

# 3<sup>rd</sup> Reserve Allocation 2021

## Allocation Strategy Paper

Planned Timeline: 17 August – 04 September 2021



## THE AFGHANISTAN HUMANITARIAN FUND (AHF)

1. The Afghanistan Humanitarian Fund is a Country-Based Pooled Fund<sup>1</sup> (CBPF) managed by a Humanitarian Financing Unit (HFU) of the United Nations (UN) Office for the Coordination of Humanitarian Affairs<sup>2</sup> (OCHA) based in Kabul.
2. Established in 2014, and under the leadership of the United Nations Assistant-Secretary General and Humanitarian Coordinator for Afghanistan, its role is to support an effective, coordinated, prioritized and principled humanitarian response in Afghanistan.

## SPECIFIC CRITERIA OF THIS ALLOCATION

3. Through this reserve allocation, the AHF provides urgently needed funds for strictly prioritised life-saving humanitarian assistance in Afghanistan. The initially approved total value of this allocation is **US \$22.7 Million**. Considering the present operational and humanitarian context and urgent need for humanitarian funding to timely and flexibly support life-saving humanitarian assistance, additional partner projects may be included and funded by the AHF via this allocation. Inclusion of any additional projects and funding is subject to individual approval by the Humanitarian Coordinator and Executive Officer of UNOCHA.
4. All project proposals are subject to technical and financial review by the AHF, respective clusters and specialist working groups, prior to final review and approval of grant agreements by the UN Humanitarian Coordinator for Afghanistan and the Executive Officer of UNOCHA.
5. To enable a timely, coordinated, urgent and strictly needs-based humanitarian response, Clusters and partners may modify initially proposed projects, if recent changes of the operational and humanitarian context may require so. Modified project proposals remain subject to strategic and technical reviews and partners are required to adhere to the 'project and proposal development guidance' for this allocation.
6. Due to the current and rapid change of context and significant rise in humanitarian needs, Cluster may propose additional partners and projects to be funded by the AHF under this allocation. All additionally proposed projects are subject to strategic and technical reviews and partners are required to adhere to the 'project and proposal development guidance' for this allocation.
7. Considering the current operational context and therefore allocation process flexibility provided by the AHF in support of clusters and implement partners, the planned Allocation Timeline and Allocation Process Steps might be modified (in consultation with PFMB, HC and OCHA EO, as needed) throughout the course of this allocation.

## HUMANITARIAN RESPONSE PLAN

8. The 2021 update<sup>3</sup> to the Afghanistan HRP 2018 - 2021 seeks USD 1.3 billion to reach 15.7 million people with emergency life-saving humanitarian and protection assistance across the country. The strategic objectives of the HRP focus on the following:
  - Strategic Objective 1: Lives are saved in the areas of highest needs.
  - Strategic Objective 2: Protection violations are reduced and respect for International Humanitarian Law (IHL) is increased.
  - Strategic Objective 3: Vulnerable people are supported to build their resilience.
9. Response to COVID-19 has been mainstreamed into the overall response, along with protection considerations. Most of the critical recovery or system-strengthening activities that were paused or scaled-down in 2020 will be resumed in 2021, providing funding is available.

<sup>1</sup> <https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf>

<sup>2</sup> <http://www.unocha.org>

<sup>3</sup> See 2021 update of the Afghanistan multi-year HRP (2018-2021), released January 2021

## OVERALL HUMANITARIAN CONTEXT OF THIS ALLOCATION

10. Multiple, overlapping challenges including drought, armed conflict and waves of COVID-19 infections resulted in 18.4 million people requiring humanitarian assistance in 2021. To-date, only about 4 million people could be assisted in 2021 (HRP 38 per cent funded, requiring USD 800 million).
11. The impact of consecutive droughts (second in three years) resulted harvests expected to be below average, with an estimated deficit of 2.46m MT of grain and 30% of livestock expected to perish. The next lean season is expected to be even more intense and to arrive earlier. A third of the country reached “crisis” and “emergency” levels of food insecurity, with most of the drought-affected and acutely food insecure areas overlapping. Half of children under 5 years are expected to be acutely malnourished in 2021, with an estimated 10% increase of Severe-Acute Malnutrition (SAM) expected since the start of the year. Of 13 provinces highly affected by drought, nine exceed the WHO emergency threshold of Global Acute Malnutrition (15%), with some districts reporting figures as high as 25%. People’s purchasing power has been reduced and prices of key food commodities stagnated at elevated levels since the onset of the COVID-19 pandemic, resulting in eroded livelihoods, depleted financial reserves and increased debts of already poor households.
12. Three consecutive waves of COVID-19 infections have hit the country hard and a fourth is expected soon. Test positivity rates surged, averaging about 52 per cent in June. As of mid-July, 137,000 people were confirmed COVID-19 positive and about 6,000 to have died, though only 664,000 tests could be conducted. To-date close to a million people have either been partially or fully vaccinated against the virus.
13. The need for life-saving humanitarian assistance increases, posing significant challenges for humanitarian partners to ‘stay and deliver’. Large scale displacement impacts particularly on the health and wellbeing of women and girls; their right and ability to access critical services has been reduced significantly.
14. Population movements exceed all estimates for 2021. By early August 2021 the Displacement Tracking Matrix (DTM) reported a 30%-40% increase in international outflows and irregular migration as Afghans seek safety abroad, whilst undocumented returns are at record high levels (638,000 into Afghanistan, since January).

### Emergency Shelter and Non-Food Items (ESNFI)

15. The recent ‘Whole of Afghanistan Assessment’ (WoAA) revealed that 81% of Internally Displaced People (IDP) do not have adequate heating sources during winter and 60% do not even have one blanket per person. More than 4 million IDPs, many of them displaced since 2012, live in urban & rural informal settlements under sub-standard conditions. Their makeshift shelters do not dignity, privacy, protection from rain, snow, and sub-zero temperatures.
16. This AHF allocation aims as enabling partners to plan, procure, and preposition winter items, ensuring an integrated response to acute and cross-cutting needs, and vulnerabilities associated with the winter season.
17. Considering socio-economic vulnerabilities, inevitably exacerbated by cold weather patterns, the cluster prioritizes heating, winter cloths, blanket packages and NFIs assistances to vulnerable households in ‘Priority 1’ provinces. This AHF allocation aims at providing cash assistance for heating materials, winter clothing, blanket packages, and rental support.

### Food Security & Agriculture (FSAC)

18. After a significantly lower than average winter precipitation and higher than average temperature associated with the La Niña; expected to impact significantly across most regions, particularly in the western, northern, southern, and central highlands of Afghanistan, it is anticipated that the situation will impact on both rain-fed and irrigated agriculture, including cereal production, as well as pasture conditions. The total wheat production for the 2020/21 season was expected to be around 3.9 m MT, 25 per cent less than last year and 18 per cent below the five-year average. For other first- and second season crops such as barley, rice, maize, beans, melons, and oil crops, significantly lower production (relative to last year) is now expected.
19. Below-average wheat production limiting access to sources of food and income, with several IPC Phase 3 areas expected to deteriorate to Emergency (IPC Phase 4) food security outcomes in the coming months. Meanwhile, above-average food prices and below-average purchasing power due to limited labour opportunities and below-average remittances constrain food access for poor households in both urban and rural areas. Deteriorating pasture conditions due to below-average rainfall prompted early livestock sales in

western and northern provinces and is driving down prices. Declining livestock prices result in reduced income earned from sales. Disruptions to trade are expected impact costs of commodities (such as fuel) and fertilizers. By early August 2021, based on WFP price monitoring, prices of wheat, rice, sugar and cooking oil increased by over 50% compared to pre-COVID-19 months.

20. The ICCT agreed 'urgent funding priorities amid deteriorating security' prioritises this allocation to reach IPC Phase 3 and 4 food insecure households, especially IDPs living in urban areas, based on 'FSAC Seasonal Support Vulnerability Criteria'. This requires a particular focus on women-headed households, PwD and households with decreased incomes or severe disruption to livelihoods. Assistance aims at providing four half-basket rations to people across IPC Phase 3 urban areas. IPC Phase 3 and 4 vulnerable farmers will be supported with agriculture wheat seeds and fertilizers and receive agriculture assistance. IPC Phase 3 and 4 vulnerable families to receive immediate lifesaving food and cash-for-food and agriculture assistance packages provided to IPC Phase 3 and 4 vulnerable farmers to enable cultivation of land during the next winter planting season.

#### Nutrition

21. The nutritional status of children and women is worsening, and malnutrition is highly prevalent among children (boys and girls) under five years of age (under-five mortality rate is 55/1000 live births). About 3.1 million out of 7 million, or almost 1 in 2 children under-five are currently expected to suffer from acute malnutrition in 2021 and to require specialized life-saving treatment. Already, 2.2 million children are estimated to be moderately, and nearly one million severely malnourished. 850,000 (or 1 in 4) Pregnant and Lactating Women (PLW) are estimated to be undernourished and requiring life-saving nutrition services.
22. This allocation prioritises provision of lifesaving therapeutic supplies to treat severely and moderately acutely malnourished under five children with/without complications, treatment of malnourished pregnant and lactating women, and children under-five by deploying mobile teams in highly drought and active conflict affected areas and communities.

#### Water, Sanitation, and Hygiene (WASH)

23. Decades of conflict and recurrent sudden-onset natural disasters inflicted damage on limited WASH infrastructure across Afghanistan. Diminished precipitation during the La Niña period triggered an exceptional water scarcity crisis in 2021. Even before the peak of the dry season (July-August), numerous water sources dried up or became undrinkable. Based on assessments on reduction of water quantity and quality, risk of displacements and water trucking requests, at least 32 provinces have been identified to be in urgent needs of safe water supply (14 in high priority, and 18 provinces in medium priority provinces).
24. This AHF allocation aims to provide safe drinking water to highly affected people in a timely manner; through mobile teams, preventing waterborne outbreaks and mitigating movements of populations. Prioritized activities include: (i) Water source surveillance and drying-up alerts, (ii) supply systems rehabilitation or creation, (iii) Household water treatment promotion, (iv) Hygiene promotion focusing on handwashing, (v) WASH for GBV risk mitigation, for the elderly and people with disabilities.

#### Health

25. Armed conflict and the COVID-10 pandemic overburdened already weak and often disrupted health systems. In May/June 2021 alone, more than 3000 civilians were injured and about 300 killed. During first half of the year, 30 attacks on health facilities took place in 18 districts in 8 provinces. 12 health care workers died and 10 were injured, 9 health facilities had to be closed and 4 were damaged significantly. Trauma care is almost exclusively delivered by humanitarian partners.
26. Poor nutrition, lack of preventative healthcare and limited access to health services have made IDPs and returnees particularly vulnerable to illness and diseases. Among IDPs, the incidence rates of measles (42%), acute watery diarrhoea in children under-five (56%) and tuberculosis (41%) is higher than the national average. Continued emphasis will be placed on scaling-up surveillance, risk communication and community engagement work, enhancing infection prevention and control measures and case management. Non-COVID outbreak risk remained present with continued spikes of measles, CCHF, and AWD.
27. This AHF allocation aims to support partners in sustaining and expanding essential, quality health services at community, primary and secondary care levels. Ensuring availability and accessibility of routine and emergency health services including trauma care. Key priorities include: i) management of conflict and non-conflict related trauma including provision of MHPSS services, trauma management, capacity building, triage,

First Aid Trauma Points (FATPs), and emergency referrals. ii) prevention and response to communicable disease outbreaks including COVID-19, support to rapid response teams, provision of PPEs, health education. iii) provision of life-saving and essential primary and secondary health care to the most vulnerable people including maternal and child health care services. It aims at capacity building, ensuring reliable supply of medicines and medical supplies, supporting existing static health facilities, or deploying mobile teams /units particularly to newly displaced populations and under-served areas with non-functional or partially functional facilities.

### Protection

28. Addressing HRP priorities, AHF protection partners aim to provide Individual Protection Assistance (IPA) both through in-kind and emergency cash assistance and referrals to specialized services, including integrated GBV and Health emergency responses (CMR and clinical care for survivors of sexual assault and IPV), MHPSS/case management and referrals, and blanket distributions of dignity kits. Support also aims at supporting beneficiaries in securing land rights to reduce evictions. In this context, partners will work towards sustainable settlements for IDPs and integration of displaced groups.
29. Focused and specialized child protection interventions are critical in the current context. Partners aim to support most vulnerable children, focusing on displaced children in IDP sites and urban settlements, linking services with other clusters to maximize impact of all humanitarian assistance. This includes scaling up life-saving child protection activities to prevent, mitigate and respond to abuse, neglect, exploitation, and violence faced by girls and boys, enabling equitable/safe access to quality child protection services for displaced and conflict affected children, including for children with special needs incl. disabilities.
30. Mines improvised explosive devices (IED) and explosive remnants of war (ERW) continue to cause high casualty and fatality rates (1,597 civilian casualties in 2020). Over 70% of the victims are children. There is a significant need to collect victim data of explosive ordnances to guide humanitarian mine action and the referral of victims to relevant healthcare centres. This AHF allocation aims to enable deployment of Quick Response Teams (with Explosive Ordnance Disposal, Explosive Ordnance Risk Education and Surveying capacity) in 7 regions. The Mine Action Sub-Cluster and more specifically, UNOPS/UNMAS, aims to fill capacity gap by delivering an IED-specific Hostile Environment Training for UN, NGO and other stakeholder personnel. It is expected that the delivered training will prevent the loss of lives and injuries and will enable the delivery of humanitarian assistance.

### Education

31. From January 2021 to June 2021, approximately 930 schools need to be closed due to security reasons. Many schools are being used by armed actors and by displaced people for shelter, hence denying children their right to education. Due to Covid-19 restrictions all schools needed to be closed for nearly 2 months, worsening children's access to education.
32. This AHF allocation aims to support displaced children in regaining access to education, continuity of schooling and retention of teachers in areas of displacement. Partners will address a general shortage of key supplies needed to create temporary learning spaces, including tents, teaching and learning materials. This will support displaced children in at least 4 priority provinces of Afghanistan.

### Coordination and Common Services

33. Poor road conditions, natural hazards, weak transport and communication infrastructure restricts the ability of the humanitarian community to deliver life-saving humanitarian assistance in Afghanistan. There are only a few commercial air services, and in several provinces, there are no commercial air services available at all. UNHAS is often the only reliable air transportation service for humanitarian agencies, partners and donors to access and assist highly vulnerable populations in Afghanistan. Currently 160 registered agencies relying on UNHAS transportation to provide life-saving assistance to 20 provinces.
34. UNHAS has been identified as a critical enabler for humanitarian actors to 'Stay and Deliver'. With this AHF allocation, UNHAS will ensure a) Continuity of regular operations to 22 locations in the country enabling regular air access for humanitarian partners, especially in provinces without commercial air services, b) Security Relocations by air given the often-insecure operational environment, c) Medical Evacuations, for the humanitarian and diplomatic community, and d) Special flights for ad-hoc essential humanitarian missions that cannot take place via regular flights.

**RESPONSE STRATEGY OF THIS ALLOCATION (INDICATIVE PLANNING)****ESNFI Cluster Partners**

<p>Currently Invited AHF Partners:</p> <p>Clusters may propose additional partners.</p>	<ul style="list-style-type: none"> <li>- AfghanAid</li> <li>- Aga Khan Agency for Habitat (AKAH)</li> <li>- Concern Worldwide (CWW)</li> <li>- Danish Refugee Council (DRC)</li> <li>- International Organization for Migration (IOM)</li> <li>- Islamic Relief Worldwide (IRW)</li> <li>- Watan's Social and Technical services Association (WSTA)</li> </ul>
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Provision of rental support to 362 and cash for heating assistance to 1150 conflict displaced families.	Ghor: (Feroz koh) Daykundi: (Nili)	Rental support and cash for heating assistance	10,584	AfghanAid
Provision of rental support to 218 families and cash for heating, winter clothing and blanket packages to 655 conflict, natural disaster affected incl. host community	Badakhshan: (Warduj and Zebak)	Rental support, cash for heating assistance, winter clothing and blanket packages	6,111	AKAH
Provision of cash for heating and in-kind winter clothing, blankets to 878 conflict affected displaced and vulnerable host community families	Badakhshan: (Kohistan and Tagab) Kunduz: (Kunduz city)	Cash for heating assistance, winter clothing and blanket packages	6,146	CWW
Provision of cash for heating assistance to 1,658 conflict displaced, natural disaster affected and vulnerable host communities.	Kabul: (Dehsabz, Bagrami, Chahar Asyab) Zabul: (Qalat, Turnak wa Jaldak, Shahjoy, Arghandab, Mirzana) Maidan Wardak: (Maidan Shahr, Saydabad, Nerkh) Parwan: (Charikar, Bagram, Shinwari)	Cash for heating assistance	11,606	DRC
Provision of cash for heating to 2000 conflict affected displaced. Of these 1,300 families will receive in-kind winter clothing and blankets including vulnerable host communities.	Kabul (Kabul city) Panjsher (all districts)	Cash for heating assistance, winter clothing and blanket packages	14,000	IOM
Provision of cash for heating and in-kind winter clothing, blankets to 810 conflict affected displaced, natural disasters affected and vulnerable host communities.	Bamyan: (Bamyan, Panjab, Yakawlang, Waras, Kahmard, Shibar, Sayghan)	Cash for heating assistance, winter clothing and blanket packages	5,670	IRW
Provision of rental support to 350 families and cash for heating and blanket packages to 600 conflict affected displaced, natural disasters affected and vulnerable host communities.	Ghazni: (Center and Jaghori) Paktya: (Gardez) Paktika: (Orgun, Sharana)	Rental support and cash for heating assistance and blanket packages	6,650	WSTA
<b>Total</b>	<b>13 Provinces</b>		<b>60,767</b>	<b>7</b>

## FSAC Cluster Partners

<p>Currently Invited AHF Partners:</p>	<ul style="list-style-type: none"> <li>- People in Need (PiN)</li> <li>- Organization of Human Welfare (OHW)</li> <li>- Organization for Relief Development (ORD)</li> <li>- World Food Programme (WFP)</li> <li>- Welthungerhilfe (WHH)</li> <li>- Afghan Women Rights Organization (AWRO)</li> <li>- AfghanAid</li> </ul>
<p>Clusters may propose additional partners.</p>	<ul style="list-style-type: none"> <li>- Catholic Relief Services (CRS)</li> <li>- Hand in Hand Afghanistan Organization (HIHAO)</li> <li>- Food &amp; Agriculture Organization (FAO)</li> </ul>

Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Cash distribution for 2 months full food basket or 4 months half food basket.	Balkh (Mazar)	Cash for food assistance to IPC phase 3 and 4 vulnerable, prolonged and new IDPs living in IPC phase 3 and 4 urban areas	9,448	PiN
Cash distribution for 2 months full food basket or 4 months half food basket.	Balkh (Mazar)	Cash for food assistance to IPC phase 3 and 4 vulnerable, prolonged and new IDPs living in IPC phase 3 and 4 urban areas	6,842	OHW
Cash distribution for 2 months full food basket or 4 months half food basket. Agriculture inputs distribution of certified seed, fertiliser Urea, fertiliser DAP and vegetable seeds. (Supporting CERF funding provided to FAO) Training of farmers on proper use of certified seeds and quality fertilisers	Faryab: (Maimana) Takhar: (Taloqan)	Cash for food assistance to IPC phase 3 and 4 vulnerable, prolonged and new IDPs living in IPC phase 3 and 4 urban areas Agriculture support (improved wheat seed, fertilizers, vegetables seeds and training) to food insecure IPC phase 3 and 4 vulnerable farmers.	18,395	ORD
Cash distribution for 2 months full food basket or 4 months half food basket.	Kandahar: (Kandahar city) Faryab: (Maimana)	Cash for food assistance to IPC phase 3 and 4 vulnerable, prolonged and new IDPs living in IPC phase 3 and 4 urban areas	24,605	WFP (CHA and HAPA)

Cash distribution for 2 months full food basket or 4 months half food basket.	Nangarhar: (Jalalabad)	Cash for food assistance to IPC phase 3 and 4 vulnerable, prolonged and new IDPs living in IPC phase 3 and 4 urban areas	9,211	WHH (SHPOUL)
Cash distribution for 2 months full food basket or 4 months half food basket. Agriculture inputs distribution of certified seed, fertiliser Urea, fertiliser DAP and vegetable seeds. (Supporting CERF funding provided to FAO) Training of farmers on proper use of certified seeds and quality fertilisers	Kunar: (Asadabad) Laghman: (Mehtarlam, Qarghayi) Paktika: (Yosufkhil and Sharana)	Cash for food assistance to IPC phase 3 and 4 vulnerable, prolonged and new IDPs living in IPC phase 3 and 4 urban areas. Agriculture support (improved wheat seed, fertilizers, vegetables seeds and training) to food insecure IPC phase 3 and 4 vulnerable farmers.	48,800	AWRO
Cash distribution for 2 months full food basket or 4 months half food basket. Agriculture inputs distribution of certified seed, fertiliser Urea, fertiliser DAP and vegetable seeds. (Supporting CERF funding provided to FAO) Training of farmers on proper use of certified seeds and quality fertilisers	Ghor: (Dawlatyar, DoLayna and Lal Wa Sarejangan)	Agriculture support (improved wheat seed, fertilizers, vegetables seeds and training) to food insecure IPC phase 3 and 4 vulnerable farmers.	26,400	AfghanAid
Cash distribution for 2 months full food basket or 4 months half food basket. Agriculture inputs distribution of certified seed, fertiliser Urea, fertiliser DAP and vegetable seeds. (Supporting CERF funding provided to FAO) Training of farmers on proper use of certified seeds and quality fertilisers	Daykundi: (Khidir, Miramor, Shahristan and Ashterly). Bamyan: (Sayghan and Waras)	Agriculture support (improved wheat seed, fertilizers, vegetables seeds and training) to food insecure IPC phase 3 and 4 vulnerable farmers.	47,052	CRS
Cash distribution for 2 months full food basket or 4 months half food basket. Agriculture inputs distribution of certified seed, fertiliser Urea, fertiliser DAP and vegetable seeds. (Supporting CERF funding provided to FAO) Training of farmers on proper use of certified seeds and quality fertilisers	Kunduz: (Ali Abad and Chardarah). Samangan: (Aybak)	Agriculture support (improved wheat seed, fertilizers, vegetables seeds and training) to food insecure IPC phase 3 and 4 vulnerable farmers.	21,000	HIHAO

Procurement of certified seeds	Prioritised Locations	Agriculture support (improved wheat seed, fertilizers, vegetables seeds and training) to food insecure IPC phase 3 and 4 vulnerable farmers.	N/A	FAO
<b>Total</b>	<b>13 Provinces</b>		<b>211,753</b>	<b>10</b>

### Nutrition Cluster Partners

<p>Currently Invited AHF Partners:</p> <p>Clusters may propose additional partners.</p>	<ul style="list-style-type: none"> <li>- Organization for Community Coordination and Development (OCCD)</li> <li>- Solidarity for Afghan Families (SAF)</li> <li>- World health Organization (WHO)</li> <li>- Healthnet International and Transcultural Psychosocial Organization (HNI-TPO)</li> <li>- World Food Programme (WFP)</li> <li>- United Nation Children Fund (UNICEF)</li> <li>- Action Contre la Faim (ACF)</li> </ul>
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Establishment of mobile nutrition teams for conflict induced IDPs in Badakhshan and provision of lifesaving nutrition treatment services for malnourished boys and girls U5 and PLW	Badakhshan: (Fiaz Abad/ Bagh-i- Zerat)	Provision of SAM, MAM treatment services for 5,404 children under-five through mobile nutrition teams to reach IDPs	5,404	OCCD
Deployment of mobile nutrition teams to provide the preventive and lifesaving treatment services for girls and boys and PLWs	Jawzjan: (Sheberghan city and Khwaja Doku) Faryab: (Bilcheragh, Qaisar, Maimana and Gorziwan) Sar-e-Pul: (Saidan and Sar-e-Pul city)	Treatment of 9,120 under-five children and PLWs	9,120	SAF
Procurement of therapeutic milk preparation kits, warm and cold chain system, bedside chairs, IPC, medicine, medical equipment for 22 IPD-SAM centres, printing of TSS, MSS, 24 hours food intake carts, Mayo chart and IEC materials for 22 IPD-SAM centres, training of 88 Health staff (nurse, doctor) on management of severe acute malnutrition, WASH, IPC, and breastfeeding	Farah: (Zaranj PH, Qala-i- Kah) Herat: (Herat city, Guzarah, Shindan, Gulran, Ghorian, Obe) Faryab: Maimana, Andkhoy Sherin tagab) Ghor: (Cheghcharan, Taywarah, Lal-wa-Sarjangal) Badghis: (Qala-e-naw, Murghab)	Stock gap of Therapeutic Feeding Unit (TFU) kits, TFU supplies, and weak knowledge of TFU staff to treat severely acutely malnourished children with complications	2,811	WHO
Support to 4 mobile nutrition teams (3 in Laghman and 1 in Kunar) for IDPs and non-displaced conflict-affected people	Laghman: (Mehtherlam, Alingar, Alishang) Kunar: (Asadabad, Dara-e-Pich, Ghaziabad)	Provision of SAM, MAM treatment services for children under-five through mobile nutrition teams to reach IDPs and	29,371	HNI-TPO

		conflict-affected people		
Provision of life saving therapeutic supply for: a. Treatment of Moderate Acute Malnourished (MAM) children (OPD-MAM children) b. Treatment of malnourished pregnant & lactating women (OPD-MAM PLW) c. Prevention of Acute Malnutrition in children (BSFP children) d. Prevention of Acute Malnutrition in pregnant & lactating women (BSFP PLW)	Badakhshan: (Faizabad) Kandahar: (Kandahar City) Takhar: (Taloqan) Ghazni: (Jaghori) Herat: (Karukh) Jawzjan: (Sheberghan) Laghman: (Mehtarlam)	Stock gap of RUSF for treating 6738 moderately malnourished children and stock gap for treating 3,184 pregnant and lactating women. And BSFP supply for 5160 children and PLWs	15,082	WFP
Provision of lifesaving nutrition supply for the treatment of severely acutely malnourished children under-five years old	Badakhshan: (Fiaz Abad/ Bagh-i- Zerat, Nusai) Herat: (Herat city, Guzarah, Shindan, Gulran, Ghorian, Obe) Jawzjan: (Sheberghan city and Khwaja Doku) Laghman: (Mehtherlam, Alingar, Alishang) Kandahar: ( Arghandaab, Arghestaan, Damaan, Dand, Ghorak, Kandahar, Khakriz, Maiwand, Maroof, Mia Nesheen, Nish, Panjwaye, Rig, Shah Wali Kot, Shorabak, Speen Boldak, Takhta Pul, Zgheray) Takhar: (Baharak, Bangi, Chaal, Chah Aab, Darqad, Dasht-e-Qala, Eshkamesh, Farkhar, Hazar Samooj, Kalafgaan, Khowaja Bahawuddin, Khowaja Ghaar, Namak Aab, Rustaaq, Taloqan, Warsaj, Yangi Qala) Ghazni: (Aab Band, Ajrestaan, Andar, Deh Yak, Geelan, Geero, Ghazni, Jaghatoo, Jaghoori, Khowaja Omary, Malestan, Moqor, Nawah, Nawar, Qara Bagh, Rasheedan, Waghaz, Wali Moh. Shaheed, Zen Khan)	Stock gap of 5,916 cartons of Ready to Use Therapeutic Food (RUTF) to provide lifesaving treatment services to 6,524 children between 6 and 59 months	6,524	UNICEF
Deployment of three Mobile Health and Nutrition Team, and breastfeeding corners to support	Daykundi: (Kiti, Nili) Ghor: (Lal, Chaghcharan)	Provision of nutrition live-saving interventions for	8,281	ACF

areas hosting additional population due to internal displacement.		8281 vulnerable children and pregnant women in conflict and drought affected provinces		
<b>Total</b>	<b>14 Provinces</b>		<b>76,593</b>	<b>7</b>

### WASH Cluster Partners

<p>Currently Invited AHF Partners:</p> <p>Clusters may propose additional partners.</p>	<ul style="list-style-type: none"> <li>- Organization for Relief Development (ORD)</li> <li>- Norwegian Refugee Council (NRC)</li> <li>- International Rescue Committee (IRC)</li> <li>- World Vision International (WVI)</li> <li>- Catholic Relief Services (CRS)</li> <li>- International Medical Corps UK (IMC-UK)</li> </ul>
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
<p>Water source surveillance and drying-up alert (water levels and turbidity control, water trucking requests collection).</p> <p>Water supply systems rehabilitation or set-up (hand-dug wells or boreholes, handpump or solar, gravity or mixed, emergency water treatment unit, water trucking in last resort).</p> <p>Household water treatment promotion (selection of appropriate purification methods such as purification tabs or filters, sensitization, distribution of items).</p> <p>Hygiene promotion focusing on handwashing (water-efficient tippy taps or distribution of hygiene kits from the WASH Cluster core pipeline).</p> <p>WASH for GBV risk mitigation and for People with Disabilities (consultation with the most vulnerable before selection of the water points).</p>	<p>Samangan: (Aybak, Hazrat Sultan, and Feroz Nakhchir)</p> <p>Jawzjan: (Shiberghan and Aqcha)</p> <p>Paktika: (Sharana)</p>	<p>Early warning system on drinking water sources.</p> <p>Safe drinking water access at community and household level.</p> <p>Water-efficient proper handwashing.</p> <p>Agreed location on water points with the most vulnerable.</p>	27,700	ORD
<p>Water sources surveillance and drying-up alert (water levels and turbidity control, water trucking requests collection).</p> <p>Water supply systems rehabilitation or set-up (hand-dug wells or boreholes, handpump or solar, gravity or mixed, emergency water treatment unit, water trucking in last resort).</p> <p>Household water treatment promotion (selection of appropriate purification methods such as purification tabs or filters, sensitization, distribution of items).</p>	<p>Nimroz: (Kang, Zaranj and Charboriak)</p>	<p>Early warning system on drinking water sources.</p> <p>Safe drinking water access at community and household level.</p> <p>Water-efficient proper handwashing.</p> <p>Agreed location on water points with the most vulnerable.</p>	32,500	NRC

<p>Hygiene promotion focusing on handwashing (water-efficient tippy taps or distribution of hygiene kits from the WASH Cluster core pipeline). WASH for GBV risk mitigation and for People with Disabilities (consultation with the most vulnerable before selection of the water points).</p>				
<p>Water sources surveillance and drying-up alert (water levels and turbidity control, water trucking requests collection). Water supply systems rehabilitation or set-up (hand-dug wells or boreholes, handpump or solar, gravity or mixed, emergency water treatment unit, water trucking in last resort). Household water treatment promotion (selection of appropriate purification methods such as purification tabs or filters, sensitization, distribution of items). Hygiene promotion focusing on handwashing (water-efficient tippy taps or distribution of hygiene kits from the WASH Cluster core pipeline). WASH for GBV risk mitigation and for People with Disabilities (consultation with the most vulnerable before selection of the water points).</p>	<p>Hilmand: (Lashkar Gah, Nahri Sarraj, Nad Ali) Paktya: (Ahmad Abad, Chamkani, Gardiz, and Zurmat)</p>	<p>Early warning system on drinking water sources. Safe drinking water access at community and household level. Water-efficient proper handwashing. Agreed location on water points with the most vulnerable.</p>	20,000	IRC
<p>Water sources surveillance and drying-up alert (water levels and turbidity control, water trucking requests collection). Water supply systems rehabilitation or set-up (hand-dug wells or boreholes, handpump or solar, gravity or mixed, emergency water treatment unit, water trucking in last resort). Household water treatment promotion (selection of appropriate purification methods such as purification tabs or filters, sensitization, distribution of items). Hygiene promotion focusing on handwashing (water-efficient tippy taps or distribution of hygiene kits from the WASH Cluster core pipeline). WASH for GBV risk mitigation and for People with Disabilities (consultation with the most vulnerable before selection of the water points).</p>	<p>Badghis: (Ab Kamari, Bala Murghab, Ghormach, Jawand, Muqur, Qadis) Hirat: (Gulran, Ghoryan, Zanda Jan, Kohsan, Koshk Rabat Sangi, Koshki Kohna, Pashtun Zarghun)</p>	<p>Early warning system on drinking water sources. Safe drinking water access at community and household level. Water-efficient proper handwashing. Agreed location on water points with the most vulnerable.</p>	28,000	WVI

<p>Water sources surveillance and drying-up alert (water levels and turbidity control, water trucking requests collection).</p> <p>Water supply systems rehabilitation or set-up (hand-dug wells or boreholes, handpump or solar, gravity or mixed, emergency water treatment unit, water trucking in last resort).</p> <p>Household water treatment promotion (selection of appropriate purification methods such as purification tabs or filters, sensitization, distribution of items).</p> <p>Hygiene promotion focusing on handwashing (water-efficient tippy taps or distribution of hygiene kits from the WASH Cluster core pipeline).</p> <p>WASH for GBV risk mitigation and for People with Disabilities (consultation with the most vulnerable before selection of the water points).</p>	<p>Daykundi: (Ashterlay, Sangi Takht)</p> <p>Bamyan: (Yakawlang, Dare Chast)</p>	<p>Early warning system on drinking water sources.</p> <p>Safe drinking water access at community and household level.</p> <p>Water-efficient proper handwashing.</p> <p>Agreed location on water points with the most vulnerable.</p>	13,500	CRS
<p>Water sources surveillance and drying-up alert (water levels and turbidity control, water trucking requests collection).</p> <p>Water supply systems rehabilitation or set-up (hand-dug wells or boreholes, handpump or solar, gravity or mixed, emergency water treatment unit, water trucking in last resort).</p> <p>Household water treatment promotion (selection of appropriate purification methods such as purification tabs or filters, sensitization, distribution of items).</p> <p>Hygiene promotion focusing on handwashing (water-efficient tippy taps or distribution of hygiene kits from the WASH Cluster core pipeline).</p> <p>WASH for GBV risk mitigation and for People with Disabilities (consultation with the most vulnerable before selection of the water points).</p>	<p>Kunar: (Nurgal, Shultan, and Watapur)</p>	<p>Early warning system on drinking water sources.</p> <p>Safe drinking water access at community and household level.</p> <p>Water-efficient proper handwashing.</p> <p>Agreed location on water points with the most vulnerable.</p>	14,000	IMC - UK
<b>Total</b>	<b>11 Provinces</b>		<b>135,700</b>	<b>6</b>

### Health Cluster Partners

<p>Currently Invited AHF Partners:</p>	<ul style="list-style-type: none"> <li>- JOHANNITER (JUH)</li> <li>- Agency for Assistance and Development of Afghanistan (AADA)</li> <li>- Organization for Community Coordination and Development (OCCD)</li> <li>- Islamic Relief Worldwide (IRW)</li> <li>- International Medical Corps UK (IMC-UK)</li> <li>- Premiere Urgence – Aide Medicale Internationale (PU-AMI)</li> </ul>
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<b>Clusters may propose additional partners.</b>	<ul style="list-style-type: none"> <li>- Healthnet International and Transcultural Psychosocial Organization (HNI-TPO)</li> <li>- Solidarity for Afghan Families (SAF)</li> <li>- United Nations Population Fund (UNFPA)</li> </ul>
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
<p>Treatment of trauma cases (First aid trauma services) including stabilization.</p> <p>Triage of trauma patients.</p> <p>Rapid Response (Evacuation, stabilization and referral of trauma cases from field, villages to FATP).</p> <p>Referral of the trauma cases to secondary or higher treatment facilities.</p> <p>Provision of Psychological First aid to trauma and other patients.</p> <p>Refresher Training in Basic Life support and Casualty Management.</p>	Kunduz: (Imam Sahib, Chardara, Qala-e-zal, Archi and Khan Abad)	<p>Trauma management.</p> <p>Capacity building of health care workers.</p> <p>Support emergency referrals and Psychological First aid.</p>	14,500	JUN (JACK)
<p>Re-activation of Nawa, Khawja Omari, Zanakhan and Waghz districts FAPTs and the rapid response teams.</p> <p>Enhancing the capacity of Qarabagh, and Moqor district hospitals by establishing trauma care unit.</p> <p>Training of medical professionals on first response, lifesaving interventions and psychosocial support.</p>	Ghazni: (Nawa, Khawja Omari, Zanakhan, Waghz, Moqor and Qarabagh)	<p>Trauma management, capacity building and mental health and psychosocial support.</p> <p>The BHCs and CHCs in these districts have limited resources and staff.</p> <p>First aid trauma posts (FATPs) in four districts.</p>	17,500	AADA
<p>Establishing three first aid trauma post and provision of FATP stabilization 24/7 to the conflict and not- conflict community.</p> <p>Increasing capacity of medical professional by training on first response, lifesaving, and psychosocial services</p>	Badakhshan: (Teshkan, Tagab, Yemgan)	<p>Lack of trauma care/referral at health facilities.</p> <p>Mental health services limited.</p>	12,000	OCCD
<p>Provision of life saving healthcare including maternal, neonatal and child health services in IDP areas through mobile health service teams.</p> <p>Provision of Psychosocial support (PSS).</p> <p>Increasing Awareness about prevention of communicable disease including Covid19.</p> <p>Support referral services.</p> <p>Distribution Covid19 infection prevention kits.</p>	<p>Nangarhar: (Momandara and Roodat)</p> <p>Balkh: (Mazar city, Dehdadi, Nahri-Shahi)</p>	<p>Lack of life saving support of primary and secondary healthcare including MNHC. Gaps for Psychosocial Support to the IDPs and host communities affected by conflicts.</p> <p>Lack of awareness and precautions about Covid19 and other preventable illnesses.</p>	42032	IRW

		Insufficient access to secondary healthcare facilities for chronic and complicated cases.		
Establishment of integrated FATPs. Provision of well-equipped ambulances services for FATPs. Continuing activities of the existing SHCs. Establishment of new SHCs. Support trainings.	Nuristan: (Kamdish - Mandgal village)  Paktika: (Yahyakhil, Gomal, Dila, Gayan, and Waza-khawa)	Continuation and establishment of new First Aid Trauma Post Continuation and establishment of new Sub-health Centers (SHCs). Trauma-specific capacity is considerably low, including technical staff, medical equipment, and supplies. Poor referral system for trauma cases due to lack of ambulances for trauma patients and unavailability of trained nurses.	40,000	IMC-UK
FA, PFA training and supervision for community-based volunteers in hotspot locations and provision of first aid boxes. BLS, ALS, PFA training and supervision for HF staff (BPHS implementers) in hotspot locations and provision of trauma kits. Provision of surge teams consisting of: a) Surgeon and Trauma Nurse to be deployed in DHs to support emergency trauma care b) MD, Nurse, Midwife, PSS Provider to be deployed in overwhelmed HFs in areas where IDPs have been relocated Staffed and equipped rental ambulances for the transfer of emergency trauma cases from hotspots to FATPs / DHs. COVID-19 mainstreaming through IPC awareness (for service providers and beneficiaries) and PPE provision (for service providers and PUI personnel).	Kunar: (Asmar, Chiapadara, Manogai, Dangam, Asadabad)  Nangahar: (Achin, Khogyani, Shirzad, Hisarak)  Nuristan: (Duab, Want Wigal)	Lack of trauma care and psychological first aid in hotspot locations (lack of facilities personnel and materials). Trauma care and psychological first aid out of the regular BPHS scope (lack of training and materials). Overwhelmed HFs due to IDP movements (lack of personnel). Limited ambulance services to strengthen referral pathways (lack of vehicles, equipment, personnel).	60,000	PU-AMI
Establish trauma care centres (Laghman, Kunar, and in Nangarhar).	Laghman: (Alingar, Katal, Alishang) Kabul: (Mirbachakot, Sarobi)	No Trauma Facilities in the area. Lack of referral. Access of IDPs to essential primary	27,000	HNI-TPO

Establish mobile health teams for IDPs (Laghman, Nangarhar and in Kabul). Support psychosocial and referral services.	Nangarhar: (Behsud and Jalalabad city) Kunar: (Nurgal, Nari)	health and psychosocial support services.		
Establishing Trauma care units in CHC+, and district Hospitals Provision of equipment, training and kits.	Sar-e-pul: (Kohisatanat, Sancharak) Jawzjan: (Darzab) Faryab: (ShirinTaghab Ankhuy, and Qaisar) Samangan: (Aybak)	Need for trauma care services for conflict affected communities. Provision of equipment, training and kits.	72,000	SAF
Procure and distribute RH kits to hospitals. Procure and distribute clean delivery kits to pregnant women.	Kuduz, Takhar, Balkh and Baghlan provinces	Lack of reproductive health services and supplies.	35,000	UNFPA
<b>Total</b>	<b>16 Provinces</b>		<b>320,032</b>	<b>9</b>

### Protection Cluster Partners

<p>Currently Invited AHF Partners:</p> <p>Clusters may propose additional partners.</p>	<ul style="list-style-type: none"> <li>- Agency for Assistance and Development of Afghanistan (AADA)</li> <li>- International Medical Corps UK (IMC-UK)</li> <li>- United Nations Human Settlements Programme (UN-HABITAT)</li> <li>- Danish Refugee Council (DRC)</li> <li>- Afghan Children and New Approach (ASCHIANA)</li> <li>- Children in Crisis (CiC)</li> <li>- HALO Trust</li> <li>- United Nations Office for Project Services (UNOPS)</li> </ul>
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Integrated GBV and Health emergency response (CMR and clinical care for survivors of sexual assault and IPV), MHPSS/case management and referrals, Blanket distribution of dignity kits.	Herat: (Injil district) (Shaidaye IDPs camp)	Displacement. Increased number of IDP population in the IDP camps in Herat. High need to support women and girls.	20,000	AADA
Integrated GBV and Health emergency response (CMR and clinical care for survivors of sexual assault and IPV), MHPSS/case management and referrals, Blanket distribution of dignity kits – mobile and static teams.	Balkh: (Dehdadi) Nangarhar: (Dara-e-Noor)	High needs of GBV lifesaving for women and girls	20,000	IMC-UK
Identification of suitable land for settlement. Securing legal rights of land parcels, focusing on the rights of vulnerable women. topographical survey and settlement planning. land demarcation, site preparation for access and mobility.	Herat: (Zenda Jan and Injil)	Land allocation for conflict and drought displaced groups for vulnerable women.	7,000	UN-HABITAT
Provision of Individual Protection Assistance (IPA)	Farah: (Farah City & Pusht Rod)	Lifesaving and life sustaining	580	DRC

	Zabul: (Zabul City, Qalat, Turnak wa Jaldak, Shahjoy, Arghandab, Mirzana)	protection assistance.		
Holistic/comprehensive case management. Setting up help desks where children with acute protection needs will be registered and receive lifesaving protection services. Establish and train Community Based CP Committees at IDP sites and urban areas. Psychosocial support (PSS) to children through mobile PSS teams. Provision of psychological first aid (PFA) to children, caregivers and adolescents in the immediate aftermath of traumatic events.	Nangarhar: (Jalalabad City, Besud and Surkh Rod districts)  Kandahar: (Kandahar City)	Holistic and appropriate response to children with protection needs, including through case management and integrated psychosocial support.	13,680	ASCHIANA
Holistic and appropriate response to children with protection needs, including through case management and integrated psychosocial support.	Bamyan: (Panjab, Bamyan city, Yakawlang, Shibar, Waras districts)  Baghlan: (Baghlan e Jadid, Pul e Khumri)  Daykundi: (Gizab district)	Case management and counselling services for vulnerable children, who are at risk of child labour, child marriage and increased exposure to exploitation and violence including GBV. Provide Mental Health and Psychosocial Support services to vulnerable children.	17,250	CiC
Provision of explosive ordnance disposal, explosive ordnance risk education and survey activities through quick response teams. Provision of victim data collection and victim referral activities through quick response teams (or capacity complementing the QRTs).  Provision of EORE ToT session to child protection partners and delivery of child focused explosive ordnance risk education.	Logar: (Baraki Barak, Mohammad Agha, Puli Alam, Khoshi, Charkh) Maidan Wardak: (Nirakh, Maydan Shahr, Jalrez, Sayed Abad, Chack) Kabul: (Sorubi and Khaki Jabar) Paktika: (Gayan, Waza Khwa, Yahya Khel, Barmal, Turwo, Janki Khel, Wor Mayi, Mata Khan, Ziruk, Yosuf Khel, Sar Hawza, Gomal) Ghazni: (Andar, Deh Yak, Qarabagh) Hirat: (Hirat, Obe, Adraskan, Pashtun Zarghon, Kohsan,	Lack of Quick Response Teams (QRT) with capacity of Explosive Ordnance Disposal (EOD), Explosive Ordnance Risk Education (EORE), surveying, victim data collection and referral capacity to respond to community requests and to be deployed in the case of large-scale emergencies due	61,200	HALO

	Zanda Jan, Karukh, Ghoryan, Gulran) Badghis: (Balamurghab, Qalai Naw) Farah: (Farah Centre, Farah Rud, Balabuluk) Nangarhar: (Shirzad, Pahier Agam, Muhmand Dara, Bati Kot, Acheen, Dur Baba, Khogyani, Surkh Rod, Chaparhar, Nazyan, Hesarak) Nuristan: (Du Ab, Mandol, Bargi Matal, Kamdesh, Wygal) Kunar: (Wata Pur, Bar Kunar, Dar-i-Pech, Ghazi Abad, Dangam, Narai and Chapa Dara) Kunduz: (Khanabad, Kunduz, Aliabad, Imam Sahib) Baghlan: (Khinjan, Puli Hisar, Andrab, Puli Khumri, Khwaja Hijran, Burka, Farang Wa Gharu, Dih Salah, Guzargahi Nur, Dushi)	to recent increase in conflicts. Moreover, further efforts are needed to protect children from risks of explosive devices as children are specifically vulnerable and fall victims to ERW (over 70% of ERW victims are children).		
Delivery of a safety and security training with focus on the risks posed by explosive hazards, especially improvised explosive devices, to international and national humanitarian NGOs, UN agencies and other stakeholders.	Initial trainings taking place in Kabul in person (COVID-19 and security permitting) and virtually.	Due to heightened risks related to IEDs and ERW contamination, humanitarian NGOs requested UNMAS to deliver a training on IED/explosive hazard risk mitigation	1,000	UNOPS (UNMAS)
<b>Total</b>	<b>17 Provinces</b>		<b>140,710</b>	<b>8</b>

### Education Cluster Partners

Currently Invited AHF Partners: Clusters may propose additional partners.	<ul style="list-style-type: none"> <li>- War Child Canada (WCC)</li> <li>- International Rescue Committee (IRC)</li> <li>- Save the Children Fund (SCF)</li> </ul>
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
<p>Establishment of temporary learning spaces where integration into existing facilities is not possible or safe.</p> <p>Provision of teaching/learning materials for influx of IDP children displaced by the conflict, both self-learning and those to be used in the TLS or during small group activities.</p> <p>Identification of EiE/CBE teachers for TLS in host communities and training for EiE teachers.</p> <p>Payment and training for teachers on psychosocial support (Psychological First Aid in particular).</p> <p>Strengthened child protection referral pathways particularly for separated children and children under extreme distress.</p> <p>Community mobilization to strengthen resilience and social cohesion for children among chronic IDP populations and returnees.</p> <p>Establishment/ strengthening existing Community Based Child Protection Mechanisms (CBCPM) to address child protection concerns of children from IDP communities/ families.</p>	Kabul: (Bagrami District, PD12, PD13 and PD17)	<p>Mass displacements. And thousands of IDP relocating to Kabul. The education facilities and system in Kabul cannot cope with this influx. More learning spaces need to be created to ensure that displaced children are afforded an opportunity to continue with their learning. There is also a gap in terms of teaching and learning materials. Many of the children who have been displaced have witnessed and experienced some form of conflict and violence hence activities are also required to address the PSS needs of these children.</p>	6,200	WCC
<p>Establishment of temporary learning spaces where integration into existing facilities is not possible or safe.</p> <p>Provision of teaching/learning materials for influx of IDP children displaced by the conflict, both self-learning and those to be used in the TLS or during small group activities.</p> <p>Identification of EiE/CBE teachers for TLS in host communities and training for EiE teachers.</p> <p>Payment and training for teachers on psychosocial support (Psychological First Aid in particular).</p> <p>Strengthened child protection referral pathways particularly for separated children and children under extreme distress. Community mobilization to strengthen resilience and social cohesion for children among chronic IDP populations and returnees. Providing WASH packages for established TLS.</p>	Kandahar: (Haji Camp & PED Hostel in Kandahar city) Hilmand: (Lashkargah) and Naad Ali)	<p>Education support is urgently needed in Kandahar and Helmand and in particular, Haji camp to ensure IDP children have access to continue their education as well as critical PSS support services. The PEDs of the two provinces report that due to the consequences of recent conflict, recurrent natural disasters, lack of recovery from past crises and the added health and socio-economic strain of the COVID-19 pandemic many students are not able to continue their education and require</p>	8,100	IRC (OHW)

Establishment of linkages with local formal schools for direct integration (where possible) or integration of children after a cycle of EiE programming.		immediate support in child-friendly learning spaces for recovery.		
Provision of teaching/learning materials for influx of IDP children displaced by the conflict, both self-learning and those to be used in the TLS or during small group activities. Training of teachers on PSS (in particular, PFA). Strengthened child protection referral pathways particularly for separated children and children under extreme distress. Establishment of temporary learning spaces where integration into existing facilities is not possible or safe (only if situation allows for this).	Kabul: (Kabul city and Mosahi)  Nangarhar: (Jalalabad city, Rodat & Behsood districts)	Recent armed clashes in Kunduz resulted in mass displacement with over 120,000 individuals displaced from their homes. Due to the conflict and covid, education has been negatively affected as schools have been closed for extended periods since last year.	7,368	SCF
<b>Total</b>	<b>4 Provinces</b>		<b>21,668</b>	<b>3</b>

### Coordination and Common Services Cluster Partners

Currently Invited AHF Partners: Clusters may propose additional partners.	- World Food Programme (WFP) / United Nations Humanitarian Air Service (UNHAS)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Regular and reliable access by air  Security relocations  Medical evacuations  COVID-19 evac response  Ad-Hoc flights	22 locations/destinations in Afghanistan as per UNHAS weekly schedule: Bamyan, Chakhcharan, Faizabad, Farah, Gardez, Ghazni, Herat, Jalalabad, Kabul, Kandahar, Khost, Kunduz, Lal (Sarjangan), Lashkar Gah, Maimana, Mazar, Nili, Nimroz, Qala-e-Naw, Sharana, Sheberghan, Tarinkot.	Regular access to provinces in Afghanistan  COVID-19 response and vaccination transport  Medical evacuations  Security relocation flights  Ad-Hoc flights	18,000	WFP/UNHAS
<b>Total</b>	<b>22 Provinces</b>		<b>18,000</b>	<b>1</b>

### PROJECT AND PROPOSAL DEVELOPMENT GUIDANCE

31. This AHF allocations provides funding to eligible local, national, and international non-governmental organizations (NGOs), Red Cross/Red Crescent Organisations and United Nations (UN) agencies, funds, and programs.

35. Local, national and international NGOs are required to pass the AHF eligibility process<sup>3</sup>, including Grant Management System<sup>4</sup> (GMS) registration, as well as due diligence and partner capacity assessments before being approved to submit proposals in the GMS.
36. Localization of aid and incorporating local/national Non-Governmental Organizations into the overall humanitarian response is a strategic priority of the Afghanistan Humanitarian Fund and Clusters are requested to prioritise program implementation through national partners, whenever feasible.
37. All projects must meet and address the HRP strategic objectives and the respective cluster strategy.
38. All partners, sub-implementing partners and their proposals must be reviewed and endorsed, both strategically and technically by the respective clusters and specialized working groups (if applicable), preventing also duplication of activities across clusters/projects/proposals and partners.
39. Proposals must include robust risk mitigation practices demonstrating clear location-specific context analysis and understanding of risks. As such, all proposals should be reviewed and endorsed by the Access & Security Unit of OCHA Afghanistan prior to SRC reviews:
  - a) Security: Proposals must demonstrate a clearly articulated understanding of the risks specific to the program activities, organizational profile and security situation within and around the proposed area of operations. In addition, specific mitigation measures must be referenced which the organization can put in place to offset these risks.
  - b) Access:
    - Proposals must clearly illustrate a nuanced understanding of the program specific context, relevant stakeholders and conflict dynamics in the proposed area of operations; as well as a means by which the partner will be able to successfully negotiate meaningful access to operate within the detailed context.
    - All partners and sub-implementing partners must have effective access to the affected communities, particularly in those hard-to-reach areas; and existing partnership agreement with key stakeholders (e.g. local authorities, host communities, existing agreements with community-based organizations).
40. Mainstreaming cross-cutting issues such as PSEA, Accountability to Affected Populations (AAP), protection, gender, age, and disability and is an important requirement for all projects. Therefore, all respective components of all partner proposals must be reviewed accordingly and prior to all SRC and TRC reviews.
41. Use and registration of the 'Gender with Age Marker' (GAM) is a standard requirement for all proposals. The GAM is available at <https://iascgenderwithagemarker.com> and provides an automatic and objective calculation of the quality of humanitarian programming.
42. The use of cash (including multi-purpose cash), where feasible and appropriate, is to be conducted in accordance with 'AHF Minimum Requirements for Cash-Based Programming including Post-Distribution Monitoring (PDM)' and by using the respective toolkit created by the Afghanistan Cash Voucher Working Group (CVWG). All proposals that include cash-based modalities must be reviewed and endorsed by the CCVWG prior to SRC/TRC reviews.
43. Partners are required to address the core commitments to 'Accountability to Affected Populations' (AAP), in their project proposal (see guideline developed by the AAP working group for organizations seeking to implement AHF projects), describe how affected populations and specific beneficiaries have been and will be involved throughout the humanitarian project cycle, and verify through AHF reporting and monitoring procedures how this has been applied. AAP core commitments are acted on through engaging project participants in decision-making in all project phases, leadership/governance that embeds AAP practices and policies in programming, operational transparency, the presence of an effective feedback-and-response mechanism for project participants, policies and practices that support the participation of women, people with disabilities, elderly people and others in marginalized groups; monitoring/evaluation/learning processes.
44. Accountability activities should include that partner adopt and enforce a policy banning staff from demanding any form of payment from project participants e.g., to receive cash-based programming and all other forms of assistance.

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<sup>3</sup> CBPF Global Guidelines, Annex 10, <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

<sup>4</sup> OCHA, Grant Management System, <https://cbpf.unocha.org/>

45. The AHF requests all partners to mainstream COVID-19 RCCE into their community engagement activities and to ensure maximum coverage respective information.
46. Partners should clearly and regularly inform project participants that: they have a right to submit feedback, including complaints about humanitarian programming and project staff; they have a right to expect that all humanitarian assistance including cash-based programming is free; that project eligibility requirements are clearly explained and are based on need alone. Non-approved re-distribution of all assistance provided is not acceptable, under any circumstance.
47. District-level multi-sectoral collaboration and complementarity between the selected clusters to provide a comprehensive package through convergence of services is a requirement, wherever possible.
48. Partners are required to declare other project funding resources (if available), including bilateral and organizational funding they might receive.
49. Projects should link humanitarian relief activities to sustainable solutions i.e., by identifying and collaborating with key development partners at the locations of the projects and close coordination with the local authorities. Projects with innovative sustainable activities and linkages to durable solutions will be assessed favourably.
50. Proposals are required to demonstrate best value for money (VFM):
- Projects supported by additional donors/funding sources are required to demonstrate how funding will be complementary and not duplicative.
  - Partners are required to indicate the amounts and sources of co-funding of projects.
  - Proposals demonstrating better cost effectiveness will be prioritized, where:
    - for comparable activities and outputs, the total cost is less.
    - the cost per beneficiary ratio is reasonable.
    - the level of support costs is reasonable and in line with accepted levels for a given type of activity.
    - the proposed period of implementation is adequate and represents best use of resources at that time.
  - In cases where clusters wish to endorse more than one proposal for the same activities within the same geographic area, robust justification must be made for the efficacy of such planning.
  - Whenever possible, and to limit overheads, administrative costs and to enable AHF risk management, implementing partners should not enter into sub-contracting agreements. However, partnerships with/between local/national NGOs are encouraged, provided that the local/national NGO partner has not failed the eligibility assessment or AHF funding eligibility is presently suspended. And that the partnership enables capacity building of the sub-contracted partner, particularly if the partner is already eligible to receive AHF funding also directly.
  - Clusters may develop additional prioritisation and partner selection criteria based on programmatic specificities and best practices, considering the general categories:

<b>Strategic relevance</b>	<p>Alignment with HRP Strategic Objectives.</p> <p>Alignment with Spring Disaster Contingency Plan Response Objectives.</p> <p>Alignment with Sector Objectives.</p> <p>Alignment with priorities of this allocation.</p>
<b>Program relevance</b>	<p>Based on in-depth and up to date needs analysis.</p> <p>Links objectives with activities, outputs and outcomes.</p> <p>Covers hard to reach and under-served areas.</p>
<b>Cost effectiveness</b>	<p>Proposals demonstrating stronger cost effectiveness and cost per beneficiary ratio.</p> <p>Proposals demonstrating the lowest cost compared with activities and outputs.</p> <p>Proposals demonstrating reasonable support costs.</p> <p>The proposed period of implementation represents best use of resources.</p>

<b>Management and monitoring<sup>5</sup></b>	<p>Demonstrable field-based assessment and post distribution monitoring mechanisms in place.</p> <p>Feedback and complaints mechanisms in place.</p> <p>Indicators aligned with standard sector outcome indicators.</p>
<b>Engagement with coordination mechanisms</b>	<p>Partner engages in cluster and other relevant coordination meetings.</p> <p>Partner shares information and engages with coordination mechanisms. Partner engages and coordinates with authorities and relevant mechanisms.</p>

51. The AHF Grant Management System (GMS) is used to administer all aspects of this allocation. GMS access is available at <https://chfafghanistan.unocha.org>
52. All products, goods and services must be project and allocation specific and are for their direct use only.
53. The maximum approved period for projects funded by this allocation is 12 months. Extensions may be provided based on criteria and processes outlined in the AHF Operational Manual.
54. Partners might need to revise aspects of their projects before or after Grant Agreements have been approved and requested to contact the AHF secretariat immediately if any revisions may be required.

### **AHF INFORMATION, FEEDBACK AND COMPLAINTS MECHANISM**

55. Further information about the Afghanistan Humanitarian Fund is available at: <https://www.unocha.org/ahf>
56. General correspondence to the Afghanistan Humanitarian Fund should be sent to [ahf-afg@un.org](mailto:ahf-afg@un.org) Urgent inquiries can also be made via the AHF Hotline: +93 (0)79 300 11 39
57. Complaints regarding the Afghanistan Humanitarian Fund, its partners, and the OCHA Humanitarian Financing Unit (HFU) should be sent to [ahf-afg-complaints@un.org](mailto:ahf-afg-complaints@un.org). AHF partners are encouraged to share this email address as appropriate e.g. with project partners, stakeholders and beneficiaries. All complaints are received by the OCHA Head of Office (Custodian of the Fund), then addressed with the Head of Humanitarian Financing (AHF Fund Manager) and critical issues are referred to the UN Humanitarian Coordinator for decision-making.
58. Information about donor contributions and previous AHF allocations is available on the OCHA CBPF Business Intelligence Portal at <https://gms.unocha.org/content/cbpf-contributions> and the UNDP Multi-Partner Trust Fund (MPTF) 'GATEWAY' platform at <http://mptf.undp.org/factsheet/fund/HAF10>

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<sup>5</sup> All monitoring results are shared with the relevant cluster(s). Monitoring performance indicators of the fund are provided to the AHF Advisory Board on an annual basis, as well as upon request.

## PROJECTED ALLOCATION TIMELINE | 3<sup>rd</sup> AHF RESERVE ALLOCATION 2021

Allocation Time (Launch of Allocation to Earliest Disbursement of Funds): **13 Working Days** (planned, subject to change)

Step	Date	Responsible	Activity
1	23 June - 29 July 2021	Partners Clusters AHF SCU	<b>Partner / Cluster / SCU / AHF / Consultation Process</b> OCHA/AHF consults with Clusters, partners and stakeholders, identifies needs, key gaps and potential partners. Clusters conduct prioritization exercise and select AHF allocation mode to be proposed to HC/AB. AHF develops joint CERF (UFE) and AHF allocation strategy, submits CERF strategy on 23 July for ERC approval.
2	29 July	Clusters/ AHF	Clusters consulted with prospective partners and submit details for draft allocation strategy (prioritization template and analysis table), verify and agree on (draft) allocation timeline.
3	29 July	AHF	AHF shares agreed timeline and AP draft with cluster and working groups for verification and feedback.
4	1 - 4 August	AHF	Consolidation of cluster priorities, funding, and context analysis. Draft AB meeting presentation.
5	8 - 12 August	AHF	Clusters re-confirm content and project-level aspects of the AHF and CERF allocation strategy. Partners reconfirm access to locations.
6	13 August		AHF shares the draft allocation paper and annex 1 with HoU and HoO for review and approval. AHF reconfirms availability of CERF co-funding and partner access to proposed project locations.
7	14 August	AHF HC	<b>AHF Presents Draft Allocation Strategy to the HC</b> AHF presents the draft allocation paper, and allocation analysis table to the HC for approval, incorporates HC guidance. CERF UFE approved by ERC for proposal submission.
8	15 August	AHF	<b>AHF submits Draft Allocation Strategy to the Advisory Board (AB)</b> AHF shares the draft allocation paper, joint prioritization strategy and allocation analysis with the AB for endorsement by email
9	16 August	AHF	<b>AHF revises Draft Allocation Strategy based on AB feedback Incorporates feedback, seeks HC approval for revisions</b>
10	16 August	AHF	<b>AHF Creates Allocation in GMS</b> Final technical verification and GMS testing.
11	17 August	AHF	<b>Release of Allocation Paper to Clusters and selected partner</b> AHF provides the Allocation Paper to Cluster Leads for dissemination to their partners. AHF sends invitations to pre-selected partners inviting them to submit proposals as per Cluster recommendations.
12	17 - 23 August	Cluster Leads AHF Invited Partners	<b>Clusters and AHF support Partner Proposal Development</b> Clusters Leads and AHF provide support to Partners during the proposal development.
13	24 August	Invited Partners	<b>Invited partners submit proposals in GMS.</b>
14	16 - 23 August	Cluster Leads AHF	<b>Formation of Strategic Review Committees (SRCs) and Technical Review Committees (TRCs) at Cluster Level</b> Cluster conduct SRC election process to ensure equal representation (UN, INGO, NNGO). Cluster and AHF develop an allocation-specific Balanced Scorecard. Cluster form TRCs with technical experts.
15	25 August	Cluster Leads AHF	<b>SRC/TRC members individually review proposals in preparation for SRC/TRC meetings</b>
16	25 - 31 August	SRCs TRCs Cluster Leads AHF Invited Partners	<b>Strategic review (via VTC, if needed)</b> SRCs review and score project proposals at individual cluster level. AHF ensures fair and transparent process, based on SOP. <b>Technical review (via VTC, if needed)</b> TRCs, Cluster Leads and AHF jointly review proposal, provide feedback to implementing partner, ensure that proposal comply with Cluster Standards, AHF Operational Manual and CBPF Global Guidelines.

			<b>Finalization of proposals</b> Partners revise proposals as needed.
17	01 - 02 September	AHF CBPFS	<b>Budget Review and Clearance</b> AHF provides feedback to implementing partners. Partners revise proposal/budget as needed. AHF submits budgets to CBPFS for Finance approval. Following CBPFS approval AHF prepares Grant Agreement.
18	02 September onwards	HC AHF	<b>Approval of Grant Agreements by the HC</b>
19	03 September onwards	Invited Partners	<b>Partners countersign Grant Agreements</b>
20	03 September onwards	AHF	<b>AHF submits Fund Transfer Request to MPTF/CBPFS</b>
21	04 September onwards	MPTF OCHA/HQ EO	<b>Disbursement of Funds to Partners</b> MPTF disburses the Fund to UN agencies and to CBPFS for NGOs. AHF submits Grant Agreements for final approval by the OCHA Executive Officer (EO).