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Operation Update Report Afghanistan: Humanitarian Crises



Emergency appeal n°: MDRAF007	GLIDE n°: DR-2021-000022-AFG
Operation update n°5; (12-month) Date of issue: 3 June 2022	Timeframe covered by this update: 10 April 2021-31 March 2022
Operation start date: 10 April 2021	Operation timeframe: 24 months End date: 31 March 2023
Funding requirements: CHF 36 million	DREF amount allocated: CHF1,000,000
N° of people being assisted: 560,000 individuals (80,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Afghan Red Crescent Society (ARCS) is working with the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and Participating National Societies with a presence in Afghanistan ; Norwegian Red Cross; Danish Red Cross; Qatar Red Crescent Society; and Turkish Red Crescent Society,	
Other partner organizations actively involved in the operation: <u>UN Agencies/IO:</u> United Nations Food and Agriculture Organization (FAO), United Nations World Food Programme (UNWFP), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), International Organisation for Migration (IOM) and World Bank. <u>Government Ministries:</u> Ministry of Agriculture, Irrigation, and Livestock (MAIL), Afghanistan National Disaster Management Authority (ANDMA), Ministry of Rural Rehabilitation and Development (MRRD), and Ministry of Refugees and Repatriation (MoRR). <u>(Inter)national Humanitarian NGOs:</u> Multiple (inter)national humanitarian NGOs are either planning or have already commenced to scale up their operations. To name a few of them: International Rescue Committee (IRC), Save the Children, Norwegian Refugee Council (NRC), etc.	

Summary of operation update:

Despite challenges in the country (drought worsening; financial institutions collapsing; winter season), ARCS and IFRC have stayed functional since the beginning of the EA. Activities performed by ARCS from November 2021 to May 2022 included assessment of 38,062 households, distribution of 27,650 food parcels, 5,250 hygiene kits, 1,250 household kits and 3,500 winterization kits to 29,200 households in 14 provinces during this period. The remaining distribution in Balkh, Kunduz, Bamyan, Farah and Nangarhar provinces will be completed in May 2022.

Due to the combination of drought and economic hardship, nearly 20 million Afghans are in IPC phases 3 or 4. For the first time since the introduction of IPC in Afghanistan, catastrophe conditions (IPC 5) have been detected for 20,000 people in the province of Ghor. This demonstrates that immediate action is needed to prevent further deterioration.

Due to the increasing needs in the country, two more provinces, Panjshir and Badakhshan were added to this appeal: Panjshir is impacted by an ongoing conflict and in need of humanitarian assistance and Badakhshan is one of the provinces massively affected by drought. In Panjshir, some 1,900 food parcels were distributed in 4 districts and similarly, 2,000 food parcels and 1,000 household kits were distributed in Badakhshan province. Nuristan province was removed from the initially targeted areas since it received similar support under a DREF operation (MDRAF009).

Agreements are in place with two financial service providers (FSPs) and preparation for cash distribution to 7,000 households: 6,000 in Kabul and 1,000 Panjshir, is in progress. This distribution will be completed in June 2022.

Up to 1 June 2022, funding coverage for the Emergency Appeal stood at CHF19,915,595 million (55.3 per cent). IFRC together with the National Society thanks partners and donors who have so far been able to contribute. Significant gaps remain in these areas/sectors: Livelihoods and Basic needs, Health, Water, Sanitation and Hygiene (WASH), and National Society capacity building.

In view of an anticipated expansion of humanitarian assistance to be covered by ARCS, the National Society has requested IFRC to revise the Emergency Appeal (EA) and its operational strategy. Modification of the EA is underway, and a revision is expected to be issued by mid of June 2022.

IFRC and ARCS call on partners and the international community to show support and solidarity by contributing to the Emergency Appeal. Funding is crucial to enabling ARCS to deliver urgent assistance to children, women and men who have been affected by the severe drought compounded by displacement and with the severe need to access emergency health.

A. SITUATION ANALYSIS

Description of the disaster

The situation in Afghanistan remains highly fluid after the change of government in August 2021. The country is going through a change process, and it is expected that the situation will remain fluid in the coming months. Along with the political shift, the combination of natural disasters, severe drought, flooding and the COVID-19 pandemic has increased the humanitarian needs exponentially. The security situation remains unpredictable with reports of improvised explosive devices (IEDs) explosions throughout the country causing injuries and deaths to both civilians and the personnel of Islamic Emirates of Afghanistan.

In 2021, 698,000 people were displaced by conflict with almost one million returnees from Iran and Pakistan registered.¹ UN published a flash appeal of USD 4.4 billion to further accelerate the humanitarian assistance. However, the humanitarian funding ask continues to be unfulfilled. By the end of 2021, the number of people under poverty increased to over 90 per cent of the population.

The Food Security Cluster reported that the La Niña phenomenon is currently predominant until the spring of 2022. The conditions are likely to start weakening only in spring or summer. Lower than average precipitation was seen from December 2021 to February 2022 and below-average snowfall led to lower-than-average snowpack formation during the winter months which will have an adverse impact on the availability of water for irrigation in spring-summer months. The continuous drought will cause a reduction in wheat cultivation and will further create insecurity in food access, weaken production of agricultural produce and adversely impact the livestock health as well as the coping capacities of farmers.

According to the latest IPC report¹ as of May 2022, around 19.7 million people (47 per cent of the population) are experiencing high levels of acute food insecurity (IPC category 3 and above), of whom 20,000 are facing catastrophe levels (IPC category 5). From June to November 2022, the harvest season is expected to improve slightly but remains dire for most of the affected population. Most of the reduction in food insecurity is due to humanitarian food assistance, which will not be sustainable as the assistance is projected to reduce from 30 per cent to 8 per cent in the second half of the year.

Even before changes in the country's administration, Afghan economy was crumbling under the Covid -19 Pandemic, drought, intensified conflict, and loss of investor confidence. Most development assistance stopped with enforced restrictions on funding and cash fluidity in the country. The most obvious and direct cause of the problem that immediately affected the people was the freezing of National Bank's reserves which led to the central bank running out of cash, and as a result, the work force (public and private sectors) in Afghanistan is unable to withdraw money even up to restricted amounts, inflation is soaring, and many are on the brink of starvation.

The disruption in the health system due to freeze on funding² by the World Bank, the Sehatmandi Project a multi-donor funded project that strove to increase the utilization and quality of health, nutrition, and family planning services through more than 20,000 health workers across 2,309 health facilities, had upended the health services in the country. As a quick response to this, WHO and UNICEF through the funding from UN Central Emergency Response Fund are supporting the implementing agencies until the end of 2022. The fourth wave of the COVID-19 epidemic is expected currently, while there is still a lack of funding for operating the designated COVID-19 hospital functions. There is a significant increase in COVID-19 cases in January 2022 compared to December 2021. In October 2021, cholera, and dengue outbreaks were detected in Kabul, Wardak and Nangarhar provinces. Measles has been reported across the country and constitute a major public health issue. The cases of acute watery diarrhoea (AWD) have also increased in

¹ [OCHA Snapshot of Population Movements \(January-December 2021\)](#)

² The United States Administration froze the assets of Afghanistan's Central Bank held in the US, including most of the central bank reserves of over US\$9 billion. IMF allocations of Special Drawing Rights (SDRs) amounting to US\$450 million is also out of reach as the US Federal Reserve shut access to dollar liquidity for the Central Bank of Afghanistan.

Kabul since October 2021. AWD is the second biggest cause of death in the country overall. Recently malaria cases have been reported in Laghman province.³

Summary of current response

Overview of Operating National Society

As an auxiliary to the government, ARCS is a primary national partner to respond to disasters across the country and facilitate disaster preparedness activities with its 34 provincial branches spread across the country. ARCS has a long history of providing life-saving assistance to people in need in Afghanistan. ARCS presence and local networks across the country are exceptionally well established, which enables ARCS to reach vulnerable populations who are not served by other humanitarian actors, for instance in highly remote and hard-to-reach areas.

During the reporting period, the ARCS had four active IFRC-supported emergency operations (MDRAF007, MDRAF008, MDRAF009 and MDRAF010) focusing on delivering assistance to households affected by multiple shocks (drought, flash floods, earthquake and displacement). By the end of January 2022, two DREF operations (MDRAF008 and MDRAF009) were completed, reaching 2,350 households (approximately 16,450 people) with food assistance as well as hygiene kits and household kits. The default modality of provision of services was through cash transfer but due to disruption of banking services and financial systems, the modality was changed to in-kind goods distribution and IFRC has procured needed items on behalf and as requested by ARCS.

Photo: A boy is smiling after receiving the food package in Baghlan province. Photo: IFRC

IFRC Afghanistan Country Delegation established a sourcing hub in Pakistan in September 2021 to ensure that procurement of relief items could be realised, and people can access assistance as soon as possible. However, due to changes in customs requirements as well as inflated prices in Pakistan, and the improvement of local market systems in Afghanistan, the majority of food items were finally procured in Afghanistan. The hygiene kits, household items and winterization packages were procured through Pakistan and were delivered by December 2021. This was done for all the emergency operations in the country. The following are the overall items procured as of end March 2022:

- 40,150 food parcels
- 5,250 hygiene kits
- 3,500 winterization kits
- 1,250 household kits

All procurement undertaken by IFRC Pakistan and Afghanistan country delegations follows the IFRC Procurement Procedures. ARCS with the support of IFRC carried out beneficiary selection and registration and as the items arrived at the provinces, they were distributed accordingly. For the reporting period, out of the total amount procured, 27,650 food packages, 3,500 winter kits, 5,250 hygiene kits and 1,250 household kits were already distributed to the targeted people under the emergency appeal, and they are as follows:

No.	Province	District	Relief Goods			
			Food Package	Household kit	Hygiene kit	Winter kit
1	Daikundi	Kiti, Nili	1,250	0	0	0
2	Kabul	Kabul city (IDPs)	1,317	0	0	1,000
3	Panjshir	Rokha, Abshar, Paryan, Anaba	1,900	0	0	0
4	Baghlan	Dahan Ghor, Baghlan City	1,200	0	0	0
5	Bahdakhshan	Wordoch, Yamgan	2,000	1,000	0	0
6	Faryab	Almar, Khawja Sabzposh	1,200	0	0	0
7	Jawzjan	Murdyan, Mangijek, Faiz Abad	2,000	0	0	0
8	Hilmand	Hilmand city (IDPs), Dishu, Marja, Khansheen	3,000	0	3,000	1,000
9	Kandahar	Kandahar city (IDPs)	4,000	0	0	1,000
10	Uruzghan	Urozgan city (IDPs)	3,000	0	0	0
11	Badghis	Muqur, Abkamari	1,100	0	0	0
12	Ghor	Al Farog	1,400	0	0	0
13	Herat	Herat City (IDPs), Pashton Zarghoon, Obi, Chesht Sharif	3,033	0	2,000	500
14	Sar-e-Pol	Kohistanat, Balkh aab, Suzma Qala	1,250	250	250	0
Grand Total			27,650	1,250	5,250	3,500

³ Health Cluster Bulletin – January 2022

Mobile health teams (MHTs):

ARCS is operating 42 Mobile Health Teams (MHTs) with the support of IFRC out of which 31 MHTs are supported through the Emergency Appeal. These MHTs continue to deliver primary health care and routine immunization services in remote districts of Afghanistan. The 42 IFRC-supported MHTs are part of more than 140 health facilities operated by ARCS. As of 31 March 2022, these MHTs reached 550,947 people (224,789 male and 326,158 female) with primary healthcare and routine immunization services. These health services included out-patient care, health education, routine immunization, reproductive, maternal and new-born health services, family planning, dressing and referral.

Complementary Activities Outside of the EA

COVID-19 response:

With the support of IFRC and other Movement partners, ARCS is implementing a response to address the needs of people affected by COVID-19. During the reporting period, ARCS provided various services such as COVID-19 screening, referrals and awareness. As of March 2022, totally 647,313 individuals have been screened by MHTs, Clinics (Basic Health Center and Comprehensive Health Center), emergency health sub-centers and CHC health sub-centers across the country. Some 86,937 individuals have been identified as suspected, of which 6,746 suspected cases have been referred to COVID-19 hospitals. Over 1,822,511 individuals received health awareness by MHTs, Clinics (BHS&CHC), emergency sub-health centers and CHC sub-health centers. ARCS 50 beds dedicated hospital for clinical management of COVID-19 cases in Kabul remained functional as part of ARCS response plan against COVID-19 Pandemic Outbreak and as a result, 513 IPD patients were admitted in the mentioned hospital out of which 439 recovered and 64 died.

Community-Based Health:

The implementation of Community-Based Health and First Aid (CBHFA) project continues as per schedule. The CBHFA project reached 327,039 people (176,025 male and 151,014 female) with health education, First Aid, households visits and referrals during the reporting period. Additionally, ARCS in close coordination with the IFRC developed the mandatory tools, questionnaires, and SoPs to conduct an assessment to identify the most vulnerable IDPs and households that need family-hygiene kits and ceramic water filters in the targeted provinces. Through this assessment, ARCS and IFRC distributed 30,850 family-hygiene kits and 1,300 ceramic water filters to the most vulnerable target groups to support WASH activities and enable safe use of water, effective handwashing and contribute to the reduction of water-borne and hygiene-related communicable disease in targeted provinces (Badghis, Hirat, Helmand, Kandahar, Urozgan, Nangarhar, Kunar, Nuristan and Jawzjan). A total of 1,300 water filters distributed to IDPs in Badghis, Hirat and Jawzjan provinces.

WASH in Schools (WiNS):

ARCS supported by IFRC have helped 29 schools in Herat, Khost, Parwan and Kabul provinces to have access to safe drinking water, appropriate sanitation facilities, and provided hygiene kits for schoolchildren. The Ministry of Education of Afghanistan (MoE) new authorities re-confirmed the existing tripartite Memorandum of Understanding for WASH in Schools (WiNS) in 2021. Based on that MoU, the construction work has been completed in 18 targeted schools in all 4 provinces (Herat, Kabul, Parwan and Khost). Through this support a total of 60,547 students, teachers, and schools' other staff (male 33,799, female 26,748) including 57 persons with disabilities (PwDs) reached through WiNS implementation in 18 public schools in four provinces (6 in Herat, 8 in Kabul, 2 in Parwan and 2 in Khost). As the result of this intervention, a total of 54,583 people (male 30,934, female 23,649) including 51 PwDs have now access to basic and safely managed drinking water supply and 37,021 people (male 13,742, female 23,279) including 22 PwDs have access to basic and safely managed sanitation services. Furthermore, all target schools were equipped with WASH club equipment, mechanical toolkit for O&M of the constructed facilities, and some hygienic materials.

Also, in relation to WASH a total of 4,000 hygiene kits (including sanitary napkins and soap) were procured in June/July 2021 for schools' girls; distributed for schools' girls in Herat province in the fourth quarter of 2021. Additionally, 4,500 which were previously procured, have been distributed to targeted schools in Kabul, Kapisa, Parwan and Khost provinces. The purpose of schoolgirls' hygiene kits is to positively impact personal behavioural change, personal hygiene, habit, and practice of keeping oneself clean especially as a means of maintaining good health. The practice of personal hygiene can also protect the health of others. Menstrual Hygiene Management (MHM) is also a necessary aspect of hygiene for women and girls for a significant period of their lives. Improved personal hygiene management includes using soap and water for washing the body as required and having access to facilities to dispose of used sanitary products. Therefore, these kits contain sanitary pads, female underwear, soap, towel, nail clipper, shampoo, toothbrush and toothpaste. Talking about MHM in girls' schools without supporting vulnerable students with kits will not result in behavioural changes and MHM culture. Most vulnerable families can't afford sanitary pads and soap.

Overview of Red Cross Red Crescent Movement actions in country

The IFRC Country Delegation for Afghanistan, established in 1990, continues to support ARCS in the following: humanitarian operations related to disasters and crises caused by natural hazards; health services in hard-to-reach areas; longer-term resilience-building programmes; coordinating support by IFRC membership to ARCS; enhancement of ARCS organizational development; and representing ARCS internationally.

ICRC has been present in Afghanistan since 1986 and continues to be operational through its main delegation in Kabul, as well as through its field-based offices in Kabul, Gulbahar, Khost, Ghazni, Kandahar, Lashkargah, Farah, Herat, Maimana, Mazar-i-Sharif, Kunduz, and Jalalabad.

In addition to IFRC and ICRC, other Movement partners with presence in Afghanistan during the reporting period were Canadian Red Cross (is no longer present), Norwegian Red Cross, Turkish Red Crescent Society and Qatar Red Crescent Society.

Collectively, Red Cross Red Crescent Movement in country has established coordination and cooperation mechanisms anchored under the Movement Cooperation Agreement. The Movement Platform Meeting is organized every six weeks between ARCS, IFRC and ICRC leadership focusing on strategic level engagements. Movement Operational Coordination (MOC) meetings take place monthly and bring together ARCS, ICRC, IFRC and Participating National Societies (PNS) currently present in Afghanistan.



ARCS volunteers helping a beneficiary in collecting the food package in Kabul province. (Photo: IFRC)

Other Participating National Societies

The Red Cross Red Crescent partners who have contributed to this Emergency Appeal are Austrian Red Cross, Albanian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, Red Cross Society of China, Hong Kong Branch of the Red Cross Society of China, German Red Cross, Italian Red Cross, Japanese Red Cross Society, the Netherlands Red Cross, and Red Cross of Monaco. Beside the IFRC members contributions, also ShelterBox has provided an in-kind donation through the EA.

Overview of other actors' actions in country

ARCS and IFRC are coordinating with the public authorities, UN agencies and other humanitarian organizations to avoid duplication and to build synergies. This includes active engagement in relevant clusters. Most agencies are trying to scale up their operations despite the challenges that are being faced in the country. The Humanitarian Country Team continues to meet up weekly to coordinate and find solutions to the challenges together. Additionally, the UN also published a flash appeal of USD 606 million to further accelerate the humanitarian assistance in the last quarter of 2021.

Needs analysis and scenario planning

Needs analysis

Below-average precipitation levels in the 2020 – 2021 winter season affected both agricultural outputs and livestock, leading to a heightened food insecurity situation. In March 2021, ARCS conducted a rapid assessment in some of the drought-affected provinces. The findings of this rapid assessment inform the activities planned and the populations targeted under this Emergency Appeal.

In addition, needs in all sectors have been identified and described in the revised emergency plan of action that was published in October. The updates from the needs analysis since the revision are as follows:

Food Security and Livelihood

A major economic crisis has developed and is leading to a catastrophe. Up to 80 per cent of public salaries remain unpaid already since the change in administration in the summer of 2021 and people have lost livelihoods and incomes because of a lack of cash following the freezing of the country's foreign reserves and disruption of banking services. In mid-December, the national currency (Afghani) lost its value trading at 120 to U.S. dollar causing an increment in prices of basic food, commodities, and oil. The severe drought affecting most of the country since early 2021 has crippled crop production and livestock, leading to critical food shortages. Food insecurity is affecting both rural and urban areas. Ten out of 11 most densely populated urban areas are projected to be under IPC 4 – emergency food insecurity, due to the developments in the country that have driven up unemployment, prices of food and household items as well as cashflow problems (unavailability of remittances and salary payments). The snowfall during the 2021-2022 winter season has remained low, which is likely to further exacerbate the drought situation in the new agricultural year.

Health

The preceding two years have been marked by the disruptive and widespread humanitarian impact of COVID-19. The pandemic has affected every facet of life for the people of Afghanistan, in many cases exacerbating complex and multi-layered existing humanitarian and development needs. High internal displacement and overcrowded housing, coupled with low coverage of vaccination, have combined the effects of weak health systems and WASH infrastructures. With the suspension of Sehatmandi and the limited coverage currently supported by WHO and UNICEF, the health system remains vulnerable. Food insecurity is also observed in the health sector as health facilities are seeing an increase in

the number of children with acute malnutrition. The health system has yet to recover from the changes that have happened since August 2021 and the health humanitarian gap remains largely unmet.

The diversity of shocks and limited access to services is also driving a mental health crisis with long-term and unpredictable consequences. At the national level, 74 per cent of PU-AMI assessed households reported that at least one member in their household level has experienced behavioral change and mental health conditions. In particular, women were considered more prone to suffer from problems due to cultural barriers, domestic violence, increased difficulty accessing health facilities, stigma, low coping capacity, among others. Thirty-seven per cent of women were found to be suffering from depression, crying or hyper-vigilance compared to 30 per cent among men. Meanwhile, men reported a higher proportion of suffering from excessive worry with no hope for the future (22 per cent) as compared to women (16 per cent). PU-AMI assessment result has also shown that poverty (49 per cent for male and 41 per cent female), family issues (17 per cent male and 23 per cent female) and conflict or violence (15 per cent male and 15 per cent female) are some of the major causes behavior changes related to mental health. Results highlighted that the prevalence of stress, depression and anxiety are higher than other troubles, as they are the most common mental health problems mentioned. Nonetheless, people also mentioned severe distress such as the use of narcotics, experiencing excessive anger, epilepsy, psychosis, PTSD, personality disorder, OCD, GAD, ADHD and loss of concentration. Psychological distress among caregivers directly affects the emotional and physical wellbeing of children in the home, impacting their needs for stability and safe, nurturing care. Major causes of distress and mental health issues include due to poverty/financial stress (37 per cent), family issues (21 per cent), and experiencing conflict and violence (18 per cent). (Afghanistan HNO 2022)

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

WASH

The historic drought with exceptional below normal levels of precipitation in 2020/2021 has added to a long silent water crisis. As of mid-2021, rainfall was 41 per cent below the 2012-2019 average. Two-thirds of the country is already in severe water scarcity with a projected trend of continued drought. Drought is a major driver of needs in rural populations with 46 per cent of households, according to WoA Assessment 2021, reporting drought as an event affecting communities, compared with 28 per cent in the urban population. A total of 13 per cent of the assessed households in the whole of Afghanistan reported relying on inadequate water sources. The WASH cluster has identified 14 provinces as of high priority need for WASH services, particularly water supply, due to drought with a further 18 provinces at medium priority, OCHA reports that in 2022, 15.1 million people need WASH assistance.

Newly displaced populations are disproportionately affected by WASH needs, with 79 per cent of IDP households reporting insufficient water access, being unable to meet household needs beyond drinking, washing and handwashing. In addition, IDP households were similarly more likely to rely on an unimproved latrine and to have no handwashing station which further increased health risks. For those living in informal settlements, about 90 per cent need WASH assistance⁴.

Open defecation is still widespread and handwashing with soap is infrequently practiced. Acute watery diarrhea appears at high rates among infants, especially among households headed by women and people with a disability. In addition, households headed by a person with a disability may face higher hygiene needs, as only 58 per cent report having enough water for handwashing (compared to 67 per cent of other households). The displaced population reported particularly high sanitation needs that put the already vulnerable groups at a greater risk amid the second wave of COVID-19.

All the above – availability and access to water, the low practice of sanitation and handwashing – will also increase the risks for a cholera epidemic.

Shelter

With the escalation of conflict in August 2021, many families left their places of origin in haste, making their way to provincial capitals with little or no belongings. The internally displaced people remain one of the most vulnerable groups of the population, especially during the winter season. OCHA reported that 698,000 people were displaced by conflict in Afghanistan during 2021. While the origin is not reported, OCHA reports that all provinces of the country received IDPs⁵. The IDPs either live in tents in public areas or with host families.

⁴ [Afghanistan Humanitarian Needs Overview 2022 \(January 2022\)](#)

⁵ [OCHA Snapshot of Population Movements \(January-December 2021\)](#)

Operation Risk Assessment

The risks reported in previous operations updates remain valid, whilst the evolving situation as described in the below table also highlights the additional potential risks anticipated and the mitigation measures ARCS and IFRC will operationalize.

Potential risk	Mitigation measure
COVID-19 impact on physical health and business continuity.	To mitigate the spread of COVID-19 and to ensure the safety of the people receiving assistance and the staff who will be involved in distributions, the COVID-19 SOP and COVID-safe programming guide will be followed, and physical distance maintained. Moreover, masks, handwashing facilities, and sanitizers will be available in distribution sites.
Increase in trend of conflict/violence in targeted provinces/districts that impacts: <ol style="list-style-type: none"> Access Safety (staff & volunteers) Supply Road closure 	To mitigate the risk, ARCS and IFRC will: <ol style="list-style-type: none"> Negotiate with current authorities, Armed Opposition Groups; mobilize local volunteers and community leaders. Conduct security briefing to staff and volunteers, equipping with ARCS visible tools to increase the visibility, dissemination of the Red Cross Red Crescent Movement principles. Prepositioning of the planned supplies at the branch/community level. Mapping for alternative road options for access.
Winter conditions constraining access and distributions	To mitigate the risk, ARCS and IFRC are: <ol style="list-style-type: none"> Prepositioning the planned supplies at the branch/community level. Mapping for alternative road options for access.
Spring floods and landslides constraining access and distributions. With adverse impact on water and sanitation quality, these may increase also the risk of vector diseases	To mitigate the risk, ARCS and IFRC are: <ol style="list-style-type: none"> Prepositioning the planned supplies at the branch/community level. Mapping for alternative road options for access. Hygiene awareness-raising activities. ARCS has also a community-based health programme raising awareness.

B. OPERATIONAL STRATEGY

Proposed strategy


The overall strategy as informed in the previous update and the latest revised Emergency Appeal remains the same. The proposed strategy and plan of the Emergency Appeal seek to reduce the vulnerability of 560,000 people (male 274,400, and female 285,600), approximately 80,000 households, affected by the complex crises, which have been exacerbated by other factors such as insecurity and economic instability within 24 months across 19 provinces.

Nevertheless, this 12-month operation update informs of the upcoming EA revision that will see an expansion of activities in accordance with the widespread needs in the country.

Mobilization Table was launched seeking support from donors. To date, there is 55 per cent coverage on the total ask from the Mobilization Table with support for the in-kind donation of MHTs, household items and procurement for food parcels and winterization kits. The link to the latest Mobilization Table update is here: [link](#). The below table indicates the summary of contribution made to Afghanistan humanitarian crises emergency appeal by partner national societies and external organizations.

No.	Organization	Contribution to Afghanistan Humanitarian Crises Emergency Appeal.
1	German RC	1,000 Tarpaulins
		3,400 foldable jerry cans 10L
		1,500 blankets
		20 medical kits for the MHT of the ARCS.
2	British RC	1 warehouse tent
3	ShelterBox	540 ShelterBox Family Kits

C. DETAILED OPERATIONAL PLAN

	Livelihoods and Basic Needs	
People reached: 193,550		
Male: 98,710		
Female: 94,840		
Outcome 1: Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods		
Indicators:	Target	Actual
<i># of drought affected people assisted through emergency food security and livelihood restoration activities</i>	280,000	193,550
Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).		
Indicators:	Target	Actual
<i>% of beneficiaries reporting their livelihoods restored within three to six months after receiving support</i>	80% of 5,000 female headed household	0
<i># of community mobilisation/socialisation meetings</i>	TBC	Ongoing
<i># of technical and vocational skill training sessions</i>	TBC	Not yet started
<i># of community greenhouse pilot projects</i>	16	Not yet started
<i>Effective linkages between beneficiaries and traders/markets</i>	Yes	Not yet started
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities.		
Indicators:	Target	Actual
<i># of drought-affected people of all ages and sex who receive adequate food/cash responses, in a timely manner</i>	280,000	193,550
<i># of training sessions in CVA SOPs</i>	TBC	Not yet started
<i># of provinces engaged with community engagement and sensitization activities</i>	19	Ongoing
<i># of market assessments</i>	TBC	Not yet started
<i># of post-distribution monitoring activities</i>		Ongoing
Output 1.3: Household livelihoods security is enhanced through food production, increased productivity, and post-harvest management (agriculture-based livelihoods).		
Indicators:	Target	Actual
<i># of drought-affected people of all ages and sex who receive adequate livelihood protection/restoration assistance, in a timely manner</i>	140,000	Not yet started
<i># of community committees or interest groups formed</i>	TBC	Not yet started
<i># of provinces targeted for distribution of agro-tools/equipment and/or livestock packages</i>	19	Not yet started
<i># of training sessions on agriculture and livestock management</i>	TBC	Not yet started
<i># of youths trained as Community Animal Health Workers</i>	TBC	Not yet started
<i># of provinces with rapid assessments of markets conducted</i>	19	Not yet started
Progress towards outcomes		
<p>Coordination and consultations with stakeholders: The ARCS branch level response teams with technical support from ARCS headquarters and regional staff, held coordination meetings with UNOCHA, field-level representation of FSAC, national and international NGOs and as well as government line departments, specifically DAIL and ANDMA in Badghis, Faryab, Saripul, Daikondi, Baghlan and Jawzjan province. During the meetings, the stakeholders were provided with a detailed orientation on project key objectives and beneficiaries selection criteria. In addition, as per the project objectives and selection criteria a detailed discussion was made with all the relevant government and non-government line departments and eventually locations/districts were selected where other organizations do not have an operational presence with similar objectives.</p>		
<p>Communities' sensitization: Following the coordination and consultation with stakeholders, a total of 105 major villages/communities were found to be most drought-affected and selected for assistance where no other humanitarian organization had delivered assistance in 2021 related to drought.</p>		

Prior to starting beneficiaries' assessment/verification, members of the communities were gathered in social gathering point, they were well sensitized on key objectives of the operation, the number of target beneficiaries per community, beneficiaries' selection criteria, parties involved and finally, they were sensitized on the precautionary measures of COVID-19, specifically of wearing a facemask, keeping physical distance, washing hands and avoiding social gatherings.

Beneficiaries' assessment and verification: The assessment of 3,500 households started on 16 April 2021 and continued till the second week of May 2021. A total of 3,500 households were registered (Faryab:1,200, Badghis: 1,100 and Baghlan: 1,200). The beneficiaries' assessment was recommenced during the third week of November and completed in March 2022. A total of 40,412 households were registered (Kandahar: 4,000, Sar-e-Pol: 750, Ghor: 700, Kabul: 1,217, Herat: 3,333, Uruzgan: 3,000, Jawzjan: 1,000, Badakhshan: 1,000, Panjshir: 2,500, Helmand: 3,000, Wardak: 300, Bamiyan: 2,600, Takhar: 300, Daikundi: 1,250, Kunduz: 1,500, Balkh: 2,500, Farah: 2,500, Nangarhar:1,750 and Nuristan: 600)

Beneficiaries' data management: The data of beneficiaries were collected in Kobo-collect/ODK application in offline mode. Later in the office, utilizing Wi-Fi, the data were sent to a central server from across the seven provinces and 105 selected communities. Subsequently, the data were exported to MS Excel for deep data check, data clean-up and deduplication.

Distribution of Relief goods: The first distribution of the first round of cash assistance was completed in early June 2021, in which 3,500 households were assisted in Badghis, Baghlan and Faryab provinces. Due to the change in the political situation of Afghanistan and issues around cash liquidity and banks closures, the assistance modality was changed from cash to food assistance. During the reporting period 27,650 households, around 193,550 people have received food assistance. Out of this amount 6,800 households around 47,600 people in Sari-Pal, Badakhshan, Jawzjan, Ghor, and Kabul provinces have received two rations of food. The composition of food package is shown in the table.

No.	Item	Quantity
1	Wheat	50kg
2	Rice	24.5 kg
3	Oil	5 litres
4	Bean	7 kg
5	Green Tea	1 kg
6	Salt	2 kg
7	Sugar	5 kg
8	BP 5 biscuit	1 unit

In anticipation of recovery of the financial system in the second half of 2022, ARCS, supported by IFRC is enhancing its cash preparedness measures to institutionalize the cash modality to enable the organization of serving the most vulnerable groups while maintaining their dignity. ARCS is also planning to start using the *RedRose* system for beneficiary data management, preparations to this end are ongoing and the kick off for the cash and voucher assistance modality will be during the first week of June 2022.



ARCS volunteers arranging the food package for distribution in Baghlan province. (Photo: IFRC)



Happy smile of a boy after receiving the food package in Baghlan province. (Photo: IFRC)

Looking Forward

Based on the outcome of this exercise the decision will be made whether the implementation modality can return to direct cash support or will remain with in-kind goods distribution or with both (the ARCS is reviewing the composition of the ARCS food basket in line with the food cluster recommendation). Moreover, the livelihood component of the operation is planned to be initiated in the second half of 2022.



Shelter

People reached: 8,750 (1,250 HHs)

Male: 4,463

Female: 4,287

Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Indicators:	Target	Actual
<i>Different types of shelter assistance are provided by ARCS to affected households, in accordance to assessed needs</i>	1,250	1,250

Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.

Indicators:	Target	Actual
<i># of assessments on shelter capacities and gaps conducted</i>	TBC	On going
<i># of sets of household items procured for distribution</i>	10,000	1,250
<i># of beneficiaries provided with emergency shelter and household items</i>	70,000	8,750
<i># of provinces targeted with awareness raising activities</i>	19	Not yet started
<i>% of engagement coordinated with relevant actors for integrated programming</i>	100	Ongoing
<i>Cash Transfer modality established and implemented.</i>	Yes	On going
<i># of evaluations conducted on shelter and cash programming support</i>	TBC	Not yet started

Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households.

Indicators:	Target	Actual
<i>Affected households receive technical support and guidance on safe shelter design and improvement of basic living conditions</i>	Yes	Not yet started

Progress towards outcomes

A total of 1,250 household kits were procured and distributed- in Bahdakshsan (1,000) and Sar-e-Pol (250) provinces, at the end of December 2021- beginning of January 2022, benefitting a total of 8,750 deserving people. The composition of a household kit is shown below.

No.	Item	Quantity
1	Blankets	5
2	Cooking pot	1
3	Pressure Cooker	1
4	Tea Pot/Kettle	1
5	Kitchen Knife	1
6	Serving spoon	1
7	Stainless Steel Mugs	5
8	Plates	5
9	Table size spoon	5
10	Food cover	1
11	Steel Bowl	5
12	Metallic/Stainless Bucket	1
13	Tarpaulins, woven plastic	2

An in-kind donation of 540 household item boxes is expected in the second quarter of 2022 and is planned to be distributed in Badghis.



Health

People reached: 35,770

Male: 14,543

Female: 21,227

Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of referrals to medical centres by volunteers	TBC	0
# of beneficiaries treated/assessed for first aid by volunteers	TBC	0

Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
# of provinces with community assessments conducted.	19	0
# of First Aid kits procured and distributed	1,250	100
# of volunteers trained in basic first aid and injury prevention in targeted areas.	640	0
# of active volunteers providing first aid and injury prevention in the targeted areas	640	0

Health Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators:	Target	Actual
Target community's knowledge increased, and they are able to prevent communicable disease by recognizing the mode of transmission.	Yes	Not yet started

Health Output 4.1: Community-based disease control and health promotion is provided to the target population.

Indicators:	Target	Actual
# of volunteers trained and mobilized on hygiene promotion, ECV, HHWT, behavioural change communication and COVID-19 prevention	640	0
# of ECV training sessions	32	0
# of integrated awareness raising sessions conducted	TBC	1,652

Health Output 4.2: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing.

Indicators:	Target	Actual
Intervention is monitored and supervised	Yes	Yes

Health Output 4.3: Improved knowledge about public health issues among [target population] in [18 provinces].

Indicators:	Target	Actual
# of volunteers trained and mobilized to conduct awareness rising campaigns	640	0
# of households reached with key messages to promote personal and community hygiene	40,000	0

Health Outcome 6: The psychosocial impacts of the emergency are lessened


Indicators:	Target	Actual
Vulnerable people's health and dignity are improved through increased access to appropriate health services	Yes	Yes/ongoing

Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators:	Target	Actual
Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency.	Yes	Yes/ongoing
# of PSS training sessions	19	Not yet started.
# of volunteers trained in PFA	640	0

Health Outcome 7: National Society has increased capacity to manage and respond to health risks.

Indicators:	Target	Actual
<i>Coordination with relevant humanitarian actors ensured</i>	Yes	Yes/ongoing
Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services.		
Indicators:	Target	Actual
<i># of Mobile Health Teams deployed.</i>	20	6
<i># of targeted areas reached with MHTs.</i>	TBC	6 targeted areas.
Progress towards outcomes		
<p>Progress on the above health outcomes is related to utilization of funds from the Emergency Appeal. In addition, through the mobilization table, in-kind donations of 20 medicine kits were provided to MHTs in 5 provinces. The people reached in this section received services from the 6 functional MHTs under emergency appeal during the first quarter of 2022, including integrated health and immunization services, as well as COVID-19 response activities, OPD consultations, ANC, family planning and health educations.</p> <p>The data for other functional MHTs and community-based activities under other fundings are reflected in the summary section of this operation.</p> <p>Looking Forward Discussions are ongoing on MHPSS support for this operation and partners are being engaged to find some support in providing MHPSS services.</p>		

	<p>Water, sanitation and hygiene</p> <p>People reached: 36,750 Male: 18,742 Female: 18,008</p>	
WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.		
Indicators:	Target	Actual
<i>% of targeted population have access to clean water, sanitation and with increased knowledge of personal hygiene according to Sphere standards</i>	50	0
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.		
Indicators:	Target	Actual
<i># of provinces with assessments conducted</i>	19	3
WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.		
Indicators:	Target	Actual
<i># of people provided with safe water</i>	280,000	0
WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.		
Indicators:	Target	Actual
<i># of people reached by hygiene promotion activities</i>	TBC	36,750
WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population.		
Indicators:	Target	Actual
<i># of households provided with hygiene kits</i>	40,000	5,250
Progress towards outcomes		
<p>The procurement of 5,250 hygiene kits is completed. The distribution along with the orientation for the usage of the hygiene kits have been done for 5,250 households in Hilmand (3,000), Hirat (2,000) and Sari Pol (250). The composition of a hygiene kit is shown below:</p>		

No.	Name of the Commodity	Quantity
1	Antiseptic soap (Dettol) - 125gm	7 bars
2	Plastic soap case (for 250gm soap)	1 pc
3	Laundry soap (200gm)	7 bars
4	Plastic jerry can (10-20 liters)	2
5	Plastic bucket (10-20 liters)	1
6	Plastic mug / AftabA (2 LTR size)	1
7	Soft cotton cloth (2 m ² piece)	2 pcs
8	Toothbrush - adult	3 large pcs
9	Toothbrush - child	4 small pcs
10	Toothpaste (125gm)	2 tubes
11	Towel (40 x 70 cm)	5 pcs
12	Shampoo	2 pcs
13	Kotex/sanitary pad (normal size) (box of 12)	2 boxes
14	Bag	1
15	Hygiene promotion IEC materials with key messages	5 sheets

Other activities under WASH were hindered due to programme priorities in other areas and limited funding. Reallocations have been made to expediate planned activities under WASH. The data in this section is only for the distribution of family-hygiene kits under EA while other complementary WASH intervention achievements under other fundings are highlighted in the summary section of this operation to demonstrate the whole reach of ARCS/IFRC.



Protection, Gender, and Inclusion

People reached: 27,650

Male: 13,900

Female: 13,750

PGI Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
<i>% of affected people disaggregated by sex, age and disability including those with vulnerability who report that they are informed of planning and distribution/services</i>	80	100

PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
<i>% of people (reached through the operation) reporting satisfaction from received services disaggregated by sex, age, and disability</i>	80	Not yet started
<i>% of people (reached through programme) reporting satisfaction from received services disaggregated by sex, age, and disability</i>	80	Not yet started
<i># of provinces reached by sectoral teams</i>	19	Not yet started
<i>% of deployed staff and volunteers trained in PGI sensitization and minimum standards</i>	100	Not yet started
<i># of PGI assessments conducted using the Minimum Standards</i>	No target	Not yet started

PGI Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.

Indicators:	Target	Actual
<i>% of staff and volunteers are trained to respond on SGBV/PSEA using SOPs and in child protection activities.</i>	70	0
<i>Local referral systems on protection concerns for women and children are made accessible in all target provinces</i>	Yes	Not yet started
<i>RFL services are available when needs arise in all target provinces</i>	Yes	Not yet started

Progress towards outcomes


The PGI component is a sensitive component to address in the current context. However, through community engagement and accountability, minimum standards for PGI are also informed. All data collected is divided into sex,


age and disability disaggregated data in all the activities that are implemented in this operation hence the PGI collective data include the overall number of populations reached in the operation. Feedback Response Mechanism that is developed and will be developed further within communities will also support the PGI component of the operation. Despite recent limitations enforced on female participation in the country, the team were able to negotiate this with NS, regional and branch authorities and able to include female participants (midwives and vaccinators of MHTs) in some trainings, where 15 females successfully participated in two rounds of the trainings. We Unpacking the PGI supported by Islamic teachings on dignity, inclusion, protection and addressing the misunderstanding of gender term were facilitating factors for this success. The human right based approach which is aligned with indigenous knowledge rooted in Islam were emphasized during the discussion.

The team also carried out CEA assessment using the newly introduced self-assessment tool of IFRC for the region. The status of CEA at program and project level was assessed with regional team including health workers in different provinces. In addition, health interventions assessed for integration of PGI minimum standards during these trainings. The gaps are identified both for CEA and PGI that will be used for development of roadmap and future plan to strengthen CEA and PGI in ARCS program at regional, branch and field levels.

Looking forward

All staff of IFRC will be trained in Prevention against Sexual Abuse and Exploitation (PSEA) in the second quarter of 2022. Moreover, ARCS staff and volunteers will be trained in batches throughout this operation. Feedback response mechanism has been piloted in two provinces (Herat and Balkh) and further support will be provided to ensure that the PGI component will be mainstreamed throughout the whole operation.

	<h2 style="color: red;">Migration and Displacement</h2> <p>People reached: N/A Male: N/A Female: N/A</p>	
<p>Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit, and destination)</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p><i>Access to migration information and assistance is made available</i></p>	<p>Yes</p>	<p>Not yet started</p>
<p>Migration Output 1.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p><i># of multi-sector needs assessment on migration issues conducted.</i></p>	<p>TBC</p>	<p>Not yet started</p>
<p><i># of provinces with Humanitarian Service Points established.</i></p>	<p>19</p>	<p>Not yet started</p>
<p>Migration Output 1.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented.</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p><i>Feedback mechanism established and accessible by IDPs.</i></p>	<p>Yes</p>	<p>Not yet started</p>
<p>Progress towards outcomes</p>		
<p>The internal displaced population (IDP) is in the list of vulnerability criteria and the IDPs will receive support in food, household items, hygiene kits and winterization kits.</p>		
<p>Looking forward</p>		
<p>A percentage of the items that will be distributed will be focused for IDPs and the numbers will be confirmed during the beneficiary registration. The IDPs will receive food, household items, hygiene kits and winterization kits.</p>		

	<h2 style="color: red;">Disaster Risk Reduction</h2> <p>People reached: 24,500 Male: 12,495 Female: 12,005</p>	
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DRR Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster.

Indicators:	Target	Actual
% Of the targeted population increased the resilience level and prepared to respond disaster.	80	On going

DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Indicators:	Target	Actual
# of ARCS staff/volunteers trained on DRR/CCA & EWS	200	Not yet started
% People have communities risk knowledge.	80	Not yet started
# of sessions conducted in drought affected communities.	50	Not yet started
# of winterization kits procured for ready distribution	3,500	3,500
# of provinces provided with first aid training to communities	19	Not yet started
# of provinces targeted with drought and floods mitigation measures	19	Not yet started

Progress towards outcomes

The distribution of 3,500 winterization kits was carried out mainly during December 2021 and was completed in January 2022. The items were distributed to targeted provinces: Kabul – 1,000; Heart – 500; Kandahar – 1,000 and Hilmand – 1,000. The items for each kit are shown in the following table.

No	Items	Quantity	Unit
1	Winter Warm Socks	14 (6 adults, 8 children)	Pair
2	Children Winter Coat	4	Piece
3	Adult Winter Coat	2	Piece
4	Woman Winter Shawl	1	Piece
5	Male Winter Wrap (Patto)	1	Piece
6	Winter Gloves for Children	4	Pair
7	Winter Shoes for Children (unisex plastic boots)	4	Pair
8	Winter Shoes for Adult (unisex plastic boots)	2	Pair



A beneficiary conveying the winterization kit in Kabul province. (Photo: IFRC)

Strategies for Implementation

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences, and capacities to plan and perform

Indicators:	Target	Actual
ARCS capacity building and organisational development initiatives organized	Yes	Planned

Output S1.1.4: National Societies have effective and motivated volunteers who are protected.

Indicators:	Target	Actual
National Societies have effective and motivated volunteers who are protected	Yes	Ongoing

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# of national/provincial level trainings conducted for staff and volunteers of ARCS	10	6

Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
<i>Rapid Response surge members deployed to support the operations</i>	Yes	Ongoing
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
<i>ARCS compliance with principles and rules for humanitarian assistance is improved</i>	Yes	Ongoing
<i>Communities are engaged and kept informed of operational plans and progress</i>	Yes	Ongoing
<i>Exit Strategy is developed in consultation with the communities</i>	Yes	Ongoing
Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced		
Indicators:	Target	Actual
<i>ARCS engage with other humanitarian actors for coordinated humanitarian intervention</i>	Yes	Ongoing
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national, and international levels that affect the most vulnerable.		
Indicators:	Target	Actual
<i>IFRC and NS are visible, trusted, and effective advocates on humanitarian issues</i>	Yes	Ongoing
Output S3.1.1: IFRC and NS are visible, trusted, and effective advocates on humanitarian issues		
Indicators:	Target	Actual
<i># of involvement within the humanitarian system on advocacy for the crisis</i>	TBC	Ongoing
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
<i># of evaluations conducted</i>	1	Not yet started
<i># of detailed assessment conducted</i>	1	Not yet started
<i># of paper/report published (for RCRC)</i>	4	1
Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders		
Indicators:	Target	Actual
<i>ARCS compliance with financial procedures and reporting requirements improved</i>	Yes	Ongoing
Output S4.1.4: Staff security is prioritized in all IFRC activities		
Indicators:	Target	Actual
<i>Regular monitoring of safety and security of staff members</i>	Yes	Ongoing
Progress towards outcomes		
<p>ARCS with the support of IFRC continues to engage with other humanitarian partners and coordinate on the provision of services and items. Both ARCS and IFRC are engaged in the cluster system, and IFRC is present in both ICCT and HCT meetings.</p> <p>There has been significant staff turnover in the branches of the National Society since August 2021 due to which several coaching missions were carried out by the ARCS HQ staff to brief and train new branch leaders on the operations and processes.</p> <p>Three Rapid Response surge members have been engaged remotely to support the operations – Operations Management, Partnerships and Resource Development (PRD) and Information Management (IM) supported by Singapore Red Cross, IFRC Pakistan Delegation and Nepal Red Cross, respectively. The Operations Manager ended the mission end of October 2021 and an interim started in January 2022 staying until the end of April, where</p>		

a long-term position is filled now by new operation manager. PRD and IM members are continuing their support for the operations. A deputy Head of Delegation and a Membership Coordinator from Geneva supported the operation in November 2021. Additionally, in November, the Senior Advisor for Afghanistan Humanitarian Crisis from Asia Pacific Regional Office visited and engaged with in-country partners.

The Country Delegation aims to produce monthly situation reports on the overall operation of Afghanistan for the benefit of the Movement partners.

A detailed assessment with the engagement of participating national societies was conducted from December 2021 to January 2022 to provide a substantial analysis of the current humanitarian situation in Afghanistan and will provide the information needed moving forward in 2022. Besides, a mid-term evaluation of the operation is being planned for June 2022, combining also the past DREF operations' lessons learned.

D. Financial Report

As of 31 of May 2022, the Emergency Appeal coverage is CHF 19,923,829 including deferred income received against funding requirements of CHF 36 million (translating to 55.34 per cent coverage). The donor response can be accessed [here](#).

All the income received to date has been fully allocated, with a bulk of it already spent on emergency food assistance, household items and hygiene kits and winterization kits. For details on the expenditure as of 30 April 2022, please refer to the financial report appended.

Reference documents

Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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For IFRC Resource Mobilization and Pledges support

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate, and promote always forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/4-2022/4	Operation	MDRAF007
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 02 Jun 2022

All figures are in Swiss Francs (CHF)

MDRAF007 - Afghanistan - Humanitarian Crises

Operating Timeframe: 19 Mar 2021 to 31 Mar 2023; appeal launch date: 10 Apr 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	509,000
AOF2 - Shelter	1,136,000
AOF3 - Livelihoods and basic needs	11,742,000
AOF4 - Health	4,723,000
AOF5 - Water, sanitation and hygiene	3,698,000
AOF6 - Protection, Gender & Inclusion	155,000
AOF7 - Migration	10,478,000
SFI1 - Strengthen National Societies	1,194,000
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	143,000
SFI4 - Ensure a strong IFRC	2,222,000
Total Funding Requirements	36,000,000
Donor Response* as per 02 Jun 2022	19,923,825
Appeal Coverage	55.34%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	708,225	757,790	-49,565
AOF2 - Shelter	275,000	182,367	92,633
AOF3 - Livelihoods and basic needs	7,419,645	3,189,126	4,230,519
AOF4 - Health	0	16,387	-16,387
AOF5 - Water, sanitation and hygiene	772,693	143,018	629,675
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	21,566	85,910	-64,343
SFI2 - Effective international disaster management	53,250	302,183	-248,933
SFI3 - Influence others as leading strategic partners	82,275	7,306	74,969
SFI4 - Ensure a strong IFRC	1,519,618	237,863	1,281,755
Grand Total	10,852,272	4,921,949	5,930,323

III. Operating Movement & Closing Balance per 2022/04

Opening Balance	721,194
Income (includes outstanding DREF Loan per IV.)	16,133,515
Expenditure	-4,921,949
Closing Balance	11,932,760
Deferred Income	2,368,694
Funds Available	14,301,454

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/4-2022/4	Operation	MDRAF007
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 02 Jun 2022

All figures are in Swiss Francs (CHF)

MDRAF007 - Afghanistan - Humanitarian Crises

Operating Timeframe: 19 Mar 2021 to 31 Mar 2023; appeal launch date: 10 Apr 2021

V. Contributions by Donor and Other Income

Opening Balance							721,194
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Albanian Red Cross	10,000				10,000		
Austrian Red Cross	313,740				313,740		
Austrian Red Cross (from Austrian Government*)	105,403				105,403		
Bloomberg	1,142				1,142		
British Red Cross	2,806,841	11,977			2,818,817		
British Red Cross (from British Government*)	4,800,036				4,800,036		
China Red Cross, Hong Kong branch	23,695				23,695		
Danish Red Cross	1,376,354				1,376,354		
DREF Allocations				-500,000	-500,000		
Electrolux Food Foundation	6,348				6,348		
Finnish Red Cross	480,550				480,550		
Finnish Red Cross (from Finnish Government*)	106,283				106,283		
French Government	1,053,056				1,053,056		
German Red Cross		106,671			106,671		
German Red Cross (from German Government*)	6,872				6,872		
Great Britain - Private Donors	87				87		
Italian Government Bilateral Emergency Fund	1,627,543				1,627,543		
Italian Red Cross	194,366				194,366		
Japanese Government	0				0	2,057,066	
Japanese Red Cross Society	235,703				235,703		
Luxembourg Government	524,175				524,175		
On Line donations	10,793				10,793		
Other			47,136		47,136		
Red Cross of Monaco	27,164				27,164		
Red Cross Society of China	323,225				323,225		
ShelterBox	50,000				50,000		
Singapore Red Cross Society	66,664				66,664		
Slovenian Red Cross	5,184				5,184		
Spanish Government	0				0	311,628	
Swedish Red Cross	1,397,097				1,397,097		
Taiwan Red Cross Organisation	31,713				31,713		
The Netherlands Red Cross	268,361				268,361		
The Netherlands Red Cross (from Netherlands Govern	559,561				559,561		
The Philippine National Red Cross	9,044				9,044		
Twitter	46,273				46,273		
United States - Private Donors	459				459		
Total Contributions and Other Income	16,467,731	118,647	47,136	-500,000	16,133,515	2,368,694	
Total Income and Deferred Income					16,854,709	2,368,694	