

AFGHANISTAN

Humanitarian Assistance during the Winter Season

JOINT WINTERIZATION PLAN 2021 - 2022

Joint Winterization Plan Key Figures (2021 - 2022)

PEOPLE IN NEED	PLANNED REACH	FUNDING REQUIRED	FUNDING RECEIVED
12.1M	9.2M	\$ 329.1M	\$ 300M



Photo: Farhad Faizi/DWP/UNHCR



Shelter Cluster Afghanistan
ShelterCluster.org
Coordinating Humanitarian Shelter



WASH Cluster
Water Sanitation Hygiene



**AFGHANISTAN
FOOD SECURITY CLUSTER**
Strengthening Humanitarian Response



**HEALTH
CLUSTER**



**Protection Cluster
Afghanistan**

د افغانستان
د پوهنې
کلتور
و تربيه
کلتور
افغانستان

**Afghanistan
Education
Cluster**



**AFGHANISTAN
NUTRITION CLUSTER**

1 Executive Summary

After over 40 years of continued crisis, Afghanistan remains one of the world's most complex humanitarian emergencies, driven by escalating conflict and natural disasters. These shocks and disruptions have depleted the resilience of displaced, host, and natural disaster affected populations. Even under normal circumstances, it is difficult for households to meet their basic needs. This vulnerability is further exasperated by the harsh winter conditions in Afghanistan, where monthly temperatures can reach as low as -12.1 degrees centigrade.

Each year, freezing winter temperatures, especially in high altitude locations such as Bamyan, Ghazni, Nuristan, Wardak and Paktia drive the need for provision of life saving winter assistance as the shelters do not protect against the cold and majority of the affected persons do not have the financial capability to purchase fuel and heaters to supplement their heating requirements.

Conflict: Following the withdrawal of the international military forces the conflict has escalated and has caused more internal displacements. So far 357,000 people have been displaced since beginning of the year in 31 out of 34 provinces. The months before winter are expected to see a volatile and unpredictable pattern of conflict. Continued and potentially escalating fighting is anticipated, as there is no progress with the peace talks and the ongoing draw-down of international military forces. Access challenges are expected in many affected areas due to active conflict and safety risks for staff. The displaced population are at risk of facing the harsh winter climate.

Health: The winter month's season brings with it a rise in respiratory infection outbreaks. WoAA reported that there is constant increase in hospitalizations, morbidity and mortality during winter months. The exposure to cold has often been associated with increased incidence and severity of respiratory tract infections and dying from them. The longer the duration of exposure the higher the risk of infection. Some 25% to 30% of deaths in children below five years are due to respiratory tract infections, 90% of these deaths are due to pneumonia. Furthermore, in many parts of the country, major roads are blocked during the winter months limiting the provision of timely and sufficient life-saving medical supplies to communities isolated during the winter months.

Food Insecurity: Winter in Afghanistan is also a peak hunger period as it provides very limited opportunities to food production and income generation more so with the drought currently experience in the country. FSAC assessment projected the period from June to November 2021, the total population in IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency) is expected to decrease to 9.5 million, with 6.7 million people in Crisis and 2.7 million in Emergency. Moving from harvest towards winter, household's good stocks will get depleting. According to pre-lean season assessment, on average, households' harvest last only 5 months meaning that majority of the households will not have food to feed them during winter. Agriculture has traditionally dominated Afghanistan's economy and contributed for a large part to its growth. About 70 percent of Afghans live and work in rural areas, mostly on farms, and 61 percent of all households derive income from agriculture. From November most of the pastures are covered with snow and green fodder availability is compromised. Small farmers exhaust their production during the post-harvest summer and early winter month. Lack of agriculture interventions and demand of labor in the agriculture sector reduces significantly during the same period. Livestock production is a major source of income and food for Afghan farmers and their families. For some, such as the Kuchi nomads, animals are the only source of income. In the June to September month period, shortages of fodder and grazing areas for livestock are likely to result in below-average livestock body condition and productivity. During the winter, livestock farmers mostly rely on limited low land pastures and crop residuals for livestock rearing. As consumption requirements for both human beings and livestock increases in the winter season, prioritization of basic lifesaving food assistance and livestock protection activities is essential in enabling vulnerable households cope with the harsh weather conditions.

COVID-19: The outbreak of COVID-19 has also touched every facet of life for the people of Afghanistan, in many cases exacerbating existing humanitarian and development needs. Between April 2020 and 08 July 2021, a total of 131,586 people was infected with COVID-19 with the deaths of 5,561. Since the beginning of the third wave in June 2021, there has been an exponential increase in the number of cases, with an average of over 2,000 new cases and 100 deaths per day. As of 29 July 2021, only 0.6% of the population received fully vaccination (two doses); and only 2% of the population received the first dose. Presidential decrees (2020) was issued to avoid large crowds and upscale hand-hygiene, and Ministry of Interior Affairs (MoI) banned large gatherings, sporting and entertainment events. According to IOM and UNHCR, cross-border movement from Iran and Pakistan will remain a key challenge in 2021, primarily due to reduced employment opportunities amid the economic crisis partially caused by COVID-19. Even before COVID-19, an estimated ninety three percent (93%) of people were living on less than \$2 per person per day.

Education: The harsh winter in many provinces in Afghanistan presents challenges for children to access education. Children are required to make up for lost learning time during winter and yet most schools are not equipped for heating throughout the winter months when schools are generally closed. The WoAA found that 84% of displaced households reported that their children had no heating at school prior to closures, which could prove to be a deterrent for attending school during the final months of 2021. In late May 2021, just six weeks after schools reopened in early March 2021, the government announced again the closure of schools in provinces across the country to prevent the transmission of COVID-19. This will have a serious impact on the country's children, whose learning has already been disrupted by years of war.

During the winter period, most households report extreme coping mechanisms to survive the winter. More than sixty one percent (61%) of households report reducing money spent for food to survive the winter; expenditures for other services, particularly healthcare and an increased risk of a debt trap due to winter with approximately sixty eight percent (68%) of households borrowing money or going into debt during the winter. Female headed households are far less likely to report that they would be able to repay their debts (12%) compared to male headed households (34%).

Inter Cluster Approach: Past winterization evaluations suggested few long-term impacts of winter assistance and a lack of overall resilience for households throughout the winter. It suggested that while the assistance provided helped households meet their immediate shelter and NFI winter needs, they did not do better in more inter-sectoral needs indicators, including food security and healthcare. This highlights the importance of continuation of an inter cluster approach in Winterization Responses. The winterization strategy aims to ensure that existing funds and activities are being reprogrammed to also assist vulnerable households to meet their needs during the relief phase of the COVID-19 outbreak as well as additional needs that have arose due to intensified conflict in the country. Therefore, preventing and responding to the COVID-19 pandemic has been woven into all cluster and sector approaches for 2021, including winterization responses, necessitating a reorientation of priorities and inclusion of host community population group.

The strategy calls for a strong commitment on coordination within the inter cluster mechanisms to ensure an integrated response allowing affected populations address their cross-cutting needs and vulnerabilities associated with the winter season. Further, it calls for coordination and advocacy with donors, government authorities both at provincial and national level, the various line ministries involved in the implementation of response as well as in definition of strategic priorities, fund allocation schemes impacting the winter period.

2 Afghanistan Winterization Strategy

To holistically address intersectoral needs, the joint winterization strategy calls for an integrated response with Shelter, Food, Nutrition, Education, Protection, Health and WASH to mitigate vulnerabilities associated with the harsh weather conditions and ensure that persons of concern are adequately protected from the cold and are able to cope with the harsh weather conditions. It prioritizes a range of solutions i.e. adequate shelter, blankets, heating/fuel assistance and NFI's, winter clothing, food assistance, livestock protection, WASH, Education, nutrition, emergency health services through mobile and static health facilities and supplies.

The winterization plan outlines intersectoral response efforts that complement the ICCT response to the winter season. Most are recurrent activities prioritized in past strategies 2020/2021 that have been scaled-up or extended to new areas due to the ongoing increased conflict induced displacements and drought, some are entirely new activities that are necessary because of COVID-19. It is important to note that this plan is only for the winter season and is intended to be a living document that will inevitably need to be revised as the situation evolves. An estimated 9.2 Million out of 12.1 Million people in need of winterization assistance will be reached through the inter-sectoral activities outlined in this plan. The strategy estimates that total funding requirement of \$334.6 Million is needed to mobilize activities that contribute to save lives, prevent and mitigate protection risks (especially for the elderly, women and children) and assist to address the extreme weather-related causes in priority provinces. The period of this funding is four months for the period November 2021 – February 2022.

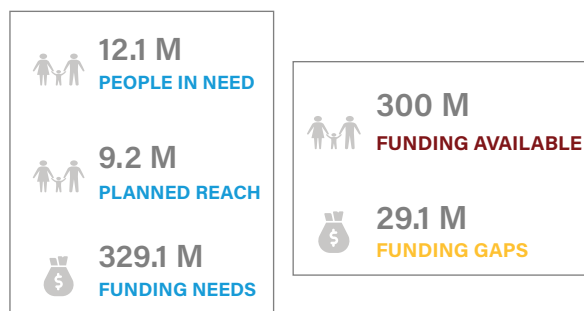


Figure 1: Resource Mapping Summary

The implementation of this plan will be carried out in support of the efforts by the Government of Afghanistan (especially the Ministry of MORR, ANDMA), with coordination support from OCHA and under guidance from all the relevant clusters. This plan will serve as the overarching guide for preparedness and response to all agency/organization-specific plans. It is important to recognize that while this plan is primarily focused on emergency humanitarian efforts, development actors can contribute to build the country's resilience to the winter season and strengthen response systems. Development assistance is also relevant to other sectors such as education where most schools may not have access to heating, insulation facilities for students to use if they re-open. Development actors are urged to consider how they can complement this initial emergency response, particularly in high-altitude priority provinces. Energy efficiency programs or synergies with livelihood programs may be considered in this regard.

The winterization strategy for 2021/22 considers the widespread impact of COVID-19, an updated IPC analysis indicating worrying food insecurity due to the drought, and a security outlook that anticipates continued conflict and political uncertainty. In this event, there may be a much greater demand for winterization assistance and funding to respond in new locations and caseloads. With the ongoing third wave in the country a total of 145,996 people across all 34 provinces are confirmed to have had COVID-19 as of 28 July 2021 since the start of the pandemic. Overseas testing has confirmed the presence of the variants in Afghanistan.

Withdraw of all NATO troops from Afghanistan by September 11, 2021, will have profound implications on the fate of Intra-Afghan Negotiations, governance and security, terrorism, regional dynamics, great power competition, human rights, humanitarian issues, and development. There has been an increase in conflicts across the country leading to a sharp increase in population displacements. Increase in conflict driven displacements have increased the needs and vulnerabilities of the Afghan population and winterization assistance will top the needs as we head towards the end of the year 2021.

Based on an analysis of the respective sectoral winterization needs, clusters have designed responses that are tailored to the needs expressed by affected people, while factoring-in the availability of partners in each location and the access challenges they face. This new approach promotes collective thematic action and supports inter-agency cooperation around commonly agreed critical problems.

2.1 Strategy Objectives

- Save lives in the areas of highest need through rapid provision of a winter response package of relief items and services.
- Provide support for rapid recovery through targeted winterization assistance to support sectorial services such as Food, Nutrition, WASH, Protection, ESNFI, Health and Education.
- Ensure that protection concerns resulting from winter season, and from the combination of pre-existing needs such as floods, drought, and ongoing conflict, COVID-19 outbreak are mitigated or addressed.

2.2 Lessons Learnt for the 2020 Afghanistan Winterization Strategy

The results of the 2020-2021 Afghanistan winterization evaluation showed:

- Most of the beneficiaries highlighted the urgency in providing winter assistance early in the winter season.
- Extremely vulnerable groups were not able to cover all their sectoral needs and thus had to address other needs with assistance received, such as healthcare.
- Efforts of communication with communities should ensure that key information is shared with beneficiaries on a timely basis; considering all the beneficiaries do not have mobile phones and mobile networks coverage alternative means of communication should be considered in such cases.
- Distance to markets and their capacity should be assessed and confirmed before launching cash-based winterization assistance.
- Beneficiaries' selection criteria should be based on multi-sectoral needs to the targeted locations.
- Security was a serious concern to all the relevant stakeholders for the effective and efficient delivery of winterization packages.
- As households struggle to meet needs, adopting negative coping strategies such as reducing food and service expenditure, they turn to borrowing money and can become trapped in a cycle of debt. Addressing the threat of debt and lack of recovery calls for a more resilience-focused response.

2.3 Strategy Development Assumptions and Risks

2.3.1 Poor shelter/NFI conditions

As of mid-November 2021, cases of hypothermia, acute respiratory infections, and death directly and indirectly due to cold are set to increase. In many cases these will be attributable to insufficient physical shelter and lack of adequate personal insulation to preserve body core temperature. Poor shelter and unhygienic conditions, particularly in displacement, leave people vulnerable to diseases such as COVID-19, and unable to cope with Afghanistan's harsh winters.

WoAA (2020) reported that ESNFI (57%) is the third priority among the displaced households the others are food (71%); protection (63%); health (51%) and WASH (42%). ESNFI as a third priority among the displaced households are due to damaged shelter, inadequate heating source and shelter with enclosure issue. In addition, 7% of IDPs reported living in inadequate shelters; 81% of IDPs reported inadequate heating source and 60% IDPs reported having less than one blanket per member. In addition, households displaced for more than 6 months (55%) are still living in makeshift shelter, poor transitional shelter, in overcrowded conditions, with little access to services, poor protection from harsh weather and in exceptionally difficult conditions during Afghanistan's freezing winters.

Households report similar priorities during winter for 2021/2022; with emergency shelter improvements being a self-reported priority need at fifty-seven percent (57%) and need for insulation at thirty-one percent (31%), shelter repair five percent (5%), rental support three percent (3%) and other priorities at four percent (4%).

Critical needs for non-food items during winter period include fuel at eighty six percent (86%), followed by blankets and winter clothing at fifty seven percent (57%) and forty three percent (43%) respectively. Over Thirty-one percent (31%) per cent of households resorted to using waste (paper, plastic, carton board, etc.) as their main source of energy for heating, twenty three percent (23%) borrowed money to buy fuel, nineteen percent (19%) and eleven percent (11%) resorted to sending children to collect fire wood and decreasing their daily food ration to save money for fuel, respectively. This is particularly concerning as we approach another winter season.

Household Winter Priorities (%)

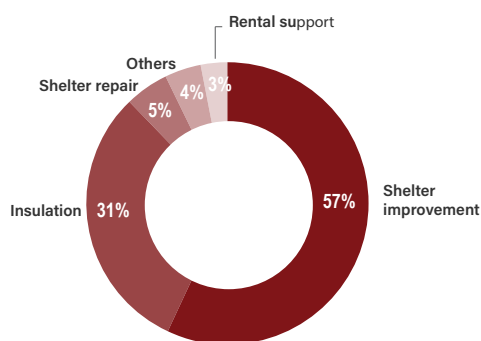


Figure 2: Household Winter Priorities 2020/2021

There are primary three types of winterization activities considered by the Shelter/NFI Cluster - 1. Heating/Fuel assistance; 2. Blanket package ; and 3. Standard winter clothing package. If required Shelter Repair/Upgrade, Rental Assistance and Winterized Kit as appropriate shall be assisted. All three are confirmed as effective to improve the preparedness to the cold season.

2.3.2 The Impact of COVID-19

The outbreak of COVID-19 has also touched every facet of life for the people of Afghanistan, in many cases exacerbating existing humanitarian and development needs. Between April 2020 and 08 July 2021, a total of 131,586 people was infected with COVID-19 with the deaths of 5,561. Since the beginning of the third wave in June 2021, there has been an exponential increase in the number of cases, with an average of over 2,000 new cases and 100 deaths per day. As of 29 July 2021, only 0.6% of the population received fully vaccination (two doses); and only 2% of the population received the first dose. Presidential decrees (2020) was issued to avoid large crowds and upscale hand-hygiene, and Ministry of Interior Affairs (MoI) banned large gatherings, sporting and entertainment events. According to IOM and UNHCR, cross-border movement from Iran and Pakistan will remain a key challenge in 2021, primarily due to reduced employment opportunities amid the economic crisis partially caused by COVID-19.

As the COVID-19 pandemic continues to impact essential health services and systems, disrupt routine health services and further constrain access to essential nutrition services, hundreds of additional under children 5 deaths are expected in future years. According to the SDGs report (2020), if routine health care is disrupted and access to food is decreased, the increase in child and maternal deaths could be devastating as 118 low and middle-income countries could see an increase of between 9.8 and 44.8 % in under children 5 deaths per month and an 8.3 to 38.6 % rise in maternal deaths per month over a period of six months.

Partners are encouraged to mainstream COVID-19 risk communication and awareness campaigns including hygiene promotion messages within winter sectorial responses i.e. what to do if a person has symptoms, and the premise of quarantine/ self-isolation and social distancing. It is important to ensure equal access to impartial assistance according to needs and without discrimination. Alternative arrangements for distribution of winter assistance to those groups should be put in place (e.g. alternative collectors). Existing mechanisms to support beneficiaries who are unable to transport their in-kind assistance (e.g. community volunteers / porters) should continue, ensuring that general guidelines for reducing risk of transmission are observed (social distancing, hygiene etc.)

Humanitarian efforts are also significantly impacted by the continued spread of COVID-19 which has affected the ability of humanitarians to go to the field and respond - including undertaking assessments, difficulty to conduct focus group discussions, trainings, delayed distribution, and post-distribution monitoring. Stakeholder engagements are imperative to ensure humanitarian corridors are established for the continuation of humanitarian activities in country. Distribution of winter assistance packages to those in quarantine zones and to those in-home isolations at the village/community level will need to be considered if there is a spike in confirmed cases and upward curve in mortality rates. It is critical that assistance continues according to need and in line with people's specific vulnerabilities. Specific protection must be consistently provided to female, elderly, child-headed households and women, girls, men, and boys living with disabilities.

2.3.3 Weak health resources

Afghanistan's developed health system is spread across the country, with around eighty seven percent (87%) of the population having access to basic health services within a 2-hour travel radius from their place of residence. Despite of access to health system, with the upcoming third wave lacks in-country facilities to test for the Delta variant, concern over the variants' spread remains high. Due to limited public health resources, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be under-reported overall in Afghanistan. With the ongoing third wave, poor immunisation, access to quality health resources has become vital for the winter season. Despite growing testing capacities and more facilities to treat COVID-19 patients, the Afghan health system's remains severely under-equipped. Since 08 March, Afghanistan has received to 5 million doses of COVID-19 vaccines. As of 29 July 2021, only 0.6% of the population received fully vaccination (two doses); and only 2% of the population received the first dose.

2.3.4 Displaced people

More than five million people displaced since 2012 remained internally displaced outside their areas of origin because of conflict and natural disasters. The largest IDP hosting areas are in the north, north-east, and eastern provinces, where conflict is active. More than half of IDPs live in provincial capitals, where public services are strained and struggling to cope. Year 2020 marked the highest rate of return for undocumented Afghan migrants mainly because of loss of work and wages, movement restrictions connected to COVID-19 and lack of access to medical services in host countries. The provinces with the highest number of returnees are Kandahar, Nangarhar, Herat and Takhar. Up to 330,000 people have been newly internally displaced since January 2021, primarily as a result of the escalating conflict. Results from the winterization evaluation indicate that refugees from Pakistan in the southeast, IDP returnees to Badghis Province, and IDPs in the west consistently reported poorer outcomes than other groups and will need support to cope with winter season.

2.3.5 Disruption to education and concerns for the wellbeing of children

The harsh winter in many provinces in Afghanistan presents challenges for children to access education. Children are required to make up for lost learning time during winter and yet most schools are not equipped for heating throughout the winter months when schools are generally closed. The WoAA found that 84% of displaced households reported that their children had no heating at school prior to closures, which could prove to be a deterrent for attending school during the final months of 2021. In late May 2021, just six weeks after schools reopened in early March 2021, the government announced again the closure of schools in provinces across the country to prevent the transmission of COVID-19. This will have a serious impact on the country's children, whose learning has already been disrupted by years of war.

2.3.6 People with specific needs and vulnerabilities

The challenges in the upcoming winter months (Nov 2021-Feb 2022) include the prediction that the level of vulnerability currently existing will exceptionally increase, particularly the vulnerability of women, children and families who have been largely affected by conflict and COVID -19. It will force the families to engage in extreme negative coping mechanisms to survive. High risks of GBV with threats of increase of domestic violence linked to restrictions of movement (linked to both COVID-19 and cold months). Economic challenges across Afghanistan, disproportionately affect women and girls by exacerbating already limited access to and control over resources by women and girls, increasing risk of GBV in the home and the community. Economic challenges exacerbated in winter, also disproportionately affect children, by intensifying already and the limited access to economic resources by children and their families, and likely to foster traditional harmful practices such as the sale of children (baad and baddal) and increased child protection issues such as early marriage and child labour and children experiencing winter related challenges in the absence of warm clothes and appropriate footwear. School closure in winter is likely to increase potential risk of abuse against girls and boys and reduce access to safe referrals from teachers to specialised caring for child survivor. Families with weak Housing, Land & Property (HLP) rights are prevented from investing in crucial shelter upgrading to enable them to survive the winter months. Reduced income and increased expenditure associated with winter months erodes the capacity of vulnerable families to meet HLP costs, including rent and utilities, increasing their risk of eviction – particularly for women and vulnerable groups. Reports from the field indicate that due to COVID 19 and restriction of movement, women and girls have limited access to menstrual hygiene products. Based on the lessons learned during the previous year (2020), resources were not enough to support the majority of the children and families who need winterization support.

2.3.7 Economy and reliance on seasonal agriculture

COVID-19 has worsened structural poverty and has pushed large numbers of vulnerable people into situational/transient poverty. The most vulnerable groups of people impacted by COVID-19 include, but are not limited to, returnees (especially from Iran and Pakistan); internally displaced people, female-headed households and widows; malnourished children; chronically unemployed individuals; and the underemployed. The disproportionately affected groups were the farmers, those engaged in agriculture supply chains, service sector employees, day labourers, shopkeepers, informal sector workers, and lower-ranked government employees.

Winter in Afghanistan is also a peak hunger period as it provides very limited opportunities to food production and income generation. FSAC assessment projected the period from June to November 2021, the total population in IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency) is expected to decrease to 9.5 million, with 6.7 million people in Crisis and 2.7 million in Emergency. Moving from harvest towards winter, household's good stocks will get depleting. According to pre-lean season assessment, on average, households' harvest last only 5 months meaning that majority of the households will not have food to feed them during winter. Agriculture has traditionally dominated Afghanistan's economy and contributed for a large part to its growth. About 70 percent of Afghans live and work in rural areas, mostly on farms, and 61 percent of all households derive income from agriculture. From November most of the pastures are covered with snow and green fodder availability is compromised. Small farmers exhaust their production during the post-harvest summer and early winter month. Lack of agriculture interventions and demand of labor in the agriculture sector reduces significantly during the same period. Livestock production is a major source of income and food for Afghan farmers and their families.

For some, such as the Kuchi nomads, animals are the only source of income. In the June to September month period, shortages of fodder and grazing areas for livestock are likely to result in below-average livestock body condition and productivity. During the winter, livestock farmers mostly rely on limited low land pastures and crop residuals for livestock rearing. As consumption requirements for both human beings and livestock increases in the winter season, prioritization of basic lifesaving food assistance and livestock protection activities is essential in enabling vulnerable households cope with the harsh weather conditions. Depletion of food stocks for smallholder farmers, seasonal impacts on food availability and access in remote districts, decrease in seasonal labour demand, ongoing impacts of COVID-19 on fragile livelihoods in urban areas.

2.3.8 Infrastructure and access to services

The country has struggled to cope with the urban planning challenges resulting from continuous internal displacement. Electricity is unreliable across the country because of both infrastructure deficiencies and conflict in many areas. Furthermore, in many parts of the country, major roads are blocked during the winter months with the build-up of snow limiting the provision of timely life-saving medical supplies to communities isolated in high altitude areas. Supporting the Government to lead the winterization response with an integrated, whole-of-community lens will be critical, both to ensure that gaps in access to services do not accelerate transmission of the virus and that no segment of the population is left behind.

2.3.9 Environmental health

The winter month's season brings with it a rise in respiratory infection outbreaks. WoAA reported that there is constant increase in hospitalizations, morbidity and mortality during winter months. The exposure to cold has often been associated with increased incidence and severity of respiratory tract infections and dying from them. The longer the duration of exposure the higher the risk of infection. Some 25% to 30% of deaths in children below five years are due to respiratory tract infections, 90% of these deaths are due to pneumonia. Furthermore, in many parts of the country, major roads are blocked during the winter months limiting the provision of timely and sufficient life-saving medical supplies to communities isolated during the winter months.

2.3.10 Minimising the risk of further food insecurity and malnutrition

FSAC assessment projected the period from June to November 2021, the total population in IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency) is expected to decrease to 9.5 million, with 6.7 million people in Crisis and 2.7 million in Emergency. Moving from harvest towards winter, household's good stocks will get depleting. According to pre-lean season assessment, on average, households' harvest last only 5 months meaning that majority of the households will not have food to feed them during winter. During winter season physical access to some locations of the country are blocked due to snow or muddy roads. Provision of treatment to MAM children, SAM children, and PLWs is one of the key priority interventions under Nutrition Cluster. If the relevant services are not provided during winter season, it will contribute to further deterioration of the nutritional status of children and PLWs to severe condition, increased morbidities, and mortalities. Additionally, PLWs need a functioning space for breast feeding and for having mothers group discussion sessions on IYCF during winter. Winter prepositioning of supplies is critical for regular and timely provision of MAM and SAM treatment services.

2.3.11 Integrated Cluster Response

WoAA (2020) assessment stated that in 29 out of 34 provinces, at least 80% of IDPs were determined to have one or more extreme sectoral need. Persistent conflict, chronic poverty, natural disasters, and the shock of COVID-19 likely drive this severity of need and large magnitude of extreme sectoral need among assessed populations within Afghanistan. ESNFI (57%) is the third priority among the displaced households following with food (71%); protection (63%); health (51%) and WASH (42%). ESNFI as a third priority among the displaced households are due to damaged shelter, inadequate heating source and shelter with enclosure issue. In addition, 7% of IDPs reported living in inadequate shelters; 81% of IDPs reported inadequate heating source and 60% IDPs reported having less than one blanket per member. The winterization evaluation for 2020/21 suggested that although beneficiaries reported a greater ability to meet their shelter and NFI needs than non-beneficiaries, but they did not fare better across more inter sectoral need indicators, reporting gaps in cross cutting indicators including food security and healthcare. This gap calls for a more integrated and resilience-focused response. PDM reports from ACTED/2021, and NRC/2021, reveals that use of cash was able to support IDPs to spend some share of cash on food, fuel, electricity/heating; NFIs, rent, loans payback, health and medicines. Addressing physical, material and legal safety of affected population as a whole is critical and requires contributions from all sectors and should be viewed as a collective action - our common goal being to enable the millions of affected population cope with the winter season with dignity. Equally important, by having all clusters involved from the start is a key opportunity for them to include winter season related vulnerabilities in their programing, to holistically address seasonal needs.

In the short term, clusters will seek to compliment and promote inter cluster linkages with the aim being to identify ways of integrating humanitarian needs that are in different clusters under a framework that allows for a unified approach towards addressing the humanitarian needs. This includes identifying priority needs, response modalities, aimed at improving the quality of assistance by breaking down sectoral silos and applying a more people-centered approach to service delivery. The approach is bound to yield lasting social and economic impact as well as improved and sustainable resource allocation to the humanitarian needs in the long term.

2.3.12 Population groups

The strategy adopts a 'affected communities' approach- inclusive of refugees, returnees, IDPs and host communities – supporting integrated programming for both displaced and host communities, factoring in appropriate economic, environmental and social considerations (legal, material and physical safety). The list of population groups has been fine-tuned to five core categories:

- i. People displaced in 2021.
- ii. People affected by shocks in 2021.
- iii. Returnees in 2021.
- iv. Refugees living in Afghanistan.
- v. Acutely vulnerable people with humanitarian needs.

3 Inter-Cluster Planning

3.1 Summary

The winter season presents challenges to existing humanitarian needs and the ongoing response in the country. Clusters have prioritised several preparedness and response activities to manage existing and seasonal related needs.

3.2 Needs Assessment

A total of 12.1 m individuals living in the high-altitude winter areas in the 34 provinces are estimated to be in need of winterization assistance and. The projections on climatic conditions are based on historical weather forecast for the annual minimum temperature for Afghanistan 2011 – 2020), the average snow and ice cover for Afghanistan from January 2015 until March 2020 and the average annual and monthly precipitation in Afghanistan (iMMAP).

AFGHANISTAN WINTER SEASON SNOW COVER BY MONTH

This map shows winter season snow cover by months (Dec, Jan, Feb, Mar) for Afghanistan from January 2015 until March 2020 in probability expressed as percentage (%). The dataset is the results of 687 daily aggregations at 1km resolution observations grouped by month. The source data originates from the US National Ice Center's Interactive Multisensor Snow and Ice Mapping System (IMS). It is derived from a variety of data products including satellite imagery and in situ data.

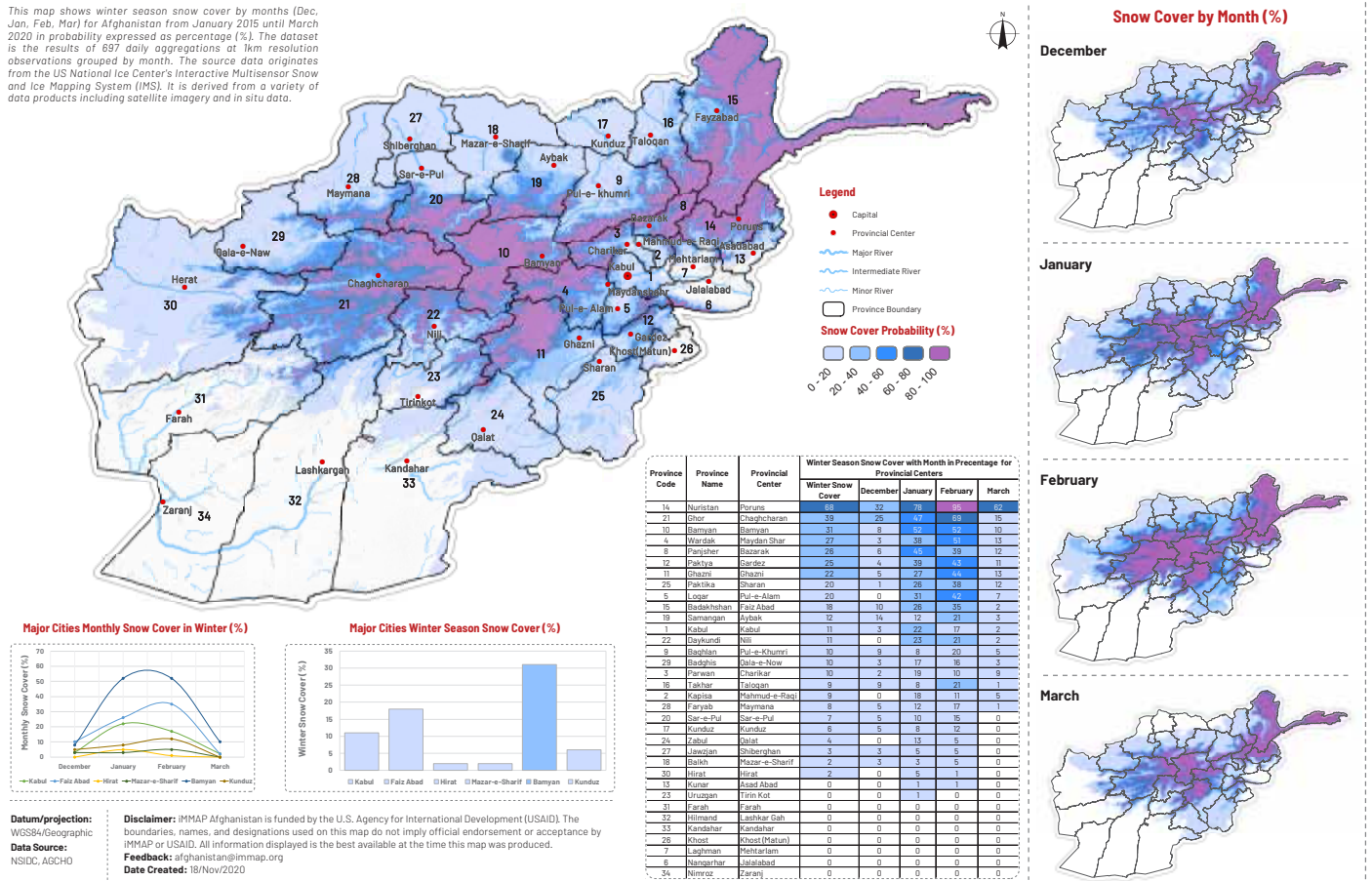


Figure 3: Annual and Monthly Average Snow and Ice Cover for Afghanistan

Winterization assistance is prioritized based on needs and not status.
The needs per province are based on.

- a) the severity of climatic conditions during winter period.
- b) the extent to which the population is exposed to the elements.
- c) the size of the population projected to be exposed to the elements.

In line with the three parameters, Provinces are categorized either as priority 1, priority 2 and priority 3 provinces.

Priority	Name of Provinces	Total
Priority 1	Bamyan, Daykundi, Ghazni, Ghor, Kabul, Logar, Nuristan, Paktika, Paktya, Panjsher, Parwan, , Zabul, Kunduz and Wardak DISTRICTS: Badakhshan - Kohestan, Tagab, Warduj, Zebak Hilmand - Baghran Samangan - Ruy-e-Duab Sar-e-Pul - Kohestanat Badghis - Jawand	14 Provinces 8 Districts from 5 Provinces in Priority 2
Priority 2	Badakhshan, Badghis, Faryab, Samangan, Sar-e-Pul, Takhar, Hilmand	7 Provinces
Priority 3	Kapisa, Hirat, Uruzgan, Baghlan, Khost, Balkh, Jawzjan, Kandahar, Kunar, Farah, Laghman, Nimroz, Nangarhar	13 Provinces
Total		34 Provinces

Figure 4: Priority Provinces

3.3 Resource Mapping

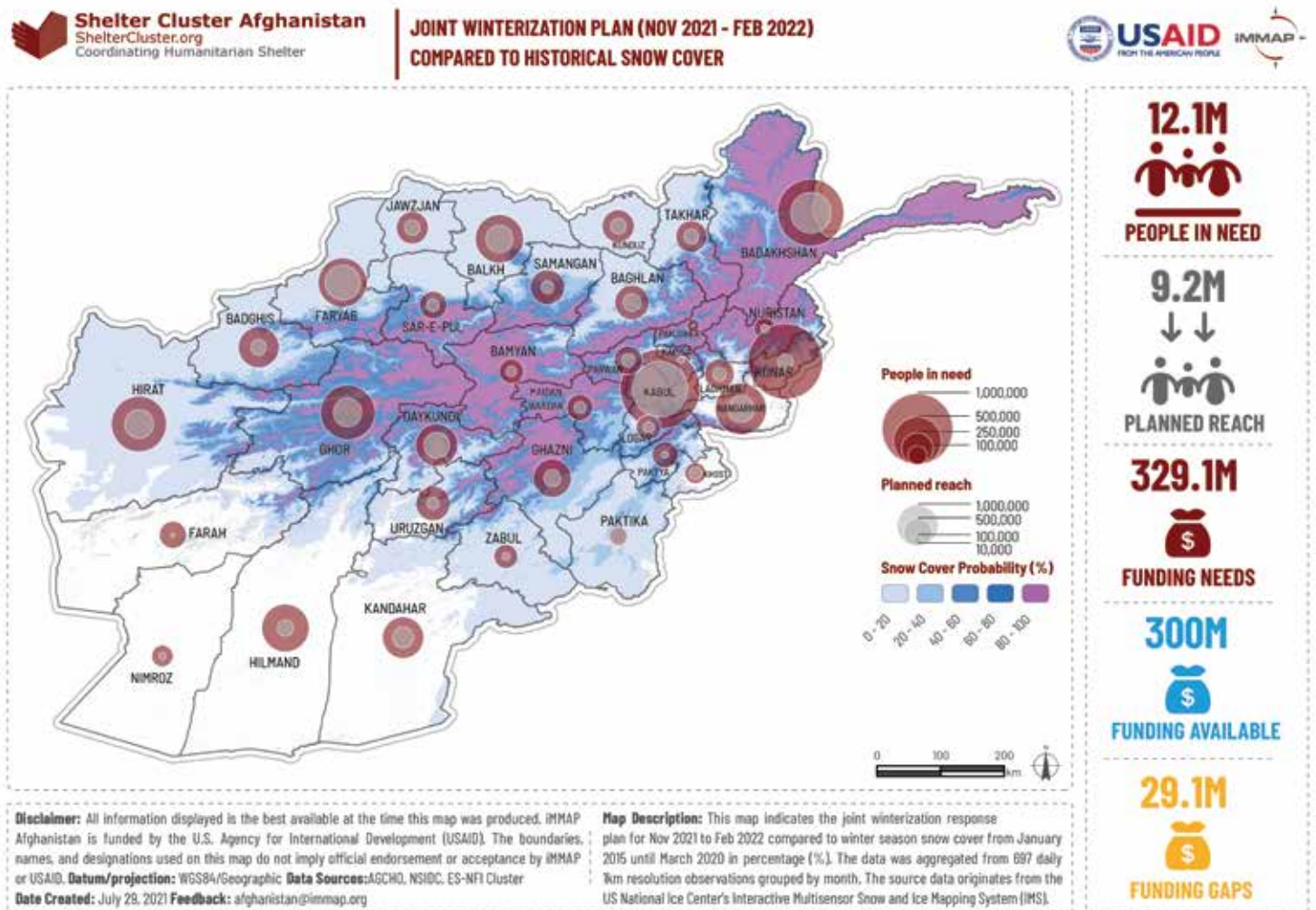


Figure 5: Resource Mapping

Detailed cluster plans are available herein under section 3.4 with the reach and funding summary provided below.

Cluster	PiN	Planned Reach (Individuals)	Fundings Requirement (USD)	Budget Available (USD)	Funding Gap (USD)
EiEWG		212,338	\$ 3.2M	0	\$ 3.2M
ESNFI	6,482,027	725,050	\$ 27M	\$ 27M	0
FSAC	12,135,819	9,175,669	\$ 266M	\$ 266M	0
Health	-	1,000,000	\$ 7.5M	\$ 2.5M	\$ 5M
Nutrition	-	72,920	\$ 3.4M	\$ 2.4M	\$ 1M
Protection	-	900,000	\$ 18M	\$ 2.1M	\$ 15.9M
WASH	-	100,000	\$ 4M	0	\$ 4M
Total	-	-	\$ 329.1M	\$ 300M	\$ 29.1M

Figure 6: Cluster Reach and Funding Breakdown

*FSAC has additional \$46.2M beyond their required funding & is not included above.

3.4 Summary of Resourcing Gaps

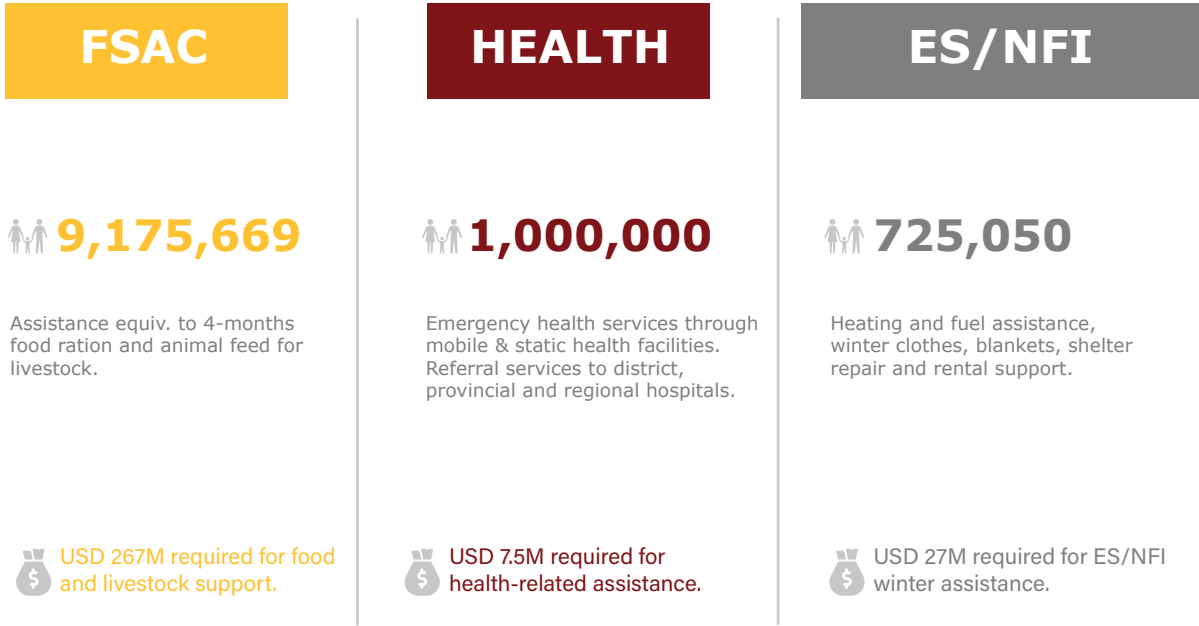


Figure 7: FSAC, HEALTH & ES/NFI Funding Gaps

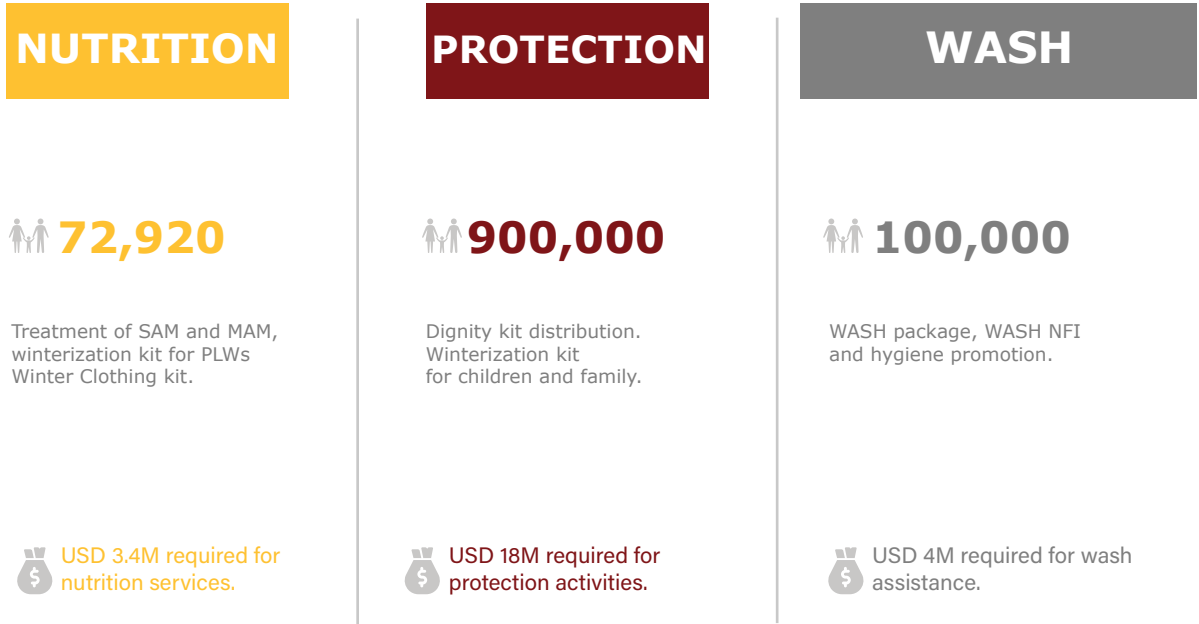


Figure 8: Nutrition, Protection & WASH Funding Gaps



212,338

Heating and insulations for classrooms and winter clothes for school age children



USD 3.2M required for education support.

Figure 9: EIEWG Funding Gaps

3.5 Cluster Prioritisation

Each of the relevant clusters has prioritised their most urgent activity/activities provided during winter season. The strategy prioritizes a range of solutions i.e. adequate shelter, heating and NFIs, winter clothing, food assistance, animal protection, WASH and sufficient medicine and health supplies. Each cluster continues to prioritise saving lives, while at the same time acknowledging the need for a greater commitment to long-term durable shelter solutions that help affected households achieve self-reliance. These are as outlined in section 3.4 herein.

Continued innovative approaches which encourage partners to 'stay and deliver' need to be closely linked to sustained and unfettered humanitarian access, adequate and predictable resourcing from donors, and the ability to retain necessary staff in areas where the needs are the greatest.

3.6 Cluster Assistance Modalities

The response outlined in this plan will be delivered via a combination of in-kind, cash and voucher assistance. Most clusters are planning some element of cash programming, but this may need to be stepped up in the event of more severe movement restrictions or pipeline interruptions for in-kind supplies. Whenever feasible, monetized winter assistance should be prioritized, according to the beneficiary vulnerability criteria, the proximity of functioning markets and the availability of the needed winter items. Cash and vouchers have the potential to support humanitarians to providing continuous life-saving support to the most vulnerable people and provide them with additional choice and flexibility. However, as with in-kind programming, it is important that the risks linked to the use of cash are mitigated by;

- i. Good planning, feasibility assessments, market monitoring and analysis of risk transfer.
- ii. Ensuring that staff considering cash or voucher modalities are trained to implement.
- iii. Making additional and regular checks on procedures and resources.
- iv. Prioritising well-documented communications with staff/partners, stakeholders, and donors.
- v. Implementing distribution precautions to minimise the risk of COVID-19 exposure to personnel, partners, and beneficiaries.
- vi. The current security context, it is important that partners considering cash or voucher assistance carry-out periodic security risk assessments of existing and potential project locations and provide resources for context-specific safety and security training.
- vii. Multi sectoral needs assessed comprehensively to not redirect the cash assistance from the purpose intended.

3.7 Standard Response Packages

The Standard Response Package is a set of minimum relief items and level of access to services that are to be provided at the household level, based on an assessment that a family needs support to cope with the winter season. It is a minimum package and does not fully consider diverse needs and special requirements of different groups, and therefore delivery of the package should not be considered enough to address all needs without further technical assessment. The minimum range of responses to be provided by each Cluster is outlined below.

Food Security	Health	Nutrition	ES-NFI	WASH	Protection	Education
4 months Food assistance	Emergency health services through mobile & static health facilities	Treatment of SAM and MAM	Heating/Fuel assistance	WASH Package	Dignity kit distribution	Heating of classrooms
Livestock protection package	Referral services to district, provincial and regional hospitals	Winterization kit for PLWs	Blanket Package	WASH NFI	Winterization kit for children and family	Winter clothes for school aged children
		Winter clothing kit	Standard winter clothing package	Family hygiene kit		Hand washing stations, drinking water, soap
			If required			
			Shelter Repair/ Upgrade	Safe drinking water by tankering or water treatment kits		
			Rental assistance, Winterised kit as appropriate			

Figure 10: Standard Cluster Response Packages

3.7.1 Education in Emergencies



TARGET POPULATION

212,338

CURRENT CAPACITY (US\$)

0

FUNDING REQUIREMENT (US\$)

3.2M

FUNDING GAP (US\$)

3.2M

Key sectoral issues and vulnerabilities

- i. In order to complete the wasted school year period, children will continue their studies during the upcoming cold winter season.
- ii. We need to ensure children have warm coats, shoes, socks, hats/scarves and gloves.
- iii. CBE classes need Bokhari (heaters) and fuel to keep it warm for children to study.

Priority response activities during winter

- i. Winterisation kits provided for children.
- ii. Provide Bokhari (heater) and wood (fuel) for CBE classes.

Standard response packages

- i. Winter Cloth
- ii. Jacket (Overcoat)
- iii. Socks
- iv. Sweater
- v. Winter Shawl
- vi. Winter Cap
- vii. Shoes
- viii. Winter gloves
- ix. Bag for packing above contents

Winterization cloth unit cost per school age children (40 USD)

Challenges, risks, and constraints

- i. International and regional logistical pipeline bottlenecks due to COVID-19, security and other impediments such as ad-hoc border closures.
- ii. There is no available stock nor confirmed funding for the winterization.

3.7.2 Emergency Shelter and NFI



TARGET POPULATION

725,050

CURRENT CAPACITY (US\$)

27M

FUNDING REQUIREMENT (US\$)

27M

FUNDING GAP (US\$)

0

Key sectoral issues and vulnerabilities

i. Following the ongoing withdrawal of the international military forces the conflict in Afghanistan has escalated and has caused more internal displacements. So far 650,000 people have been displaced since beginning of 2021 in 32 out of 34 provinces. The displaced population are at risk of facing the harsh winter climate during the winter season.

ii. As of mid-November 2021, cases of acute respiratory infections, hypothermia, and death directly due to cold are likely to increase. In many cases these will be attributable to insufficient physical shelter and lack of personal insulation.

iii. The COVID-19 pandemic is a threat not just to people's physical wellbeing but also their economic wellbeing. Large numbers of people are expected to be adversely affected by loss of livelihoods due to the economic consequences of the pandemic. Therefore, the cluster will also expand its winterization program targeting more vulnerable people with heating /fuel, winter clothing, shelter insulation support to help them cope with the upcoming winter season. At risk households should be prioritized with winter support to reduce use of waste for heating / fuel and their exposure to respiratory infections likely to exacerbate risks associated with COVID - 19.

iv. With ninety per cent (90%) of people in Afghanistan living in poverty, having less than US\$2 per day to meet their needs, their ability to cope with sudden shocks including harsh weather is quite low. Most of the IDPs have fled their home without adequate clothing and reside in makeshift shelters that do not enable dignity, privacy and protection from the elements leaving them extremely vulnerable to rain, snow, and freezing temperatures. Assessment reports indicate that twenty five percent (25%) of IDP households are currently residing in collective centers, makeshift shelter, open space, tents, and poor transitional shelter.

v. More than 5 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements residing in sub-standard shelters characterized by lack of privacy and dignity; overcrowding; and poor ventilation. Existing informal settlements lack adequate settlement planning and centralized access to services including heating, energy, safe water, and sanitation facilities. Due to the high number of families unable to prepare adequately for the winter season, coupled by the limited resources available, humanitarian agencies are strongly recommended to apply scoring systems on vulnerability criteria in the selection of beneficiaries of winterization assistance, keeping in mind the prioritization criteria proposed by the Cluster.

vi. Assessment reports indicate that IDPs households have limited access to blankets and heating materials during the last winter season. Fifty One percent (51%) of IDPs used waste (paper, plastic, carton board, etc.) and wood, bushes as their main source of energy for heating; sixty percent (60%) of IDPs indicated having less than 1 blanket per person.

vii. There is likelihood of interruption to imported supplies due to border closures which may cause delays in procurement, pre-positioning of critical winter relief items or, in worst-case scenarios, discontinuation of life-saving assistance due to pipeline ruptures.

vii. There is likelihood of interruption to imported supplies due to border closures which may cause delays in procurement, pre-positioning of critical winter relief items or, in worst-case scenarios, discontinuation of life-saving assistance due to pipeline ruptures.

Priority response activities during winter

i. **Winter Clothing and Blankets;** In cold climates, with temperatures below freezing, people will die within one day without adequate protection from the elements. In addition, rain, and wind increase heat transfer away from the body. Therefore, survival is often dependent upon prioritizing the distribution of NFIs to best provide thermal comfort. To preserve body core temperature, appropriate winter clothing and blankets should be provided particularly for persons with specific needs, children, the elderly and chronically sick or those with limited mobility to keep the immediate space around bodies warm. It should be considered that possibility of catch classes in the winter season means that school age going children will require warm clothes to maintain thermal comfort in heated classrooms. The value of winter clothing kit is set at \$65 USD per family by the Afghanistan Shelter Cluster.

ii. **Emergency shelter improvements:** Where the use of tents or other makeshift shelter is considered unavoidable in order to preserve life and due to limited availability of other options, replacement of damaged tents, stringent monitoring of emergency shelter is required to account for the wind load, with drainage channels provided around the shelter to divert surface water and where possible raising the ground area to prevent the ingress of surface water. Ground insulation and bedding is key in preventing heat loss to the ground and will help survival through periods of cold. A winter kit constituting of the following should be provided: Insulation sleeping mats (depends on HH size), one (1) heat resistant floor panel (for positioning a solid/liquid fueled stove); one (1) heat resistant sleeve (for stove chimney to pass through the tent wall). The later items are provided to allow solid fuel or liquid fuel stoves to be used inside the tent.

iii. **Repair / Upgrade of shelters in poor conditions;** Shelter insulation is key in preventing heat loss and will help survival through periods of cold. Draughts can be blocked by provision of doors, windows, insulation glass, plastic sheeting, canvas, over gap to prevent heat loss from the shelter and ingress of cold air. The cluster will also prioritize shelter solutions prior to the winter period through upgrade and repair of shelters for those whose houses are partially damaged or destroyed due to the recent floods.

iv. **Rental Support:** This modality will be instrumental to those who, due to restrictions, have lost the capacity to generate sufficient income to cover their basic needs (rent, food, and others). CfR should be provided to very vulnerable at-risk households located to cater for households in extremely high-altitude areas and those in urban centers intended at ensuring their access to safe shelter for the winter period. It aims to minimize the effects of negative coping strategies and reinforce the safety and dignity of vulnerable families and ensure security of tenure for affected persons. The value of one month of CfR assistance for ESNFI cluster is set at minimum of \$75 USD per family and assistance should run for a period of least 3 months. Extension from the first instalment up to 12 months as a transitional shelter solution will be based on updated data on the needs of the household, and within funding possibilities of the partner.

v. **Heaters and Fuel Support;** All shelter types, including existing structures, will require a heating strategy for utilization during the winter. The response should consider the availability of heating options, associated fuel supply and the safety of the shelter occupants. Exposed liquid and solid fuel heating appliances should not be used in regions where safer alternative heating materials are widely available and accepted. Where existing heating systems are deemed inadequate, supplementary heating may be provided through the provision of individual electric room heaters or bottled gas units subject to being certified as safe for indoor use and in the case of bottled gas heaters with additional safety features. The provision (in kind or in cash) of coal, firewood, LPG remain a core activity in the winterization response. Some of the problems reported in last years' post-distribution monitoring - mainly poor quality of the material, rising prices, and challenges with procurement - still require attention and need to be taken into consideration when planning the response. The value of 3 months heating / fuel assistance is set at \$200 USD per family adequate purchase of a gas cylinder or Bukhari stove, and 180 Kgs of firewood or LPG. Cooking and heating functions of stoves should be considered separately, and care needs to be taken with reducing fire risk. Smoke is a common cause of respiratory infections and eye disease.

Standard response packages

i. Immediate shelter assistance prior to winter:

- a. replacement of damaged tents.
- b. provision of materials, tools, and technical support to insulate shelters.
- c. emergency shelter kit as appropriate to those living in open space.
- d. Provision of shelter repair /upgrade standard costing for shelter repair estimated as USD 300 for CAT C and USD 500 for CAT B damages.
- e. provision of a winter kit constituting of the insulation sleeping mats (depends on HH size), one (1) heat resistant floor panel (for positioning a solid/liquid fueled stove); one (1) heat resistant sleeve (for stove chimney to pass through the tent wall) for households residing in emergency shelter.
- f. undertake rental market assessments and sign rental agreements. This assistance is to be provided from September 2021 to November 2021 before the harsh winter period in December 2021 – February 2022.

ii. Immediate shelter/NFIs assistance during winter:

- a. provision of in kind / in cash winter clothing kit set at \$65 USD per family by the Afghanistan Shelter Cluster.
- b. provision of in kind / in cash blankets and quilts set at \$40 USD per family by the Afghanistan Shelter Cluster.
- c. provision of in kind /cash 3 months heating stove and fuel assistance set at \$200 USD per family adequate purchase of a gas cylinder or Bukhari stove and 180 kgs of firewood or LPG.
- d. provision of rental subsidy for 3 months assistance set at minimum of \$75 USD per family per month to run for a period of least 3 months.

Priority response activities during winter

i. Due to the impact of covid-19 on livelihoods, over 6.48 Million people will not have access to heating / fuel and able to cope with the winter, leaving them extremely vulnerable to rain, snow, and freezing temperatures. Household's may be pushed to employ negative coping mechanisms which often have serious protection implications for children such as forced labor and early marriages.

ii. Need for early identification of funds to enable partners plan, procure, and preposition winter items considering possible delays related to border closures, and other covid -19 restrictions measures.

iii. Continued innovative approaches which encourage partners to 'stay and deliver' need to be closely linked to sustained and unfettered humanitarian access, adequate and predictable resourcing from donors, and the ability to retain necessary staff in areas where the needs are the greatest.

iv. The spread of COVID-19 may affect or delay the ability of humanitarians to go to the field and respond – including undertaking assessments, inability to conduct focus group discussions, training, delayed distribution, and effective post-distribution monitoring.

v. Delays in delivery of core relief items to affected regions may be experienced due to movement restrictions / border closures, as well as other factors including conflict and natural disasters.

vi. Agencies are also encouraged to consider actions with low- or no-cost but high impact: (a) to cover solely the transportation costs of solid fuel (for locations that are distant or difficult to reach, where transportation costs charged by coal suppliers are particularly high); (b) to negotiate with suppliers (or otherwise create the conditions for the delivery of coal, in all those cases in which suppliers are reluctant to reach a location because of security considerations.

vii. Security-related constraints may limit partner's capacity to access affected people.

viii. Due to the high volume of needs, partners should try to maximize opportunities to aid in priority provinces where large populations are exposed to the snow.

ix. Financial constraints limit the purchase capacity of affected populations. This includes of course winterization items used for personal insulation, such as jackets, hats, thermal underwear, blankets. Such interventions should of course be informed by an assessment of local markets (where most of the potential beneficiaries usually purchase these items) and be followed by a PDM (post-distribution monitoring) campaign.

x. Winter will continue to be a factor in Afghanistan. Partners are encouraged to liaise with other clusters and refer cross cutting needs to relevant clusters to respond.

xi. Lack of sharing of beneficiary lists between partners, relevant authorities, limits cross referencing may result in duplication of activities to same beneficiaries.

xii. Insecurity rising from conflict between state and non-state armed groups.

xiii. Funding gap.

xiv. Coordination exists at planning level-but lacking at implementation level (field).

xv. Winterization reporting-to collectively include all sectoral inputs.

xvi. Limited partner's response capacity due to lack of presence in some of the affected areas.

xvii. Protection mainstreaming in ESNFI activities – ensuring shelters are safe to use, designs have taken into consideration gender segregation and access by people with disability.

xviii. Use of standardized winterization assessment tools and response packages.

xix. Partners to agree on data protection and sharing agreement and a consistent timeline for distribution of assistance across all clusters.

3.7.3 Food Security and Agriculture

TARGET POPULATION

9,175,669

CURRENT CAPACITY (US\$)

312.2M

FUNDING REQUIREMENT (US\$)

266M

FUNDING GAP (US\$)

0

Key sectoral issues and vulnerabilities

- i. Depletion of food stocks for smallholder farmers.
- ii. Seasonal impacts on food availability and access in remote districts.
- iii. Decrease in seasonal labour demand
- iv. Ongoing impacts of COVID-19 on fragile livelihoods in urban areas.

Priority response activities during winter

- i. Complementary in target areas between winterization and FSAC normal interventions to reduce the incentive to sell-off winterization assistance to cover food consumption needs.
- ii. Food assistance to vulnerable IPC phase 3 and 4 people.
- iii. Livestock protection package distributions to marginal / smallholder herding families.

Standard response packages

- i. In-kind food basket for up to 4 months through 2 distribution cycles; package includes 46kg fortified wheat flour, 4.5 kg vegetable oil, 8.4kg pulses and 1kg iodized salt.
- ii. HHs receiving cash assistance will receive 3,400 AFN per month for up to 4 months.
- iii. Livestock protection package includes: 100 kg of animal feed, 3 Kg of fodder crop seed, deworming treatment, and training on best practices in livestock feeding and keeping.

Challenges, risks, and constraints

- iv. International and regional logistical pipeline bottlenecks due to COVID-19, security and other impediments such as ad-hoc border closures.
- v. Limited capacity of FSPs in some remote districts, especially due to security.

3.7.4 Health



TARGET POPULATION

1,000,000

CURRENT CAPACITY (US\$)

2.5M

FUNDING REQUIREMENT (US\$)

7.5M

FUNDING GAP (US\$)

5M

Key sectoral issues and vulnerabilities

- i. Disrupted and weak health system and health services with additional burden due to COVID 19 pandemic.
- ii. Inadequate number of qualified health workforce.
- iii. The access to essential lifesaving and life sustaining health services in remote and hard to reach locations is limited during harsh winter season.
- iv. The remoteness, blocked roads and difficult terrain will make the provision of medical supplies, referral of severely ill patients for secondary health care, and movement of health workers almost impossible and challenging during winter.
- v. The acute respiratory tract infections are major causes of morbidity and mortality in emergencies and cold weather. Some 25%–30% of deaths in children below five years are due to respiratory tract infections, 90% of these deaths are due to pneumonia. The seasonal influenza virus results in considerable hospital visits, admissions, and deaths and mostly affect children and elderly people.
- vi. The low routine vaccination coverage and cold exposure leads to occurrence of measles.
- vii. Tuberculosis (TB) is an important disease in long-term emergencies where internally displaced communities settle in overcrowded accommodation for long periods in cold weather. Such conditions constitute high risk of acquiring pulmonary TB, which is transmitted through droplet and can be highly contagious in places with poor ventilation conditions.

Priority response activities during winter

The access to preventive and curative health services is a key priority for health cluster. Unless preventive measures are taken, the harsh winter weather will have a serious negative impact on the health of over 2.5 million vulnerable populations and will impact the response capacity to respond effectively to the increased demand for optimum health services. The key priority actions are.

- i. Strengthening disease surveillance system with focus on surveillance of acute respiratory infections or influenza like illness including COVID 19.
- ii. Training of health workers in the case detection and management of severe cases of acute respiratory infections such as pneumonia and other chronic illnesses.
- iii. Provision of mobile medical services to vulnerable groups and support to MoPH to expand the medical mobile teams (MMT) activities in hard to reach areas.
- iv. Provision of equipment, supplies, including lab supplies to the health facilities.
- v. Stockpiling of antibiotics, nebulizers and other medicines and medical supplies including kits used to manage respiratory tract diseases besides medical supplies to manage related adverse health conditions.

vi. Health education and health promotion on prevention, and mitigation measures for respiratory infections.

vii. Monitor the health situation and disease trends for early detection and management of diseases related to cold weather.

viii. Strengthened coordination with other clusters such as food, nutrition and shelter/NFI.

Standard response packages

i. The basic package of health services at level of care and to provide referral services to district, provincial, and regional hospitals.

ii. Response modalities would be via mobile health team and static health facilities.

Challenges, risks, and constraints

i. The ongoing pandemic of COVID which continues to overwhelm the fragile health system.

ii. Maintaining essential health care systems and services
iii. Access issues related to mobile health teams due to insecurity and harsh weather.

iv. The lack of supplies (including PPE) to ensure the proper delivery of health services in winter and the protection of health-care workers.

3.7.5 Nutrition



Challenges, risks, and constraints

TARGET POPULATION

72,920

CURRENT CAPACITY (US\$)

2.4M

FUNDING REQUIREMENT (US\$)

3.4M

FUNDING GAP (US\$)

1M

Key sectoral issues and vulnerabilities

- i. During winter season physical access to some locations of the country are blocked due to snow or muddy roads.
- ii. Provision of treatment to MAM children, SAM children, and PLWs is one of the key priority interventions under Nutrition Cluster. If the relevant services are not provided during winter season, it will contribute to further deterioration of the nutritional status of children and PLWs to severe condition, increased morbidities, and mortalities.
- iii. Additionally, PLWs need a functioning space for breast feeding and for having mothers group discussion sessions on IYCF during winter.
- iv. Winter prepositioning of supplies is critical for regular and timely provision of MAM and SAM treatment services.

Priority response activities during winter

- i. Treatment of SAM children.
- ii. Treatment of MAM children.
- iii. Treatment of Acute Malnourished PLW.
- iv. Protection, promotion, and support for breastfeeding and appropriate IYCF and dietary practices.

Standard response packages

- i. Treatment of MAM-CH cost per child (RUSF).
- ii. Treatment of AM-PLW cost per PLW (Super cereal).
- iii. Treatment of SAM cost per SAM outpatient child.
- iv. Treatment of SAM cost per SAM in-patient child.
- v. Winterization kit for PLWs cost per PLW.
- vi. Clothing Kit.

- i. Unexpected delays in timely arrival of supplies due to different reasons such as boarder closure, other COVID-19 implications, high demand for treatment commodities at global level with insufficient supplier capacity.
- ii. Lack of proper storage facilities in some Health Facilities to accommodate 3-month supplies.
- iii. Access to some locations due to insecurity, difficult terrain or early winter especially if dispatch is delayed due to late commodity arrival.
- iv. Where MAM children and malnourished PLW remain untreated their nutrition condition will deteriorate to severe and as a result burden an already weak health system, result in high morbidity and mortality in children and PLW. Similarly, if SAM children are untreated, they will become more susceptible to other illnesses.
- v. Reduction in supply and demand of nutrition services due to the Covid 19.

3.7.6 Protection



TARGET POPULATION

900,000

CURRENT CAPACITY (US\$)

2.1M

FUNDING REQUIREMENT (US\$)

18M

FUNDING GAP (US\$)

15.9M

Key sectoral issues and vulnerabilities

i. The challenges in the upcoming winter months (Nov 2020-Feb 2021) include the prediction that the level of vulnerability currently existing will exceptionally increase, particularly the vulnerability of children and their families who have been largely affected by COVID-19 situation. It will force the families to engage in severe negative coping mechanisms to survive.

ii. Based on reports by the protection cluster's partners, 2 out of 3 IDPs' and returnees' families have been affected by COVID-19 lockdown and lack of job opportunities caused by COVID-19 movement restriction. To respond to the situation and reduce protection risks a total of 402,564 households with specific needs to be assisted with cash assistance.

iii. Based on the recent assessment by OXFAM in five provinces, risks of GBV are higher than 51%, due to movement restrictions and traditional beliefs around women.

iv. The upcoming winter coupled with anticipated increased poverty as result of COVID-19 lockdown, conflict and displacement will intensify the vulnerabilities for persons with specific needs, increased likelihood of negative coping mechanisms.

v. Economic challenges across Afghanistan disproportionately affect women and girls, by exacerbating already and limited access to and control over resources by women and girls, increasing risk of GBV in the home and the community.

vi. Current lockdown and restricted movements and exacerbating economic hardship for families which will subsequently lead to increased child protection issues for girls and boys.

vii. Economic challenges across Afghanistan disproportionately affect children, by intensifying already and the limited access to economic resources by children and their families (such as skill trainings for instance), increase the risk of negative coping mechanisms in the home and the community.

viii. Increased risk of children experiencing winter related challenges in the absence of warm clothes and appropriate footwears.

ix. Closed schools may increase potential risk of abuse against girls and boys and reduce access to safe referrals from teachers to specialized caring for child survivor.

Priority response activities during winter

i. Identification of Persons with Specific Needs (PSN) including children, and verification of their vulnerability.

ii. Provision of Individual Protection Assistance (IPA) and one-time cash assistance to the PSNs to meet the most urgent needs during the winter.

iii. Referral of PSN cases to other service provider organizations for additional assistance.

iv. Dignity kits distribution with winter items according to the needs of women and girls – including COVID-19 prevention items.

v. Mainstream of GBV referrals within other sectors of the response, especially through WASH cluster.

vi. Provide each family with appropriate winterization kit for children which is comprised of a standardized response package.

vii. Information, Counselling and Legal Assistance (ICLA) for families at increased risk of eviction over winter months.

viii. Land identification, allocation and/or provision of tenure documents to support investments to upgrade shelter for winter conditions.

Standard response packages

i. Provision of dignity kit set at \$28/kit including packing, transportation, storage, loading/unloading etc.

ii. Protection winterization kit for children and family. The unit cost per winterization kit is \$45/kit per the above contents. The costs include packing, transportation, storage, loading/unloading etc.

Challenges, risks, and constraints

i. Escalation of conflict might cause disruptions in service provision and lack of access to beneficiaries and might suspend some activities.

ii. Heightened risk of gender-based violence and reduced access to case management spaces during winter. Highlights a need for increase remote modalities. Dignity kits or Cash Voucher assistance may need to be adapted to increase women's safe access to technologies and mobile or remote services.

iii. COVID 19 possible new wave during coming winter will be an additional challenge.

iv. Lack of funds as well as storage and facilitation during the winter period.

3.7.7 Water, Sanitation and Hygiene

TARGET POPULATION

1,000,000

CURRENT CAPACITY (US\$)

0

FUNDING REQUIREMENT (US\$)

4M

FUNDING GAP (US\$)

4M

Key sectoral issues and vulnerabilities

- i. Displacement due to conflict or avalanches making the affected population susceptible to WASH related issue that in addition to harsh winter can further expose them WASH related diseases of public health importance (diarrhoea, typhoid, cholera etc.).
- ii. Inaccessibility due to harsh winter or physical access due cutting away of roads resulting from heavy snow fall or avalanches-cutting off WASH assistance to affected population displaced by escalating conflict or natural disasters such winter, earthquakes etc.

Priority response activities during winter

- i. Pre-position of WASH supplies-Hygiene kits, waters kits and bathroom & latrine kits in key locations likely to be affected by displacement related to avalanches.
- ii. Distribution of WASH supplies-hygiene kits/water kits to the affected population based on the assessed needs.
- iii. Hygiene promotion focusing on the continuity of proper handwashing with soap at critical times.
- iv. Water supply to displaced/affected population due to winter or conflict during winterization.
- v. Provision of emergency sanitation facilities to the affected population.

Standard response packages

- i. Complete WASH package for half of the targeted people affected and displaced (water supply/sanitation facilities/WASH kits/hygiene promotion) – US\$40/individual.
- ii. Distribution of WASH NFIs for all targeted people affected and displaced (Family Hygiene Kits, Water Kits, etc.) – US\$7/individual.
- iii. Hygiene promotion for all targeted people affected and displaced (hygiene messages for the continuity of proper handwashing with soap at critical times) – US\$10/individual.
- iv. Provision of safe drinking water for half of the targeted people affected and displaced (handpump and well/borehole construction/repair, water trucking (where critically necessary) and water purification) – US\$25/individual.
- v. Provision of sanitation facilities for half of the targeted people affected and displaced (gender appropriate emergency latrine and bathroom to protect the health and dignity of the affected population) – US\$20/individual.
- vi. WASH assistance will be provided in-kind however in situations where in-kind is not feasible, use of vouchers will be considered.
- vii. WASH interventions in cold weather and freezing conditions as per the related WASH Cluster Technical Guidance.

Challenges, risks, and constraints

- i. Early release/availability of funding for WASH Cluster core pipeline top-up will allow for early response-delayed funding might constraint procurement during winter period (road access challenges).
- ii. Insecurity and continued conflict escalation between state and non-state armed groups limiting humanitarian access.
- iii. Winterization reporting – to collectively include all sectoral inputs as well.
- iv. Road in – accessibility due to heavy snow and or avalanches.
- v. COVID-19 delta variant wave with daily reported increased cases of new infections aggrandizing communities' vulnerabilities.
- vi. Governments potential added community restriction measures due to COVID-19 in addition to closure of schools may affect response in case of imposed lockdown measures- further slowing or hinder response during winter period.
- vii. Coordination exists at planning level – but challenging at implementation level (field).
- viii. Bureaucratic impediments of the project-led MoU with the governmental counterparts.
- ix. Funding Gap – Overall Afghanistan HRP funding at 23% of the total ask (US\$1.28 billion) with WASH having been funded 20% as of mid-2021 against US\$94 million appeal.

4 Winterization Strategy Development Approach

The Government of Afghanistan is leading and coordinating the overall winterization response.

In line with the National IDP policy, winterization activities are to be coordinated and carried out between MoRR /DoRR, ANDMA, relevant line ministries, and humanitarian organizations who are responding to the affected people throughout the country. It is expected that information on populations in need of seasonal support will come from a variety of sources that are not limited to the following:

- i. Contact centers at the community level.
- ii. MORR and ANDMA provincial offices.
- iii. District and provincial government offices.
- iv. Security organizations.
- v. Humanitarian and development organizations.
- vi. The IDPs themselves, including through the inter-agency call center (AWAAZ).
- vii. Inter- cluster referrals.

4.1 Coordination Process

i. Information will be collected by DoRRs, OCHA, regional cluster leads, and humanitarian partners based on the sources above. Joint assessment teams will subsequently be formed to assess the needs of the affected population. Needs assessment will be implemented jointly by partners prior to the start of the program. The assessments will be coordinated regionally and locally through regular Operational Coordination Team (OCT) team, the Humanitarian Response Team (HRT) meetings and regional clusters, in coordination with OCHA and in partnership with the government. The winterization assessment tools are the standard tool to be used for collection of data on the need for seasonal assistance.

ii. The clusters will liaise directly with DoRR, ANDMA (Representing the government) to coordinate the overall response at the Provincial level. DoRR will provide regular updates to the Provincial Governors and other entities on the response and follow-up to address any challenges or concerns. The regional clusters will inform humanitarian partners regularly through current coordination mechanisms.

iii. The close liaison between the field and national coordination structures will be done through joint multi cluster reporting for the four months November - February as well as through intra cluster (regional to national and vice-versa) communications. In turn, the ICCT will report monthly to the HCT.

4.2 Timelines

Extreme winter conditions usually occur from December 2021 – February 2022. All efforts will be made to ensure that assistance is delivered in the high winter season in a timely manner. Assessments will commence in late October 2021 and consequently the delivery of assistance.

4.3 Targeting, vulnerability and cross-cutting issues

Due to the high number of families unable to prepare adequately for the winter season, coupled by the decreasing resources, humanitarian agencies are strongly recommended to apply scoring systems on vulnerability criteria in the selection of beneficiaries of winterization assistance, keeping in mind the prioritization criteria proposed by the Cluster TWIG.

Vulnerability targeting will be community needs based and not on a status based to safeguard peaceful coexistence.

In addition to the most vulnerable families, priority will be given to those expected to be in critical climatic conditions due to altitude, temperature, and weather. Applying the vulnerability criteria will help humanitarian agencies to target the right people for assistance and avoid providing it to those who are not vulnerable. These criteria are a set of live parameters and must be periodically reviewed to assess their applicability in an evolving context and adjusted based on updated information from ongoing and forthcoming assessments.

4.3.1 Beneficiary Selection

Community level assessment and targeting process require agencies to involve the Community Development Council (CDCs), Shura, MoRR and ANDMA provincial offices, Humanitarian, and development organizations, OCHA, provincial and district authorities, and humanitarian agencies working in the region. It is preferred that assessment teams are co-led by DORR and humanitarian organizations. If DORR is not able to be involved, assessments can proceed with humanitarian organizations only and DORR will be informed by email of this plan. If possible and provided it does not cause unnecessary delay, the participation of women and protection staff in the joint assessment team should be encouraged. In all joint assessments' beneficiary selection will depend on the collective decision of the assessment teams.

The Community Beneficiary Committee (Representative of the community, CDC, IDP, Shura, Returnee ensuring fair representation of women) will refer a list of vulnerable families/households who meet the criteria (Vulnerable IDPs, Returnees, host community without any support or income in need of winterization assistance) to the Beneficiary Screening/Selection Committee (DORR provincial offices, OCHA, provincial and district authorities, Cluster regional and provincial focal points, humanitarian agencies).

The Beneficiary Selection Committee (BSC) will screen the list to identify duplication before submitting it to the Joint Assessment Team (JAT) for verification in the field. The JAT will be comprised of cluster partners including UN, INGO's, NNGO's, DoRR, SMTF agencies where applicable. During the field assessment, the JAT may also include vulnerable families who meet the criteria but were not recommended to the BSC. It is recommended that all members of assessment team use the same tools where possible.

4.3.2 Targeting

The assessment results including the list of vulnerable population assessed will be provided to the BSC for prioritization and selection of targeted beneficiaries using the vulnerability code card. The final results will be shared through a coordination meeting with all partners and a coordinated response arranged by prioritizing vulnerable households highly impacted by the harsh winter. The role of the beneficiary selection process is not to delay the response but to ensure transparency and equal access to those in dire need. Winterization assistance is expected to be delivered within two weeks upon receipt of the list from the community or partners and following the assessments.

4.3.3 Response

Where possible, distributions of assistance should take place simultaneously with assessments to ensure verified and assessed populations receive help as soon as possible. If due to access limitations, one partner organization has completed a verification and conducted an assessment and the identified needs are within their capacity, they can, respond immediately so that affected people receive assistance as quickly as possible. If a more coordinated response by multiple actors is required, the regional cluster will share the assessment findings with humanitarian agencies and DoRRs and work with the relevant clusters to facilitate an appropriate response based on immediate needs. OCHA, subnational clusters, DoRR will work with the other stakeholders to ensure that the response meets the needs of the affected population and that the type and delivery of the assistance is safe and culturally suitable. This includes ensuring the safety of the distribution points. These should be away from military/ security posts and have suitable facilities like toilets and shade for the protection of health and human dignity and be as close to the affected population as possible. Specific lines should be established for prioritized distribution to vulnerable groups such as female-headed households, children, pregnant and lactating women, people with a disability, and the elderly. Waiting times should be kept to a minimum. Ethical standards for photos and videos, including obtaining informed consent should be considered before capturing and dissemination of such material by government and humanitarian actors.

In line with the principles of confidentiality, consent, best interest, purpose, and access and data protection, data sharing agreements should be agreed upon in locations with high needs and where two or more partners are expected to respond. Priority for the assessments will be conducted in areas expected to experience harsh weather conditions by October 2021.

4.4 Monitoring

Individual agencies are expected to undertake on-site and real time monitoring to ensure the delivery of assistance to the targeted population. Agencies should establish one or more channels to communicate with affected populations in addition to Awaaz, including setting up a feedback and complaints box, survey and/or desk at the distribution site, via social media, focus group discussions, key informants' interviews etc. Each agency is requested to conduct Post Distribution Monitoring (PDM) using the agreed cluster template or incorporate specific cluster questions within their agency's tool to measure impact, gather lessons learnt, strengthen accountability to the affected populations and further inform future programming by at least by April 2022.

4.5 Reporting

The close liaison between the field and national coordination structures will be done through joint multi cluster reporting for the four months, November - February as well as through intra cluster (regional to national and vice-versa) communications and through the facilitation of OCHA.

In turn, the ICCT will report biweekly to the HCT and the HC. All Partners are to report winterization response activities via Report hub. iMMAP will create an interface in ReportHub allowing all partners including other sectors to provide monthly updates on activities and assistance provided for the winter season. This will aid in measurement of response and budget milestones against the strategy.

5 Conclusion

The strategy outlines inter-cluster response efforts to the winter season and aims to provide lifesaving assistance preventing mortalities for vulnerable populations. To ensure a coherent response, early identification of funds will enable both partners and relevant line ministries to timely meet the intended needs of affected households and reduce the spread of respiratory infections, hypothermia, hospital admissions, death, the occurrence of negative coping mechanisms including protection -related issues such as child labour, begging, selling of children etc. Winter assistance should be delivered ahead of the start of the cold season, to allow target population plan, and stockpile for the winter.

The strategy calls for a strong commitment on coordination within the inter cluster mechanisms to ensure an integrated response allowing affected populations address their cross-cutting needs and vulnerabilities associated with the winter season. Further, it calls for coordination and advocacy with donors, government authorities both at provincial and national level, the various line ministries involved in the implementation of response as well as in definition of strategic priorities, fund allocation schemes impacting the winter period.

It primarily focuses on emergency humanitarian efforts and development actors can contribute to build the country's resilience to winter season within a recovery /development framework.

ABBREVIATIONS

NFI - Non-Food Items
 WASH - Water Sanitation and Hygiene
 ICCT - Inter-cluster Coordination Team
 MORR - Afghanistan Ministry of Refugees and Repatriation
 ANDMA - Afghanistan National Disaster Management Authority
 OCHA - United Nations Office for the Coordination of Humanitarian Affairs
 IPC - Integrated Phase Classification
 ESNFI - Emergency Shelter and Non-Food Items
 IDPs - Internally Displaced Persons
 COVID-19 - Corona Virus Disease 2019
 IDP - Internally Displaced Persons
 EiEWG - Education in Emergencies Working Group
 CBE - Competency-based Education
 WFP - United Nations World Food Programme
 HAP - Household Air Pollution
 WHO - World Health Organization
 FSAC - Food Security and Agriculture Cluster
 MAM - Moderate Acute Malnutrition
 SAM - Severe Acute Malnutrition
 ES - Emergency Shelter
 CVA - Cash and Voucher Assistance
 Cfr - Cash for Rental
 FSPs - Financial Service Providers
 RCCE - Risk Communication and Community Engagement
 BPHS - Basic Package of Health Services
 PLWs - Pregnant and Lactating Women
 IYCF - Infant and Young Child Feeding
 RUSF - Ready-to-use supplementary foods (RUSF)
 HRP - Humanitarian Response Planning
 MoPH - Ministry of Public Health
 GBV - Gender Based Violence
 PSN - Persons with Specific Needs
 PSS - Psychosocial Support
 CVWG - Cash Voucher Working Group
 DoRRs - Directorate of Refugees and Repatriation
 TWIG - Technical Working Group
 IMMAP - Information Management and Mine Action Program
 JAT - Joint Assessment Team
 BSC - Beneficiary Selection committee

ISSUE VERSION

Version	Date	Changes Made
01	09.08.2021	N/A
02	16.08.2021	Endorsed version
03	23.08.2021	Situation update
04	12.01.2022	Situation update

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