) from UN agencies, and international and national non-governmental organizations operating across the eastern, central, central highlands, north-eastern, northern, southern and western regions. Data was collected through 24 FGDs covering 19 provinces throughout June and July 2022. In total, 200 female humanitarian workers participated across Badakhshan (17), Badghis (9), Bamiyan (18), Hirat (24), Kabul (48), Kandahar (17), Kunduz (16), Mazar (11) and Nangarhar (40) provinces in addition to 145 men. Of the 24 FGDs held, all bar two – one male FGD in Jalalabad and Kandahar City each – were conducted in the local Dari and Pashto languages.

Displacement Tracking Matrix (DTM)

IOM-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 30 April 2022, 34 provinces, 401 districts and 14,107 settlements have been assessed, including interviews with 86,201 key informants. Between 2012 and April 2022, 5,737,462 returnees and 5,894,220 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.

For the first time, the DTM conducted a response-wide community perceptions survey in December 2021, with the participation of 7,316 respondents (0.4 per cent female and 95.6 per cent male) across all the provinces of Afghanistan. The survey aimed to support the AAP Working Group and Prevention of Sexual Exploitation and Abuse (PSEA) Task Force to improve system-wide accountability through advocating community views and aspirations to humanitarian responders. DTM will continue to explore opportunities to regularly conduct community perceptions survey to complement data to AAP Working Group and PSEA Task Force in 2023 to further amplify community voices in crises.

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 harmonized 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
1,477

PLANNED ASSESSMENTS
23

PARTNERS
107

TYPE OF ASSESSMENT
Multi-sector
Cluster Specific
MRAT/RAF

	Education	ES-NFI	FSAC	Health	Nutrition	Protection	WASH	MRAT/RAF	Multi-sector	**Total**
Capital	1	4	1	14	1	6	28	114	7	**176**
Central Highland	1	6	1	8	1	2	1	8	7	**35**
Eastern	1	9	1	13	1	5	35	573	7	**645**
North Eastern	1	7	1	12	1	5	8	56	7	**98**
Northern	1	8	1	13	1	8	2	22	7	**63**
South Eastern	1	5	1	12	1	4	16	384	8	**432**
Southern	1	9	1	11	1	6	4	86	7	**126**
Western	1	7	1	11	1	6	12	60	7	**106**
Total	**1**	**19**	**1**	**29**	**1**	**11**	**104**	**1,303**	**8**	**1,477**

Assessments type by sector

SECTOR	TYPE OF ASSESSMENT	LEAD
Multi-sector	Whole of Afghanistan Assessment 2022 (WoAA)*	REACH
Multi-sector	Mid-year Whole of Afghanistan Assessment 2022 (WoAA)*	REACH
Multi-sector	Camp Coordination and Camp Management (CCCM) Informal Settlements (ISETs) Mapping and Profiling Toolkit*	REACH
Multi-sector	Humanitarian Situation Monitoring (HSM)*	REACH
Multi-sector	Joint Market Monitoring Initiative (JMMI)*	REACH
Multi-sector	Paktika Earthquake Damage Assessment	REACH
Multi-sector	Awaaz Humanitarian Helpline*	Awaaz
Multi-sector	Baseline Mobility Assessment*	IOM (DTM)
Multi-sector	Multi-Sector Rapid Assessment Tool (MRAT)*	Multiple
Multi-sector	Multi-Sector Rapid Assessment Form (MS-RAF)*	IOM
Education	School Census	UNICEF
ES-NFI	ES-NFI Rapid Assessment Mechanism (RAM)*	REACH
ES-NFI	South East Afghanistan Earthquake Rapid Technical Field Assessment	Miyando International

SECTOR	TYPE OF ASSESSMENT	LEAD
ES-NFI	Rental Assessment of Key Urban Markets	REACH
ES-NFI	ES-NFI Post Distribution Monitoring*	DRC
ES-NFI	Winterisation Post Distribution Monitoring**	REACH
ES-NFI	CCM-WG: Site Profliling, Establishment of Site Management Committees*	DRC
ES-NFI	CCCM-WG: Community Mapping Exercise*	ACTED
FSAC	IPC Acute Food Insecurity Classification	FSAC
FSAC	Pre-Lean Season Assessment***	FSAC
FSAC	Seasonal Food Security Assessment***	FSAC
Health	Hospital Assessment through SARA Tool**	AKHS
Health	Baseline Health Assessments**	CARE
Health	Health Needs Assessment Survey, Nangarhar & Laghman Provinces, Afghanistan	CWSA
Health	Protecting and improving healthcare: Community insights from Afghanistan***	GTS
Health	Assessing MHPSS and Physical Rehabilitation Needs in Barmal, Gayan, and Zeruk Districts in the aftermath of the earthquake	Humanity & Inclusion
Health	Assessing Physical Rehabilitation Needs and Services in Bamyan	Humanity & Inclusion
Health	Mapping of Physiotherapists Working in Afghanistan***	Humanity & Inclusion
Health	Need Assessment on Physical Rehabilitation (PR), Armed Violence Reduction (AVR) and Mental Health and Psychosocial Support (MHPSS)	Humanity & Inclusion
Health	Post Distribution Monitoring	Humanity & Inclusion
Health	Hospital Resilince Supprot Hospitals Programme (HRSP)**	ICRC
Health	Vaccine Hesitency Survey***	INTERSOS
Health	Analysis of Afghanistan Household Survey (AHS) 2018 Aimed at Understanding the Regional Variations in the Use of Family Planning Methods	ORCD
Health	MHPSS Study	PU-AMI
Health	Third Party Monitoring of BPHS/EPHS	RHDO
Health	COVID-19 Vaccination Knowledge, Attitude and Practice Population-Based Survey in Parwan Province**	SCA
Health	Child Marriage Assessment**	UNFPA
Health	Youth Health Corners and Youth Health Line Assessment**	UNFPA
Health	Frontline service readiness assessments (Jan-Mar 2022) Strengthening real-time health services tracking and monitoring in the context of the COVID-19 pandemic	WHO
Health	Health Resources and Services Availability Monitoring System (HeRAMS)**	WHO
Health	National Survey of Blood Bank Facilities**	WHO

SECTOR	TYPE OF ASSESSMENT	LEAD
Health/WASH	WASH assessment in health care facilities***	WHO
Nutrition	Nutrition Smart Surveys*	AAH, ATR, PU-AMI
Nutrition	IPC Acute Malnutrition Classification*	Nutrition Cluster
Protection	Threat of forced eviction for private renters	NRC
Protection	Assessment on HLP needs in Balkh and Dawlatabad districts	PIN
Protection	Nature of HLP disputes since August 2021***	NRC
Protection	HLP profiling of informal settlements	UN-Habitat
Protection	Protection clusret join needs assessmsnt for earthquake response	UNHCR/IRC
Protection	Quarterly Protection Monitoting*	UNHCR and partners
Protection	My future looks bleak – Children's lives one year since the Taliban take-over	SCI
Protection	Child Protection Rapid Assessment for extending CP in emergency services to children in street sitautions	ACTED
Protection	CP AOR Data Protection Impact Assessment Report for the Proposed Inter-Agency CPIMS+ in Afghanistan	SCI
Protection	Child Protection Rapid Assessment for the Paktika and Khost province earthquake response	UNICEF
WASH	WASH Needs Assessments for People Affected by Conflict, Natural Disasters and AWD	APWO, ASLO, CICA, DACAAR, SI, WVA
WASH	Water Point Functionality Assessment	MEDAIR

* Assessments also planned for 2023
** Ongoing assessments
*** Planned assessments

4.2
Methodology

Joint Intersectoral Analysis Framework

In line with global guidance, the Humanitarian Country Team (HCT) and ICCT have used the JIAF to analyse and calculate the number of people in need (PiN) in 2023. 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 impact of the crisis. Data sources included nationwide multisectoral assessments such as the Whole of Afghanistan, 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. Protection needs were mainstreamed throughout the analysis, 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 39 sectoral and multisectoral needs indicators. These came from multiple sources, including several nationwide multisectoral 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 2023 were used as the basis for all calculations.

This is the third 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 PiN (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 PiN for 2023, 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 PiN exceeds 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 35 per cent of the 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 acute needs (both urban and rural) (IPC3+)
- People with disability was calculated based on WoAA findings showing that 15 per cent of households have at least one member with a disability.

The Education Cluster relied mainly on the following data sources to estimate the needs for the sector: 2022 Whole of Afghanistan data; EMIS data; IPC analysis and 5W Dashboard. 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.

Emergency Shelter and NFI

The ESNFI Cluster employed a needs analysis approach that utilized more up-to-date data and covering a broader range of vulnerability thresholds. For vulnerable people with humanitarian needs, the Cluster considered families in IPC 3 and above. Based on the WoAA results, key indicators that highlighted the ESNFI needs at the provincial level were factored into the overall population figures for the 2022 planning. This included:

- Households needing shelter repair/ upgrade assistance
- Households with either inadequate heating sources or heating sources
- Households needing NFIs
- Households that have rent as their primary reason for taking on debt

- Households living in emergency shelters, open spaces, makeshift shelters, or collective centres as part of the analysis for transitional shelter needs

- Winterization needs analysis was limited to medium and high priority districts based on the severity of the winter season by mean temperatures of less than 15 degrees Celsius. There were prioritized and considered to need winterization assistance during the winter season.

For analysis of mean temperature per district during the winter season (December – March), the cluster analysed 10-year data (2012-2022) from NASA Land Processes Distributed Active Archive Center (LP DAAC).

Food Security and Agriculture

The FSAC PiN was developed primarily through the twice-yearly IPC analysis, with the addition of needs analysis on other vulnerable groups such as refugees, returnees, and shock-affected non-displaced people (primarily impacted by sudden-onset natural disasters). IPC analysis is the major set of data which is used for identifying the number of people needing food and livelihoods assistance across the country. Additionally, WoAA assessment data, FAO DiEM hub, Agriculture Prospect Report data, nutrition SMART survey, precipitation data, market price data and FSAC partners localized assessments and response data were all used to conduct the IPC acute food insecurity analysis. The WoAA dataset was used as the main data source for the latest IPC analysis in October 2022, with the data being collected from a sample of 17,262 households (77 per cent male headed households and 23 per cent woman-headed households) across all 34 provinces. The findings are highly representative at national and provincial levels.

Health

The Health Cluster calculated its sectoral number of people in humanitarian need by following the Global Health Cluster (GHC) Guidance. To better analyse the severity of needs, the cluster relied on several data sources, including the 2022 WoAA assessment, WHO surveillance data, Nutrition SMART survey data,

IPC analysis, District Health Information Software 2 (DHIS2), and the Health Resources and Services Availability Monitoring System (HeRAMS).

The following indicators were identified to produce data on health services and health status at the provincial level and urban and rural:

- Coverage rate of the combined diphtheria, tetanus toxoid and pertussis vaccine (DPT3)
- Coverage rate of children receiving measles vaccination
- Per cent of population that can access primary healthcare within one hour of walking from dwelling
- Percentage of health facilities that are non-functional
- Percentage of births assisted by a skilled health staff
- Per cent of population that can access emergency care within 24 hours of sustaining an injury
- Prevalence of Global Acute Malnutrition (GAM)
- Barriers to access health services
- Incidence rate for most common diseases
- Percentage of households that have access to sufficient quality and quantity of water for drinking, cooking, bathing, washing or for other domestic use
- IPC analysis data

The thresholds provided above are based on minimum standards, many of which have been taken from the Sphere Standards or WHO guidelines/ standards. Population projections were used to disaggregate PiN by population groups and gender.

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 and contextual knowledge for the geographic region covered by the HNO.

Nutrition

The Nutrition Cluster conducted the NNS between April and August 2022 during the peak period for admissions, as well as an IPC AMN analysis that brought 35 nutrition stakeholders together, including subnational Nutrition Cluster Coordinators, for a 4-day training and a 7-day IPC analysis workshop.

The Nutrition PiN was calculated using the globally accepted Nutrition Cluster Caseload calculation tool which includes both prevalent and incident cases, and then accumulated to get the national figure. Conservatively, the cluster used a correction factor of 2.6 to account for the incident cases. The combined prevalence of acute malnutrition based on weight for height and MUAC measurements was used for the PiN estimate; the worst-case scenario based on the confidence interval was used, in accordance with the guidelines for IPC Acute Malnutrition.

Protection

The Protection PiN was calculated using data from the 2022 WoAA Assessment, particularly the number of respondents indicating that a member of the household has experienced any protection incidents. The cluster also relied on JIAF needs severity indicators, protection data analysis and protection assessments. The total cluster PiN figure was derived based on the cumulative figure of all the previously mentioned population groups based on OCHA data as well as taking the maximum number of people in need at the provincial level from the protection sub-clusters. For the narrative analysis, the cluster drew on a range of research and analysis from WoAA assessment and protection partners, as well as protection monitoring reports, quarterly protection analysis updates (PAU), HCT advocacy messages and human rights reports published by the United Nations Assistance Mission in Afghanistan (UNAMA), among others.

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

Using the JIAF needs severity indicators for child protection, the Child Protection in Emergencies (CPiE) Sub-Cluster calculated the severity scales according to province and estimated the overall PiN figure based on severity ranking. The following indicators were used:

- Percentage of households reporting barriers to education access for children (aged 6 – 17 years), per barrier type and gender
- Percentage of households with individuals experiencing any behavioural changes in the past year
- Percentage 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

The CPiE Sub-Cluster also used proxy indicators from education related to child marriage, security concerns, lack of documentation, and girls' education.

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 WoAA and DHS data. Provinces were ranked on a scale from 1 to 5, with 5 being the highest. The severity ranking was in turn applied on OCHA data. Given the high GBV needs across the country, no provinces were given a severity ranking of 1 or 2. Severity class 5 provinces were selected as those for which at least two of the following three indicators had 'severe' JIAF ranking higher than the national average:

- Percentage of households reporting "marriage of daughters earlier than intended" due to lack of food or income to buy food in the last 30 days.
- Percentage of households having access to a sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use.
- Percentage of households reporting areas where women and girls feel unsafe.

Severity class 4 provinces were selected based on the expert judgment of the Strategic Advisory Board (SAG) members and GBV partners from different provinces. The remaining provinces were categorized as severity class 3.

For provinces with the severity class 5, 60 per cent of women, 60 per cent of girls, 8 per cent of men and 8 per cent of boys were selected for the PiN calculation. For provinces with the severity class 4, 48.75 per cent of women, 48.75 per cent girls, 6.5 per cent men and 6.5 per cent boys were selected to be included in the PiN calculation. For severity class 3 provinces, 22.5 per cent women, 22.5 per cent girls, 3 per cent men and 3 per cent boys were selected for the PiN calculation. The total GBV Sub-Cluster PiN is therefore the sum of the number of women, girls, men and boys across all severity 5, 4 and 3 provinces. Furthermore, women are particularly prioritized as they face heightened risks of multiple forms of GBV, including spousal abuse.

For HLP, the PiN was calculated from the 2022 WoAA 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 Sub-Cluster IMSMA was used to determine the number of people living within 1 km of legacy hazards and improvised mines and classified them as needing Explosive Ordnance Disposal (EOD) Survey, Explosive Ordnance Risk Education (EORE) and Clearance. The IMSMA database is used worldwide to record MA-related information. The Mine Action Sub-Cluster also considered IDPs –based on the 2023 projected data provided by OCHA – in need of EORE and EOD services, cross-border returnees (documented and undocumented) – based on IOM and UNHCR projected data for 2023 – in need of EORE, and people injured by explosive ordnance as part of their PiN calculation. For the severity scale of provinces, the Mine Action Sub-Cluster applied two indicators: people living within 1 km of explosive hazards; and people getting killed or injured by explosive ordnance in 2020 and 2021.

Finally, General Protection relied on four indicators and severity ranking (1 to 5). The following four indicators were used:

- Percentage of households with a member experiencing a protection incident in the past three months
- Percentage of households with individuals experiencing any behavioural changes in the past year
- Percentage of households by member ownership of tazkira (Afghan identity card)
- Percentage of households with a vulnerable head of household: women, elderly and/or with a disability

Water, Sanitation and Hygiene

The number of people needing WASH assistance was based on three indicators, with each one carrying the same weight (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 WoAA report. The needs were disaggregated by urban and rural, and the data was triangulated with the pre-lean season assessment (PLSA) from February 2022, the Joint Monitoring Programme (2022) and the water coverage per province as share by the Ministry of Rural Rehabilitation and Development (MRRD). The overall WASH PiN was produced by taking the average of the sub-sectoral WASH needs and disaggregating the figure according to population groups at the rural and urban provincial level.

4.3
Information Gaps and Limitations

Whole of Afghanistan Assessment and Humanitarian Situation Monitoring (HSM).

In 2022, the WoA Assessment continued to be one of the few multi-sectoral assessments that could be conducted to a sufficient scale to inform the 2023 HNO. The assessment covered all 34 provinces and achieved representative results for all urban and rural areas, with the exception of Kandahar city due to access constraints. As such, no data is available to reflect the needs situation of the Kandahar urban population.

Comprehensive gender analysis

There are persisting gaps in terms of available sex and age disaggregated data 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 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

Partners were unable to conduct the SFSA in 2022 due to issues around securing access for face-to-face assessments. Some of the data normally provided by government bodies, including import data and some cash crop production, was not available for this analysis. IPC analysts used assumptions based on their contextual knowledge and other secondary data.

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 WoAA Assessment and other multisectoral 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 2023. The ICCT has committed to also better monitor perceptions of response from people with physical and mental disability.

Community feedback and 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 revitalization 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 supporting clusters to put in place AAP indicators. The working group has developed a broader list of perception indicators for 2023. Other efforts will also be extended to better understand people's information needs and preferences. The AAP Working Group is working to establish an interagency community feedback and accountability platform – an analytical platform to monitor the needs and priorities of affected communities in real-time – to help support clusters and partners to course correct their programmes periodically. This aims to improve system-wide accountability in Afghanistan by putting affected people at the centre of humanitarian action.

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 11 months of 2022, Awaaz

handled more than 63,200 calls (21 per cent from female callers and 5 per cent from children). On average, the call centre was able to handle around 5,700 calls per month out of 160,000 incoming volume of calls from 51,000 unique numbers. The highest call volumes came from Kabul, Nangarhar, Kandahar, Kunduz, Hirat and Mazar-e-Sharif provinces. While there remains gaps to attend all calls due to limited capacity, Awaaz aims to scale up its operation in 2023. 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 2022 WoAA results showed that 77 per cent of respondents were not aware of any feedback or complaint mechanism, similar to the 79 per cent in 2021, to reach aid providers existing in the country. Of the 23 per cent who knew of one, only 13 per cent were aware of Awaaz.

Sector-specific information gaps

Education

To date, the data from the nationwide school census conducted by UNICEF had not been fully analysed and was unable to comprehensively feed into this HNO process. Once available and analysed, the school census information will help to paint a complete picture on education in Afghanistan, including information on the availability of schools, teachers, the number of children enrolled in the education system, and school infrastructure. This information will help to fill the information gap on the development side as the Education Management Information System (EMIS) – which provides data on the state of education in Afghanistan – remains to be updated. Planning for the 2023 data collection modelled on the EMIS dataset is underway for 2023 to help support further prioritization and planning.

Emergency Shelter and NFI

According to reports, vulnerable people are returning to areas of origin and communities are helping to support large numbers of returnees who need 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 ESNFI Cluster will continue to use the Rapid Assessment Mechanism – introduced by the cluster in 2021 – as well as a socioeconomic survey and safety audit to determine the scope of assistance needed for this group.

Food security and agriculture

Food insecurity needs are being assessed on a regular basis through the twice-yearly IPC analysis which allows for up-to-date trend analysis of food insecurity needs. Through the combination of the WoAA assessment and DiEM, it is possible to conduct complementary and mutually reinforcing coverage and knowledge of the food insecurity needs at the provincial level. While the WoAA assessment contained all core food security indicators, the absence of an annual SFSA – due to issues around securing access to conduct face-to-face assessments – prevented the availability to further triangulate information and conduct more in-depth analysis. Additionally, there remains a lack of district-level data to allow for more granular analysis.

FSAC faced significant challenges in 2022 in terms of data collection, particularly in conducting the face-to-face SFSA resulting in the cluster using alternative datasets feeding into the IPC analysis. FSAC, with the support of OCHA, will further engage relevant stakeholders to enable the SFSA to be conducted in 2023. In 2023, there is also a need to improve the capacity of both the FSAC and Nutrition Clusters to capture information on food utilization and provincially representative anthropometric data. Similarly, FSAC will work with the WASH Cluster to collect information on water availability for agriculture and livestock production. The seasonality of agriculture production, pasture conditions and livestock produce that are captured through DiEM assessments will continue in 2023.

Health

Some of the health indicators considered for the PiN calculation and severity of needs were not available to allow for the disaggregation urban and rural areas which made the analysis of needs difficult. This will lead partners facing difficulties in reporting the data disaggregated by urban and rural. Health Cluster will mitigate these challenges by providing trainings for partners and by adjusting the reporting tools. The current mortality data in Afghanistan – which is important indicator to analyse the severity of health needs across the country – remains outdated. In 2023, the Health Cluster will advocate for a Demographic Health Survey (DHS) to be conducted as the DHS has previously been delayed due to the COVID-19 pandemic and recent political changes across the country. An updated DHS will support with improved situation analysis and health planning. The cluster aims to conduct mapping of health resources and health services using the Health Resources and Services Availability Monitoring System (HeRAMS) twice per year.

Nutrition

The current estimates were based on the NNS using the SMART methodology and the national IPC acute malnutrition analysis. As per the SMART methodology quality scoring system, the survey results ranked high (good or excellent quality). Furthermore, the evidence level of the contextual data used for the IPC AMN analysis was rated 2 (medium) for 13 provinces and 3 (high) for 21 provinces, on a scale from 1 to 3. However, at the time of the data analysis, results from three provinces were not available due to delays in data collection. The data used for these provinces came from expert consensus during the IPC analysis based on previous survey data and historical contextual data. In addition to scaling up the facility and community-based sentinel sites as part of the surveillance system, the NNS will be repeated in 2023. The Nutrition Cluster will ensure the same level of quality data and timely implementation in 2023.

Protection

The restrictions of female participation in the workforce after 15 August have affected data collection, access and response to women and girls needs who were already marginalized. This constitutes the highest gap and limitation to the overall protection response.

The criticality of the protection situation demands additional capacity-building efforts, for staff to be able to more effectively deal with monitoring and data collection. Protection partners would require additional training and updating of guidelines and tools to enable them to appropriately document, report

and respond to the most severe protection risks, as well as identify priority critical protection issues for advocacy. Limited coordination between the cluster and other humanitarian sectors, including lack of updated and harmonized guidelines and information-sharing protocols, affects the Protection cluster's ability to rapidly step up its programming and response to protection needs. In 2023, the cluster will focus on developing harmonized guidance and Standard Operational Procedures (SOPs) to improve referral and reporting mechanisms to better link with relevant stakeholders.

There is no safe and ethical information management system or protocol for GBV in the country for ensuring that minimum standards are followed for interagency sharing of sensitive GBV data. Due to 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 assessing the feasibility of rolling out the GBVIMS in Afghanistan, while at the same time working on the creation of context-adapted guidelines for data protection. The GBVIMS is a globally recognized information management system through the Primero platform, an open-source software platform that helps humanitarian and developments 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 2023. Lastly, key data gaps for needs analysis include women and girls with disabilities. Overall, there is limited reach to women and girls for various assessments conducted at country level. The GBV sub-cluster will continue to update 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.

While the information collected through the 2022 Multisectoral Needs Assessments (MSNA) is detailed and contains all the relevant information needed by the Child Protection Sub-Cluster, the data is only collected at the provincial level. There is a need for more granular data at the district level to better understand the child protection needs across the country. Additionally, there is a need to expand the list of JIAF indicators to ensure that sector-specific needs are better captured.

Significant data gaps impacting HLP Sub-Cluster analysis include a lack of data from the past year on informal settlements, including profiles and intentions of residents. The HLP Sub-Cluster has been drawing on less recent data in the context of analysing threat of forced evictions by de facto authorities of IDP informal settlements on public land. REACH is planning to conduct another profiling assessment of informal settlements in late 2022 or early 2023, which would serve to update this data for 2023 operations. Through the HLP Sub-Cluster, an assessment will be conducted relating to informal settlements between late 2022 and early 2023. Another data gap is widespread data across the country on the nature of HLP disputes that the population is currently facing and the formal and informal institutions governing HLP rights following the takeover of the government in 2021. The HLP Sub-Cluster is also contributing to update of protection monitoring tools within the Protection Cluster to attempt to improve the nature and quality of data collected relating to HLP needs of the population in 2023. Assessments on HLP disputes since August 2021 are ongoing, with a report due to be disseminated in between late 2022 and early 2023.

Partial information is available on 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 mine action surveys. A systematic country-wide landmine survey is required to record this in a comprehensive way. While the United Nation Mine Action Service (UNMAS) launched a national explosive contamination survey in early 2022 to address data gaps, the progress of the multi-year assessment is dependent on funding availability in 2023 and 2024, until the entire country has been surveyed. The Mine Action Sub-Cluster will continue to advocate for funding in 2023. The Mine Action coordination system was severely impacted following the Taliban takeover in August 2021, including IMSMA capability and continuity. Funding support will allow the continuation of the IMSMA

system and ensure that mine action information is verified and processed into the system. Funding advocacy around the continuation of the IMSMA system will continue in 2023.

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 and rural contexts. This gap is planned to be filled through the formalization of partnerships with the UWASS-SoC (Urban Water Supply and Sewerage State Owned Corporation) and with the unions of the urban water vendors, as well as planned mapping and surveying of functional water points in 2023.

There is need for robust quantitative and qualitative data/analysis on ground water monitoring, defining what constitute early warning, temporal and spatial

distribution of aquifer monitoring wells and qualitative aspects of protected and unprotected sources. 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 AWD outbreaks.

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. The cluster will also continuously be monitoring the movement trends especially from rural to urban with ongoing drought in the country moving to 2023 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

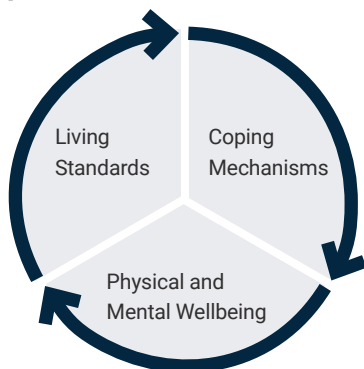| Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

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

Humanitarian conditions

People in need

Severity of needs

Living Standards

Coping Mechanisms

Physical and Mental Wellbeing

1 2 3 4 5
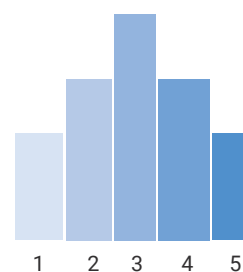
Current and forecasted priority needs/concerns
By relevant age, gender and diversity characteristics

The JIAF Severity Scale

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

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	Area
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	Area
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	PENTA3 Coverage in <1 year old)	DHIS2	District/ Province
14	Humanitarian Conditions	Physical and mental wellbeing	Measles Coverage (< 2 years old)	DHIS2	District/ Province
15	Humanitarian Conditions	Physical and mental wellbeing	Percentage of births assisted by a skilled attendant/health personnel	DHIS2	District/ Province
16	Humanitarian Conditions	Living standards	% of population that can access health faciltiy, by habitual mode of transportation	HH survey	HH
17	Humanitarian Conditions	Physical and Mental Wellbeing	IPC Acute Malnutrition Classification (Nov 2022 - Apr 2023)	SMART	Province

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	Atleast 3 esential 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	Not adopting coping strategies	Stress coping strategies	Crisis coping strategies	Emergencies coping strategies	No Criteria
SFSA	FES <50%	FES 50 - <65%	FES 65 - <75%	FES >75%	No Criteria
DHIS2	100% +	80% - 99.9%	70% - 79.9%	50% - 69.9%	0-49.9%
DHIS2	100% +	80% - 99.9%	70% - 79.9%	50% - 69.9%	0-49.9%
DHIS2	>=66% -100%	>=48% - <66%	>=31 - <48%	>0% - <31%	0%
WoA	<30 minutes	< 1 hour	< 3 hours	3 or more hours	No criteria
SMART	1	2	3	4	5

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
18	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.	SMART	Province
19	Humanitarian Conditions	Living standards	% of Children 6-23 months with minimum acceptable diet	HH survey	HH
20	Humanitarian Conditions	Physical and mental wellbeing	# of civilian casualties from mines, including VOIEDs and ERWs, in 2020 and 2021		Area
21	Humanitarian Conditions	Physical and mental wellbeing	% of households with a member experiencing a protection incident in the past 3 months	HH survey	Area
22	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
23	Humanitarian Conditions	Coping mechanisms	% of household have individuals experiencing any behavioral changes in the past year	HH survey	HH
24	Humanitarian Conditions	Living standards	% of households by member ownership of tazkira	HH survey	HH
25	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
26	Impact	Impact on people	% of HHs in need of shelter repair /upgade assistance (Refer to shelter damage severity)	HH survey	HH
27	Humanitarian Conditions	Living standards	% of HHs in need of NFIs (Refer to number of items per HH)	HH survey	HH
28	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	HH
29	Humanitarian Conditions	Coping mechanisms	"% of households in debt due to rent	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
SMART	<2.5%	2.5-4.9%	5.0-9.9%	10.0-14.9%	≥15.0%
WoA	≥70%	40-70%	20-40%	10-20%	<10%
DMAC	Below 25	25-49	50-99	100-199	200-400
WoA	< 20%	21%-30%	31%- 40%	41%-50%	> 50%
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
WoA	Permanent shelter with poor and robust material and mud houses	Leaks during heavy rain, presence of dirts (removeable and noe removeable)	Limited ventilation, living in transitional shelter build of sun dried bricks, leaks during light rain	Live in unfinished shelters, partially built concrete houses, presence of dirts, lack of water supply, lack of sewage system	Unsafe (doros or windows broken, cracks in roof or walls), live in open space, live in tents, total collapse or shelter too damaged for living
WoA	No damage	Leak during heavy rain	Partial damage (broken windows, doors, small cracks etc), leaks during light rain	Significant damage (damage to foundations, roof, walls etc), limited ventilation,	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 (bush, animal dung)	(2 blankets per HH member) AND (waste paper, carton, plastic) OR (1 blankets per HH member)	(Less than 1 blankets per HH member) AND (no_source)
WoA	No debt or HH has debt but primary reason for debt is not Rent	HH has debt and primary reason is rent and debt < 6000 Afs	(HH has debt and primary reason is rent) and (6,000 Afs <= debt < 12,000 Afs)	(HH has debt and primary reason is rent) and (12,000 Afs <= debt < 18,000 Afs)	(HH has debt and primary reason is rent) and (18,000 Afs <= debt)

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
30	Humanitarian Conditions	Living standards	% of households without access to sufficient handwashing facilities	HH survey	HH
31	Humanitarian Conditions	Living standards	% of HHs without access to a sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use	HH survey	HH
32	Humanitarian Conditions	Living standards	% of households without access to a functional and improved sanitation facility	HH survey	HH
33	Humanitarian Conditions	Living standards	% of children under 5 reported to experience AWD in the past two weeks	HH survey	Area
34	Humanitarian Conditions	Living standards	% of households reporting areas where women and girls feel unsafe	HH survey	HH
35	Humanitarian Conditions	Living standards	% of households reporting areas where women and girls feel unsafe to access WASH facilities (latrines and bathing AND/OR water points)	HH survey	Area
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
38	Humanitarian Conditions	Living standards	% of Households with a vulnerable Head of Household (women, elderly (>65y), HoH with a disability)	HH survey	Area
39	Humanitarian Conditions	Physical and mental wellbeing	# of people living within one kilometre of known explosive hazards		Area

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
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
WoA	Uses an improved sanitation facilty 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	<10%	10-15%	15-20%	20-25%	>25%
WoA	>=90%	80-89%	70-79%	60-69%	<=59%
WoA	No Barriers	1	2	3	>=4
WoA	0%	1%-4%	5%-9%%	10% and above	No criteria
DMAC	Below 25,000	25,000 - 99,999	100,000 - 199,999	200,000 - 399,999	400,000 - 800,000

4.4
Acronyms

AAP	Accountability to Affected People
AAWG	Assessment and Analysis Working Group
ADHD	Attention Deficit Hyperactivity Disorder
ANDMA	Afghanistan National Disaster Management Authority
AFN	Afghani (currency)
AoO	Area of Origin
AoR	Area of Responsibility
AWD	Acute Watery Diarrhoea
BMA	Baseline Mobility Assessment
BPHS	Basic Package of Health Services
BSU	Basic Service Unit
CAAFAG	Children Associated with Armed Forces and Armed Groups
CBE	Community Based Education
CCCM	Camp Coordination Camp Management
CCHF	Crimean Congo Haemorrhagic Fever
CEFM	Child Early and Forced Marriage
CMAM	Community-based Management of Acute Malnutrition
CPiE	Child Protection in Emergencies
CSO	Civil Society Organisation
CVA	Cash and Voucher Assistance
CVWG	Cash and Voucher Working Group
DEEP	Data Entry and Exploration Platform
DHS	Demographic Health Survey
DF	Dengue Fever
DFA	de facto authorities

DRIVE	Documentation Renewal and Information Verification Exercise
DTM	Displacement Tracking Matrix
HSM	Humanitarian Situation Monitoring
EMIS	Education Management Information Systems
EiEWG	Education in Emergencies Working Group
EOD	Explosive Ordnance Disposal
EORE	Explosive Ordnance Risk Education
ERW	Explosive Remnants of War
EVAW	Law on Elimination of Violence against Women
ES-NFI	Emergency Shelter and Non-Food Items
FAO	Food and Agriculture Organisation
FCS	Food Consumption Score
FGD	focus group discussions
FSAC	Food Security and Agriculture Cluster
GAD	Generalized Anxiety Disorder
GBV	Gender Based Violence
GiHA	Gender in Humanitarian Action Working Group
GIMAC	Global Information Management, Assessment and Analysis Cell on COVID-19
HAG	Humanitarian Access Group
HCT	Humanitarian Country Team
HEAT	Household Emergency Assessment Tool
HeRAMS	Health Resources and Services Availability Monitoring system
HFA	humanitarian food assistance

HHS	Household Hunger Scale	**MoU**	Memorandums of Understanding
HLP	Housing Land and Property	**MRM**	Monitoring and Reporting Mechanism
HLP-TF	Housing Land and Property Task Force	**MT**	Metric Tons
HMIS	Health Management Information System	**MUAC**	Mid-Upper Arm Circumference
HNO	Humanitarian Needs Overview	**NATO**	North Atlantic Treaty Organization
HPC	Humanitarian Programme Cycle	**NDMI**	Normalized Difference Vegetation Index
HRH	Human Resources for Health	**NFI**	Non-Food Items
HRP	Humanitarian Response Plan	**NGO**	Non-Governmental Organisation
HTR	Hard-to-reach	**NNS**	National Nutrition Survey
ICCT	Inter-Cluster Coordination Team	**NRC**	Norwegian Refugee Council
IASC	Inter-Agency Standing Committee	**NSAG**	Non-State Armed Groups
ICCT	Inter-Cluster Coordination Team	**NWARA**	National Water Affairs Regulation Authority
IDP	Internally Displaced Person/s or People	**OCD**	Obsessive-compulsive Disorder
IED	Improvised Explosive Device	**OCHA**	Office for the Coordination of Humanitarian Affairs
IMSMA	Information Management System for Mine Action	**OHCHR**	UN Office of the High Commissioner for Human Rights
IOM	International Organisation for Migration	**ODK**	Open Data Kit
IMF	International Monetary Fund	**PAU**	Protection Monitoring and Protection Analysis Update
IPC	Integrated Food Security Phase Classification	**PDM**	Post-Distribution Monitoring
ISETs	Informal Settlements	**PiN**	People in Need
ISK	Islamic State of Khorasan	**PLW**	Pregnant and Lactating Women
JENA	Joint Education Needs Assessment	**PMMT**	Population Movement Task Team
JIAF	Joint Inter-Sectoral Analysis Framework	**PoR**	Proof of Registration
JMMI	Joint Market Monitoring Initiative	**PPIED**	Pressure-Plate Improvised Explosive Device
KII	Key Informant Interview	**PSEA**	Protection Against Sexual Exploitation and Abuse
LCSI	Livelihood Coping Strategies Index	**PTSD**	Post-traumatic Stress Disorder
LP	DAAC Land Processes Distributed Active Archive Center	**PU-AMI**	Première Urgence Aide Médicale Internationale
MAM	Moderate Acute Malnutrition	**rCSI**	Reduced Coping Strategy Index
MHPSS	Mental Health and Psychosocial Support	**SADD**	Sex and Age Disaggregated Data
MoPH	Ministry of Public Health		

SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SFSA	Seasonal Food Security Assessment
SMART	Standardized Monitoring and Assessment of Relief and Transitions
TEF	Transitional Engagement Framework
UNAMA	United Nations Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	United States International Development Agency
UWAS	SoC Urban Water Supply and Sewerage State Owned Corporation
UXO	unexploded ordnance
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WG	Working Group
WHO	World Health Organization
WoA	Whole of Afghanistan
WPS	Women Peace and Security
WoA	Whole of Afghanistan

4.5
End Notes

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