



Home Office

Country Policy and Information Note **Afghanistan: Humanitarian situation**

Version 2.0

April 2022

Preface

Purpose

This note provides country of origin information (COI) and analysis of COI for use by Home Office decision makers handling particular types of protection and human rights claims (as set out in the [Introduction](#) section). It is not intended to be an exhaustive survey of a particular subject or theme.

It is split into 2 parts: (1) an assessment of COI and other evidence; and (2) COI. These are explained in more detail below.

Assessment

This section analyses the evidence relevant to this note - that is information in the COI section; refugee/human rights laws and policies; and applicable caselaw - by describing this and its inter-relationships, and provides an assessment of, in general, whether one or more of the following applies:

- a person is reasonably likely to face a real risk of persecution or serious harm
- that the general humanitarian situation is so severe that there are substantial grounds for believing that there is a real risk of serious harm because conditions amount to inhuman or degrading treatment as within [paragraphs 339C and 339CA\(iii\) of the Immigration Rules](#)/Article 3 of the [European Convention on Human Rights \(ECHR\)](#)
- that the security situation is such that there are substantial grounds for believing there is a real risk of serious harm because there exists a serious and individual threat to a civilian's life or person by reason of indiscriminate violence in a situation of international or internal armed conflict as within [paragraphs 339C and 339CA\(iv\) of the Immigration Rules](#)
- a person is able to obtain protection from the state (or quasi state bodies)
- a person is reasonably able to relocate within a country or territory
- a claim is likely to justify granting asylum, humanitarian protection or other form of leave, and
- if a claim is refused, it is likely or unlikely to be certifiable as 'clearly unfounded' under [section 94 of the Nationality, Immigration and Asylum Act 2002](#).

Decision makers **must**, however, still consider all claims on an individual basis, taking into account each case's specific facts.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual](#), 2013. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available. Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate and balanced, which is compared and contrasted where appropriate so that a comprehensive and up-to-date picture is provided of the issues relevant to this note at the time of publication.

The inclusion of a source is not, however, an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a footnote. Full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.

Feedback

Our goal is to provide accurate, reliable and up-to-date COI and clear guidance. We welcome feedback on how to improve our products. If you would like to comment on this note, please email the Country Policy and Information Team.

Independent Advisory Group on Country Information

The [Independent Advisory Group on Country Information](#) (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office's COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

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Information about the IAGCI's work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector's pages of the [gov.uk website](#).

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Assessment

Updated: 7 April 2022

1. Introduction

1.1 Basis of claim

- 1.1.1 That the general humanitarian situation in Afghanistan is so severe that there are substantial grounds for believing that there is a real risk of serious harm because conditions amount to inhuman or degrading treatment as within [paragraphs 339C and 339CA\(iii\) of the Immigration Rules](#)/Article 3 of the [European Convention on Human Rights \(ECHR\)](#).

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2. Consideration of issues

2.1 Credibility

- 2.1.1 For information on assessing credibility, see the instructions on [Assessing Credibility and Refugee Status](#) and [Humanitarian Protection](#).
- 2.1.2 Decision makers must also check if there has been a previous application for a UK visa or another form of leave. Asylum applications matched to visas should be investigated prior to the asylum interview (see the [Asylum Instruction on Visa Matches, Asylum Claims from UK Visa Applicants](#)).
- 2.1.3 In cases where there are doubts surrounding a person's claimed place of origin, decision makers should also consider the need to conduct language analysis testing (see the [Asylum Instruction on Language Analysis](#)).

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2.2 Exclusion

- 2.2.1 Decision makers must consider whether there are serious reasons for considering whether one (or more) of the exclusion clauses is applicable. Each case must be considered on its individual facts and merits.
- 2.2.2 If the person is excluded from the Refugee Convention, they will also be excluded from a grant of humanitarian protection (which has a wider range of exclusions than refugee status).
- 2.2.3 For further guidance on the exclusion clauses and restricted leave, see the Asylum Instruction on [Exclusion under Articles 1F and 33\(2\) of the Refugee Convention](#), [Humanitarian Protection](#) and the instruction on [Restricted Leave](#).

Official – sensitive: Start of section

The information in this section has been removed as it is restricted for internal Home Office use only.

Official – sensitive: End of section

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2.3 Convention reason(s)

- 2.3.1 A severe humanitarian situation does not in itself give rise to a well-founded fear of persecution for a Refugee Convention reason.
- 2.3.2 In the absence of a link to one of the 5 Refugee Convention grounds necessary to be recognised as a refugee, the question to address is whether the person will face a real risk of serious harm in order to qualify for Humanitarian Protection (HP).
- 2.3.3 However, before considering whether a person requires protection because of the general humanitarian situation, decision makers must consider if the person faces persecution for a Refugee Convention reason. Where the person qualifies for protection under the Refugee Convention, decision makers do not need to consider if there are substantial grounds for believing the person faces a real risk of serious harm meriting a grant of HP.
- 2.3.4 For further guidance on the 5 Refugee Convention grounds, see the Asylum Instruction, [Assessing Credibility and Refugee Status](#), and on humanitarian protection see the Asylum Instruction on [Humanitarian Protection](#).

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2.4 Risk

- 2.4.1 In the country guidance case [AK \(Article 15\(c\)\) Afghanistan CG \[2012\] UKUT 00163\(IAC\)](#) (18 May 2012), heard on 14 and 15 March 2012, having considered evidence up to early 2012, the Upper Tribunal (UT) held that, whilst the importance of return and reintegration packages for UK returnees to Kabul should not be exaggerated, they did, nevertheless, place returnees in a better position than that of other IDPs (paragraph 224).
- 2.4.2 The country guidance case [AS \(Safety of Kabul\) Afghanistan CG \[2018\] UKUT 118 \(IAC\) \(28 March 2018\)](#), heard on 25 and 27 September, 24 October, 20 November and 11 December 2017, considered humanitarian conditions in the context of whether it was reasonable for healthy single men without connections or support in Kabul to relocate there. The UT held that ‘... it will not, in general be unreasonable or unduly harsh for a single adult male in good health to relocate to Kabul even if he does not have any specific connections or support network in Kabul’ (paragraph 241(ii)).
- 2.4.3 This case was reconsidered by the UT in the country guidance case [AS \(Safety of Kabul\) Afghanistan \(CG\) \[2020\] UKUT 130 \(IAC\)](#) (1 May 2020), heard on 19 and 20 November 2019 and 14 January 2020, who, whilst not directly addressing whether conditions breached Article 3 of the European Convention on Human Rights (ECHR), held that:

‘The Panel in the 2018 UT decision found that much of Kabul’s population lives in inadequate informal housing with limited access to basic services such as sanitation and potable water. They noted that healthcare provision, although poor, is better in Kabul than elsewhere.

‘The evidence before us indicates that the position is unchanged. As was the case when the Panel made its findings in the 2018 UT decision, most of Kabul’s population is poor, lives in inadequate housing with inadequate

sanitation, lacks access to potable water, and struggles to earn sufficient income to sustain itself in a society without any safety net.

‘However, it is also apparent, most notably from [the UN Office for the Coordination of Humanitarian Affairs] OCHA’s 2020 Humanitarian Needs Overview of Afghanistan, that, in terms of people in need, the situation in Kabul is significantly better than much of the rest of Afghanistan.

‘The position today is comparable to 2017. A departure from the findings of the Panel in the 2018 UT decision cannot be justified’ (paras 224 to 227).

- 2.4.4 The political and security situation, as well as the socio-economic situation, has changed significantly since conditions were considered by the Upper Tribunal in [AK](#) and [AS \(Safety of Kabul\)](#). The OCHA’s 2020 Humanitarian Needs Overview indicated that in 2019, 6.3 million people were in need of some form of humanitarian assistance. By 2021 this had increased nearly threefold to 18.4 million, nearly half of Afghanistan’s population (estimated to be nearly 40 million), and is expected to increase to 24.4 million in 2022 (see [People in need – numbers and location](#)).
- 2.4.5 A freeze in assets and foreign funding following the Taliban takeover has led to a severely fragile economy and reduced employment. Many people have lost their jobs and income, including 500,000 security forces personnel, as the economy has shrunk and the Taliban has restricted employment, particularly for women. Male unemployment is predicted to rise to 29% in 2022 (compared to 15.2% in 2019). Civil servants, other government workers and hospital staff who have retained their jobs have not been paid for many months. There is also little opportunity for casual employment. The cost of food and household goods, including fuel, has risen substantially, leaving people struggling to afford basic necessities. In 2020, 72% of the population lived below the poverty line (less than USD\$2.00 or GBP£1.47 per day) and this is predicted to rise by between 7% and 25% by mid-2022 (see [Economy and Employment](#)).
- 2.4.6 Since 15 August 2021, food security has deteriorated in all regions and 98% of the population has insufficient food consumption (based on a minimum consumption of weighted food groups). The 2021 drought, the second in four years, has had a severe impact on agriculture and livestock. Acute (crisis or emergency) levels of food insecurity affects approximately 18.8 million people and this is predicted to rise to 22.8 million people (55% of the population) in 2022, with 8.7 million at risk of famine-like conditions. Around 50% (3.2 million) of children under age 5 face acute malnutrition in 2022. Negative coping strategies include borrowing money and food, child labour and selling assets as well as forced and child marriage. The urban population is suffering from food insecurity at similar rates to rural communities (see [Food security](#)).
- 2.4.7 Severe drought and poor water management contributes to water insecurity. Based on 2020 figures, basic drinking water services are available to 48% of the population although an estimated 80% of people drink bacteriologically contaminated water. Half the population have access to at least basic sanitation services. The quality and quantity of the drinking water supply in

urban areas has reduced following the Taliban takeover (see [Water, sanitation and hygiene \(WASH\)](#)).

- 2.4.8 Economic instability and the international freeze on funding has put the healthcare system on the brink of collapse. Hospitals lack basic medicines, equipment and food, as well as fuel to run generators. Whilst funding is provided to sustain over 2,300 primary and secondary health facilities in 31 provinces, the World Health Organization indicated this is not enough and recent outbreaks of disease are increasing pressure on an already fragile health service. Around 1,000 health facilities are without support and about 10 million people live in areas without access to health services (see [Healthcare](#)). For more information on access to healthcare, see the Country Policy and Information Note on [Afghanistan: medical and healthcare provision](#).
- 2.4.9 There are an estimated 5.5 million internally displaced persons (IDPs), around 10 to 15% of the population, and over 690,000 were forcibly displaced between January and November 2021, the majority to the north-east of the country and over 54,000 to Kabul. Thousands are in need of food, shelter and fuel, and the UNHCR stated in December 2021 that it supplied aid to 60,000 IDPs a week (see [Internally displaced persons \(IDPs\)](#)).
- 2.4.10 The freeze in assets and foreign funding has limited the ability of the Taliban to protect the general population against the difficulties faced due to the deteriorating humanitarian situation. Instead, around 160 national and international humanitarian organisations are providing critical assistance, including food, water, sanitation and health assistance, as well as education. At least some form of humanitarian aid has reached over 11 million people across 34 provinces and aims to reach 22 million people in 2022. The Taliban gave assurances to the UN that it would not interfere with the delivery of aid and will protect aid workers. The Taliban have also reportedly launched a food-for-work scheme, offering wheat in exchange for labour for workers in Kabul and which they plan to expand across the country (see [Humanitarian aid](#) and [Employment](#)).
- 2.4.11 Whilst conditions have deteriorated and the number of people in need of humanitarian assistance has increased since the findings upheld in [AS \(Safety of Kabul\)](#), the humanitarian situation is not so severe that in general, a single adult male in good health is likely to face a real risk of serious harm. This is because the conditions do not amount to torture or inhuman or degrading treatment, as defined in paragraphs 339C and 339CA(iii) of the Immigration Rules/Article 3 of the European Convention on Human Rights (ECHR).
- 2.4.12 However, living conditions in other parts of the country vary, with groups who may be particularly vulnerable to serious harm because of their status and circumstances, such as women, children, the elderly and the disabled, may face a higher risk of a breach of Article 3. Decision makers must consider, on the facts of the case, whether a returnee, by reason of their individual circumstances, would face a real risk of serious harm contrary to paragraphs 339C and 339CA(iii) of the Immigration Rules/Article 3 ECHR as a result of the humanitarian situation.

- 2.4.13 For further guidance on assessing risk, see the instruction on [Assessing Credibility and Refugee Status](#) and on humanitarian protection see the Asylum Instruction on [Humanitarian Protection](#).

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2.5 Internal relocation

- 2.5.1 In [AK](#), the UT held that internal relocation to Kabul was reasonable, bar some limited categories (lone women and female heads of household). This was confirmed in [AS \(Safety of Kabul\)](#). When considering assistance available to returnees, the UT concluded ‘We see no reason to depart from the finding of the [2018 UT] Panel that a returnee, generally, will be able to access sufficient assistance and funds so as to be in a position to accommodate and feed himself for the first 4–6 weeks in Kabul without earning an income’ (paragraph 245).

- 2.5.2 Although the cost of living has increased since the findings in [AS \(Safety of Kabul\)](#), evidence continues to indicate that, as previously held by the UT in regard to the humanitarian situation in Kabul, ‘... it will not, in general, be unreasonable or unduly harsh for a single adult male in good health to relocate to Kabul even if he does not have any specific connections or support network in Kabul and even if he does not have a Tazkera [national identity document]’ (paragraph 253(iii)).

- 2.5.3 However, as held in by the UT in [AS \(Safety of Kabul\)](#):

‘... the particular circumstances of an individual applicant must be taken into account in the context of conditions in the place of relocation, including a person’s age, nature and quality of support network/connections with Kabul/Afghanistan, their physical and mental health, and their language, education and vocational skills when determining whether a person falls within the general position set out above. Given the limited options for employment, capability to undertake manual work may be relevant.

‘A person with a support network or specific connections in Kabul is likely to be in a more advantageous position on return, which may counter a particular vulnerability of an individual on return. A person without a network may be able to develop one following return. A person’s familiarity with the cultural and societal norms of Afghanistan (which may be affected by the age at which he left the country and his length of absence) will be relevant to whether, and if so how quickly and successfully, he will be able to build a network’ (paragraphs 253 (iv and v)).

- 2.5.4 For further guidance on internal relocation see the instruction on [Assessing Credibility and Refugee Status](#) and [Humanitarian Protection](#).

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2.6 Certification

- 2.6.1 Where a claim is refused, it is unlikely to be certifiable as ‘clearly unfounded’ under section 94 of the Nationality, Immigration and Asylum Act 2002.

- 2.6.2 For further guidance on certification, see [Certification of Protection and Human Rights claims under section 94 of the Nationality, Immigration and Asylum Act 2002 \(clearly unfounded claims\)](#).

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Country information

Section 3 updated: 7 April 2022

3. Socio-economic situation

3.1 Basic indicators

Population	39.8 million (2021 estimate) ¹
Life expectancy	64.8 years (2019 estimate) ² , 53.25 years (2021 estimate) ³
Maternal mortality rate (deaths per 100,000 live births)	638 (2017 estimate) ⁴
Infant mortality rate (per 1,000 live births)	47.9 (2018 estimate) ⁵ , 106.75 (2021 estimate) ⁶
Poverty (population living below poverty line)	47% (2019 to 2020 estimate), 72% (post-COVID) ⁷ . Poverty line set at AFN 2,268 [GBP £15.97 ⁸] per person per month in the Income, Expenditure and Labor Force Survey (IELFS 2019 to 2020) ⁹
Child malnutrition, (moderate or severe, under age 5)	3.2 million (an estimated 50% of children under 5, by end of 2021) ^{10 11}
Literacy rate (age 15 and older)	43% (2018 estimate) ¹²
Population with at least some secondary education (age 25 and older)	26.1% (2019 estimate) ¹³

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¹ UNFPA, '[World Population Dashboard Afghanistan](#)', 2021

² UNDP, '[Human Development Reports: Afghanistan](#)' (Health), 2020

³ CIA, '[World Factbook Afghanistan](#)' (People and society), 2 December 2021

⁴ UNDP, '[Human Development Reports: Afghanistan](#)' (Gender), 2020

⁵ UNDP, '[Human Development Reports: Afghanistan](#)' (Health), 2020

⁶ CIA, '[World Factbook Afghanistan](#)' (People and society), 2 December 2021

⁷ UNDP, '[Afghanistan Socio-Economic Outlook 2021-2022](#)' (pages 16 and 24), 1 December 2021

⁸ Xe.com, '[Currency converter](#)', as at 10 January 2022

⁹ UNDP, '[Afghanistan Socio-Economic Outlook 2021-2022](#)' (pages 16 and 24), 1 December 2021

¹⁰ UNICEF, '[Half of Afghanistan's children under five expected to suffer from acute...](#)', 5 October 2021

¹¹ UNICEF, '[UNICEF issues historic humanitarian appeal to save the lives...](#)', 7 December 2021

¹² UNDP, '[Human Development Reports: Afghanistan](#)' (Education), 2020

¹³ UNDP, '[Human Development Reports: Afghanistan](#)' (Education), 2020

3.2 Economy

- 3.2.1 The International Rescue Committee (IRC) reported in its 2022 Emergency Watchlist, published 14 December 2021, that, 'For the past two decades, Afghanistan has been highly dependent on foreign funding to pay civil servants like health care workers and teachers and operate essential public services. The previous government had relied on foreign funds for around 75% of its public spending.'¹⁴
- 3.2.2 The World Bank in Afghanistan gave an overview of the economy on 8 October 2021, and said that even before the Taliban takeover the country faced 'daunting economic and development challenges'. The report noted: 'Recent political developments have pushed Afghanistan into economic crisis. In August, the Taliban assumed power in Afghanistan, with immediate repercussions across an economy already facing daunting development challenges. Rapid reduction in international grant support, loss of access to offshore assets, and disruption to financial linkages are expected to lead to a major contraction of the economy, increasing poverty, and macroeconomic instability... Prices for basic household goods, including food and fuel, increased substantially as the Taliban captured border posts and key transit hubs, disrupting supply chains. Inflation further accelerated following the Taliban takeover, reflecting depreciation, hoarding, and disruptions to international trade.'¹⁵
- 3.2.3 In October 2021, the Integrated Food Security Phase Classification (IPC), a global standard for assessing food security, noted: 'Afghanistan's economy was already characterised by high levels of fragility and aid dependence and food security was significantly impacted by drought. The economic impacts of the COVID-19 pandemic, both domestically and internationally, has compounded this fragility. Since August, international development assistance, longer-term development projects and institutional support have been suspended. The freeze of foreign assets is driving a liquidity crisis, resulting in the devaluation of the Afghani currency, compounding the economic shock. While measures may be implemented to prevent a total collapse of the economy, this may not go far beyond maintaining the basic functioning of the financial sector. Even with these mitigation measures in place, the economy is expected to further contract in the projection period, and this will lead to further increases in acute food insecurity.'¹⁶
- 3.2.4 In regard to the impact on food markets and prices, the IPC said: 'The period between August to September corresponds to the post-harvest season when wheat and wheat flour prices usually decrease slightly following seasonal trends. However, in 2021, there has been a dramatic and sudden price increase for wheat flour (+28% from June to September) and other food commodities. In addition, cooking oil prices increased by 55% compared to the same period last year and more than 80% above the previous 5-year average, contributing to increasing food and non-food prices.'

¹⁴ IRC, '[2022 Emergency Watchlist](#)' (page 25), 14 December 2021

¹⁵ World Bank, '[Afghanistan: Overview](#)' (Context), 8 October 2021

¹⁶ IPC, '[Afghanistan: Acute Food Insecurity Situation September - October...](#)' (page 5), October 2021

Moreover, the political transition also led to a freeze of US\$ 9.5 billion in government assets, further deteriorating the economy and resulting in a 12.5% currency devaluation, which in turn contributed to increasing prices of food and non-food items, especially for imported ones. These higher food prices are negatively impacting the purchasing power of lower-income groups across the country, reducing their access to food. The impact of high prices is not only limited to poor households, with other household income groups unable to access cash due to banking restrictions on cash withdrawals (currently limited to USD200/household/week).¹⁷

- 3.2.5 A UN Development Programme (UNDP) report on Afghanistan's socio-economic outlook, dated 30 November 2021, noted that the weekly household cash withdrawal limit had increased to USD\$400, whilst adding '... this ceiling might only be relevant for large depositors in a country where the per capita income is barely US\$500 per year.'¹⁸

'The latest available estimates (2017) for those Afghans below or around the poverty line indicated that 81 percent of the population was living daily on less than AFN57 (US\$0.74) [GBP £0.54¹⁹]. In fact, the poorest half of the population was living on less than AFN30 (US\$0.39) [GBP £0.28] per day, indicating an extreme level of deprivation. Even the 5 percent of the population at the top of the distribution averaged only US\$2 [GBP £1.47] per day per person. Following the onset of the [COVID] pandemic, only 31 percent of those in the top 20 percent of the income distribution were assessed to be non-vulnerable.'²⁰

- 3.2.6 The UNDP noted that 'Per capita income may decline by nearly one-third, from just over US\$500 [GBP £369²¹ (GBP £1.01 per day)] in 2020 to about US\$350 [GBP £258²² (GBP £0.70 per day)] by 2022, if the resident population increases as in the recent past (2.5 percent annually).'²³

See also [Employment](#).

- 3.2.7 The UN Office for the Coordination of Humanitarian Affairs (OCHA) provided estimates for 2021 and noted 'With revised UN Flowminder estimates placing the 2021 population at 40.4 million, there are now an estimated 37.6 million people [93% of the population] living on less than \$2 per day in Afghanistan.'²⁴ According to the UNDP, poverty could rise (from 72% of the population – 2020 World Bank estimate) by 7% in a best case scenario and in the worst case the poverty rate could rise by 25% by mid-2022, bringing 97% of the population below the poverty line²⁵.

- 3.2.8 In the first instalment of its series on Afghanistan's economic crisis, published 7 December 2021 and based on detailed, in-depth interviews across Afghanistan, the Afghanistan Analysts Network (AAN) reported on the

¹⁷ IPC, '[Afghanistan: Acute Food Insecurity Situation September - October...](#)' (page 2), October 2021

¹⁸ UNDP, '[Afghanistan: Socio-Economic Outlook 2021-2022](#)' (page 7), 30 November 2021

¹⁹ Xe.com, '[Currency converter](#)', as at 10 January 2022

²⁰ UNDP, '[Afghanistan: Socio-Economic Outlook 2021-2022](#)' (page 15), 30 November 2021

²¹ Xe.com, '[Currency converter](#)', as at 10 January 2022

²² Xe.com, '[Currency converter](#)', as at 10 January 2022

²³ UNDP, '[Afghanistan: Socio-Economic Outlook 2021-2022](#)' (page 9), 30 November 2021

²⁴ OCHA, '[Afghanistan Humanitarian Needs Overview 2021](#)' (page 4), 19 December 2020

²⁵ UNDP, '[Economic Instability and Uncertainty in Afghanistan](#)' (page 5), 9 September 2021

economic situation at the household level, through the eyes of ordinary working families:

'Many interviewees... have found themselves in a practically moneyless personal economy. For instance, when asked which currency they had used in the last week or month – a question designed to map the use of foreign currencies – several interviewees said they had not used money at all.

'With no or very little income, food and grocery shopping is done on credit whenever possible, although shopkeepers are increasingly unable or unwilling to do so. For many, the only money coming in is what they manage to borrow for unavoidable expenses (mostly food and firewood supplies for winter and urgent medical treatment). The increased prices and the lack of income means that most of them have no idea how they will repay their loans.'²⁶

- 3.2.9 The AAN's second instalment of the series, published on 23 December 2021, looked at families who were already wealthier, or had diverse income streams, or still received a regular salary, and found that even they were struggling. The AAN noted, 'Although they all are in a better state than most, they also struggle to adapt to a much harsher reality. Most of them are no longer able to access their capital or make proper use of their investments, and all of them indicated that they are no longer able to help others like they used to.'²⁷
- 3.2.10 Reuters reported on 14 December 2021 on the wavering stability of the Afghani, noting 'On Monday [13 December] the afghani, which traded at around 77 to the dollar before the fall of Kabul and at 97 a week ago, dropped from 112 to the dollar in the morning at Kabul's Sarai Shazada money market to 125 by the afternoon.' After Da Afghanistan Bank (the central bank), took steps to stop the fall in value, the afghani had recovered slightly by 14 December and was said to be around 114 to 115 to the US dollar²⁸. Ariana News reported that in a bid to stabilise the Afghani, on 14 December 2021 the Taliban banned the use of foreign currencies for commercial transactions²⁹.
- 3.2.11 On 19 January 2022, ANI News Agency reported that the Taliban shut down Boli market in Sarai Shahzada, a key money-exchange market in Kabul, and also pulled out the vendors. The closure of Boli market led to dozens of vendors losing their jobs and will lead to problems determining the real value of the Afghani against foreign currencies³⁰.
- 3.2.12 Reuters reported on 3 February 2022 that the UN stated it has about \$135 million in the bank in Afghanistan but is unable to use it because the Taliban-run central bank cannot convert it to the afghani currency because the Taliban banned the use of foreign currency in Afghanistan³¹.

²⁶ AAN, '[Living in a Collapsed Economy \(1\): A cook, a labourer, a migrant...](#)', 7 December 2021

²⁷ AAN, '[Living in a Collapsed Economy \(2\): Even the people who still have...](#)', 23 December 2021

²⁸ Reuters, '[Afghan central bank moves to halt currency slide as crisis deepens](#)', 14 December 2021

²⁹ Ariana News, '[IEA bans use of foreign currencies in bid to stabilize Afghan...](#)', 14 December 2021

³⁰ ANI, '[Taliban closes key money-exchange market in Kabul, vendors pulled out](#)', 19 January 2022

³¹ Reuters, '[U.N. has millions in Afghanistan bank, but cannot use it](#)', 3 February 2022

- 3.2.13 For information on a UN trust fund set up to support the local economy, see [Humanitarian aid](#).

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3.3 Employment

- 3.3.1 The IPC noted in regard to employment:

‘The political transition in August 2021 resulted in significant disruptions to public finances, services and international assistance and had enormous impacts on employment, particularly for women. The political transition also led to over 500,000 Afghan security force members losing their jobs while civil servants, who comprise a significant proportion of the urban population, have been unpaid for over three months. Overall, the economic crisis that followed the political transition has negatively impacted the labour market in both urban and rural areas. The World Food Programme’s (WFP) market and price monitoring showed a drastic decline in the number of days work available for casual labour in urban areas: these were two days per week in July, dropping to 1.8 days in August and to only one day of work in September, a level which is 50% lower compared to both July 2021 and September 2020. According to the 2021 SFSA [Seasonal Food Security Assessment], 95% of the population reported reduced incomes, out of which 76% reported a significant decrease (83% for urban and 72% for rural households) compared to the previous year. The main reasons for decreased income were reduced employment (42%) and conflict (41%).’³²

- 3.3.2 On 25 October 2021 it was reported that the Taliban had launched a ‘food-for-work scheme’, offering wheat in exchange for labour, reported Euronews, which added that the scheme ‘... will be rolled out around the country’s major towns and cities and will employ 40,000 men in the capital alone... targeting those who are currently unemployed and most at risk of starvation during the harsh winter to come.’³³

- 3.3.3 Reporting on the food for work programme on 12 January 2022, BBC News said that agriculture officials have stated that wheat, which was mostly donated by India to the previous US-backed Afghan government, is being used by the Taliban to pay around 40,000 workers 10kg of wheat a day. BBC News cited a statement from the Taliban that the programme, which had mostly been used to pay labourers in the capital Kabul, will be expanded around the country³⁴.

- 3.3.4 In January 2022, the BFA Staatendokumentation (Austrian Federal Office for Immigration and Asylum, COI unit) published the findings of a survey looking at socio-economic indicators in three different urban locations, Kabul, Herat and Mazar-e Sharif. The findings are based on a survey of 300 men and women across these locations in early November 2021. The survey found, ‘In terms of the employment status of respondents, 175 respondents (58.3%) were unemployed, 6.3% of the respondents lost their job since the Taliban takeover of the country, and only 23% reported having been continuously employed, among whom 10.3% reported they only worked occasionally. Only

³² IPC, ‘[Afghanistan: Acute Food Insecurity Situation September - October...](#)’ (page 2), October 2021

³³ Euronews, ‘[Taliban launches food-for-work programme to tackle hunger crisis...](#)’, 25 October 2021

³⁴ BBC News, ‘[Afghanistan crisis: Taliban expands “food for work” programme](#)’, 12 January 2022

1% reported as being newly employed after the former government collapsed.³⁵

3.3.5 The UNDP reported in November 2021 that ‘... previous and current ordinary government employees as well as thousands of soldiers, police and security personnel reportedly are not being paid their salaries. For those still at work, wages have declined by between 8 percent and 10 percent.’³⁶ The UNDP estimated, ‘Per capita income may decline by nearly one-third, from just over US\$500 [GBP £369³⁷] in 2020 to about US\$350 [GBP £258³⁸] by 2022, if the resident population increases as in the recent past (2.5 percent annually)... Male unemployment may almost double from 15.2 percent in 2019 to 29 percent by 2022.’³⁹

3.3.6 The same source noted that:

‘Afghan women workers amounted to 20 percent of employment before the crisis... The restrictions on women’s employment [by the Taliban] will affect both the economy and society. Losing existing workers and their experience and forbidding new young and educated females to enter the labour market will reduce the number of workers, productivity and the rate economic growth. It will also reduce the incomes of households whose female members are working, thereby reducing their consumption at the micro-level and aggregate demand at the macro-level.’⁴⁰

3.3.7 The UNDP report added that, according to Asian Development Bank (ADB) estimates, ‘... under its worst-case scenario, unemployment would increase by more than 40 percent in the short run and household consumption could contract by 44 percent. In the less pessimistic scenario, unemployment would increase to 26 percent and household consumption would fall by 27 percent.’⁴¹

3.3.8 On 18 December 2021, some hospital and government workers in Kabul protested against their unpaid wages⁴².

3.3.9 On 19 January 2022, the International Labour Organization (ILO) stated that, according to new estimates, ‘Job losses in Afghanistan following the change in administration in August 2021 totalled more than half a million in the third quarter and may reach 900,000 by mid-2022.’⁴³

3.3.10 The WFP reported on 24 January 2022 (referring to the third week of January) that work opportunities and casual labour decreased slightly from the previous week⁴⁴. The report noted:

‘The average number of days that work is available for casual workers declined this week by 2.6% and reached to 1.1 days per week which is

³⁵ BFA, ‘[Afghanistan: Socio-Economic Survey 2021](#)’ (pages 6 to 7), 18 January 2022

³⁶ UNDP, ‘[Afghanistan: Socio-Economic Outlook 2021-2022](#)’ (page 4), 30 November 2021

³⁷ Xe.com, ‘[Currency converter](#)’, as at 10 January 2022

³⁸ Xe.com, ‘[Currency converter](#)’, as at 10 January 2022

³⁹ UNDP, ‘[Afghanistan: Socio-Economic Outlook 2021-2022](#)’ (page 9), 30 November 2021

⁴⁰ UNDP, ‘[Afghanistan: Socio-Economic Outlook 2021-2022](#)’ (page 17), 30 November 2021

⁴¹ UNDP, ‘[Afghanistan: Socio-Economic Outlook 2021-2022](#)’ (page 15), 30 November 2021

⁴² Tolo News, ‘[Govt Employees Protest Unpaid Wage in Kabul](#)’, 18 December 2021

⁴³ ILO, ‘[ILO estimates underscore Afghanistan employment crisis](#)’, 19 January 2022

⁴⁴ WFP, ‘[Afghanistan: Countrywide Weekly Market Price Bulletin, Issue 88...](#)’, 24 January 2022

54.3% lower than the last week of June (before the recent conflicts and political change). No work opportunity available since fourth week of August in Daykundi, Logar, Paktya and Panjsher, in Bamyán since 2nd week of September and Ghazni, Paktika and Wardak since second week of January 2022. At provincial level, the number declined only in Hilmand by 50% (from 2 to 1 day), due to reduced work opportunities.¹⁴⁵

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3.4 Education

- 3.4.1 For information on access to education, see the Country Policy and Information Note on [Afghanistan: Unaccompanied children](#).
- 3.4.2 For updates on access to education, see [Updates | ReliefWeb](#).

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Section 4 updated: 7 April 2022

4. Humanitarian situation

4.1 Overview

- 4.1.1 Referring to findings in the October 2021 IPC report, the World Food Programme (WFP) viewed that ‘Afghanistan is becoming the world’s largest humanitarian crisis, with needs surpassing those in Ethiopia, South Sudan, Syria and Yemen...’¹⁴⁶
- 4.1.2 UNICEF noted in November 2021, ‘The humanitarian situation continues to deteriorate in Afghanistan, with alarming disruptions in health and nutrition services, a disastrous food crisis, drought, outbreaks of measles, acute watery diarrhoea, polio and other preventable diseases, as well as the crippling onset of winter.’¹⁴⁷
- 4.1.3 The OCHA stated in a December 2021 report that, ‘Even prior to the events of 15 August [2021], the humanitarian situation in Afghanistan was one of the worst in the world. By the mid-year mark, nearly half of the population – some 18.4 million people – were already in need of humanitarian and protection assistance in 2021.’¹⁴⁸
- 4.1.4 Afghanistan topped the IRC’s 2022 Emergency Watchlist of countries most at risk of deteriorating humanitarian crises in 2022 as ‘... the population increasingly cannot meet basic needs and the economy and public services collapse, despite the end of major conflict.’¹⁴⁹

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¹⁴⁵ WFP, ‘[Afghanistan: Countrywide Weekly Market Price Bulletin, Issue 88...](#)’, 24 January 2022

¹⁴⁶ WFP, ‘[Afghanistan set to be world’s worst humanitarian crisis, report warns](#)’, 25 October 2021

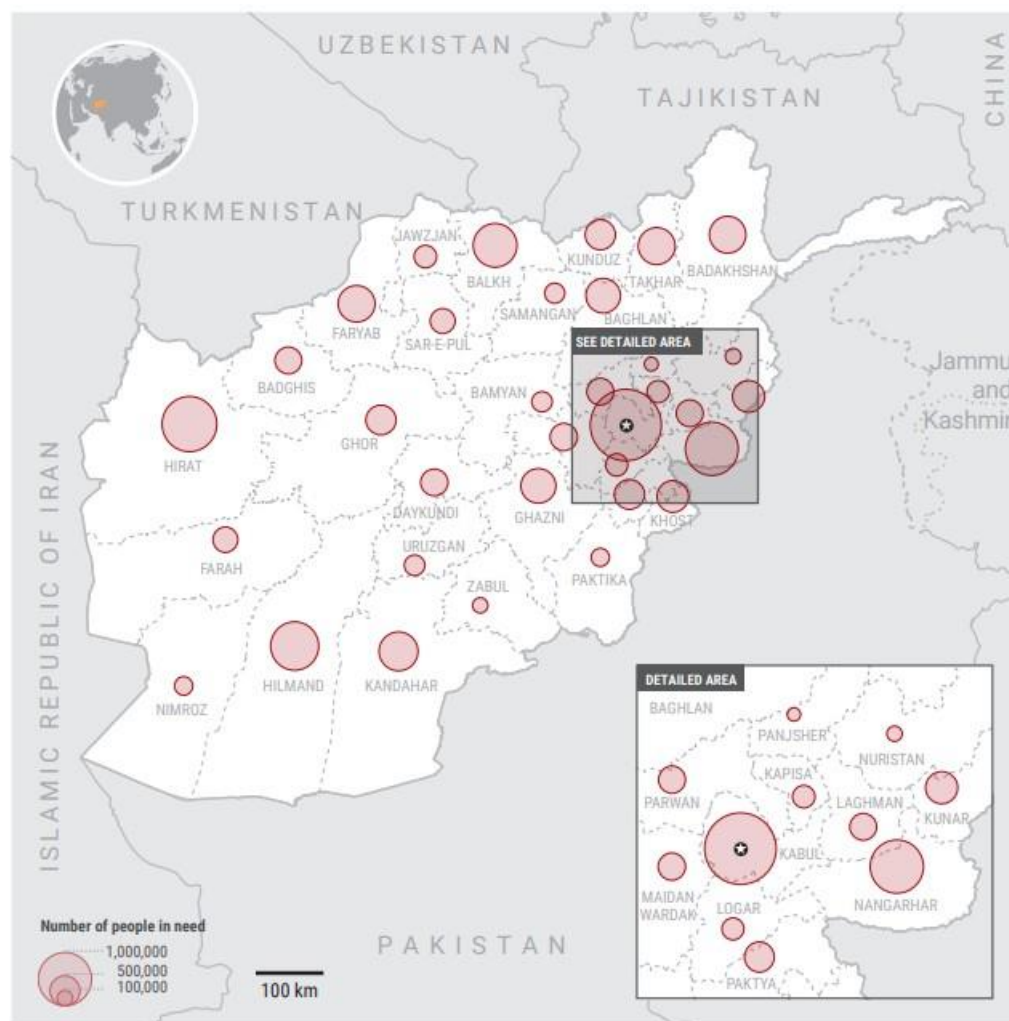
¹⁴⁷ UNICEF, ‘[Afghanistan Humanitarian Situation Report 1–30 November 2021](#)’, 30 November 2021

¹⁴⁸ OCHA, ‘[Afghanistan: ICCT Real-Time Response Overview](#)’ (page 1), 23 December 2021

¹⁴⁹ IRC, ‘[2022 Emergency Watchlist](#)’ (page 24), 14 December 2021

4.2 People in need – numbers and location

- 4.2.1 In 2019, the number of people in need of some form of humanitarian assistance was recorded by the OCHA as 6.3 million⁵⁰. In June 2020 this had risen to 14 million⁵¹. As of 30 November 2021, 18.4 million people were in need of some form of humanitarian relief and, as at the end of September 2021, aid had reached 10.3 million people⁵². The OCHA expected the number of people in need to increase to 24.4 million in 2022⁵³. Of the 24.4 million expected to be in need in 2022, 54% are children, and 8.3% are persons living with severe disabilities⁵⁴.
- 4.2.2 The OCHA produced a map showing the regions where most people were in need of humanitarian assistance⁵⁵ (the proportion of people in need will vary according to regional populations):



⁵⁰ OCHA, '[Afghanistan Humanitarian Needs Overview 2020](#)' (page 4), 17 December 2019

⁵¹ OCHA, '[Afghanistan Humanitarian Needs Overview 2021](#)' (page 4), 19 December 2020

⁵² OCHA, '[Afghanistan: Humanitarian Response Overview](#)', 14 December 2021

⁵³ OCHA, '[Afghanistan Humanitarian Needs and Planned Response 2022](#)', 16 December 2021

⁵⁴ OCHA, '[Afghanistan Humanitarian Needs Overview 2022](#)' (page 45), 7 January 2022

⁵⁵ OCHA, '[Afghanistan Flash Appeal...](#)' (page 4), 5 September 2021

- 4.2.3 A January 2022 OCHA report noted that 3.6 million people in Kabul were projected to be in need in 2022. At 6.9 million, Kabul has the highest population of all the provinces, according to OCHA figures⁵⁶.

See also [Humanitarian aid](#).

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4.3 Food security

- 4.3.1 Whilst noting some of the information may be slightly outdated due to political changes since the Taliban takeover, data collected by REACH⁵⁷ and 11 partner organisations across 31 provinces between 4 August and 3 October 2021 via face to face 9,880 Household Surveys (allowing a 10% margin of error) and 7,467 Key Informant Interviews (KIIs – considered indicative) for the Whole of Afghanistan Assessment (WoAA) indicated:

‘Findings from Household Surveys indicate that 46% of displaced households were found to have a “poor” Food Consumption Score (FCS) compared to non-displaced (36%). Additionally, 45% of the assessed households fell in the “emergency” category of Livelihood Coping Strategy Index (LCSI). This figure was higher in displaced households (51%) compared to non-displaced households (44%). Among those relying on coping strategies, about 6% reported marrying their daughters earlier than intended. Moreover, 45% of the assessed households were in “high” category of the reduced Coping Strategy Index (rCSI). Findings from the Key Informant Interviews show that 70% of the KIIs [Key Informants] reported that most of the households in their settlements were not able to access enough food to meet their daily needs. Five top provinces where most households were not able to access enough food were Faryab (95%), Kabul (95%), Kapisa (94%), Maidan Wardak (93%), and Nangarhar (91%).’⁵⁸

- 4.3.2 A September 2021 drought emergency appeal by international NGO, ACTED, noted:

‘The 2021 harvest for a range of crops is expected to be below average due to the effects of drought. According to the Food Security and Agriculture Cluster (FSAC), total wheat production in 2021 will be 25% less than in 2020 based on initial estimates, and overall the country is facing a national shortfall of 2.46m MT [metric tonnes] of wheat due to the poor harvests, and a 62% reduction in area under cultivation compared to 2020. Additionally, decreases in rice and vegetable production are also anticipated to be high, with rice production down 20%, vegetable production down 25-30%, and fruit production expected to be down a staggering 80% in some locations. In addition, livestock mortality will further erode food security and increase risks of malnutrition, with livestock production to be down 30% across the most affected provinces.’⁵⁹

- 4.3.3 In October 2021 the IPC assessed that 18.8 million people in Afghanistan (47% of the population) faced high levels of acute food insecurity, classified

⁵⁶ OCHA, ‘[Afghanistan Humanitarian Needs Overview 2022](#)’ (page 46), 7 January 2022

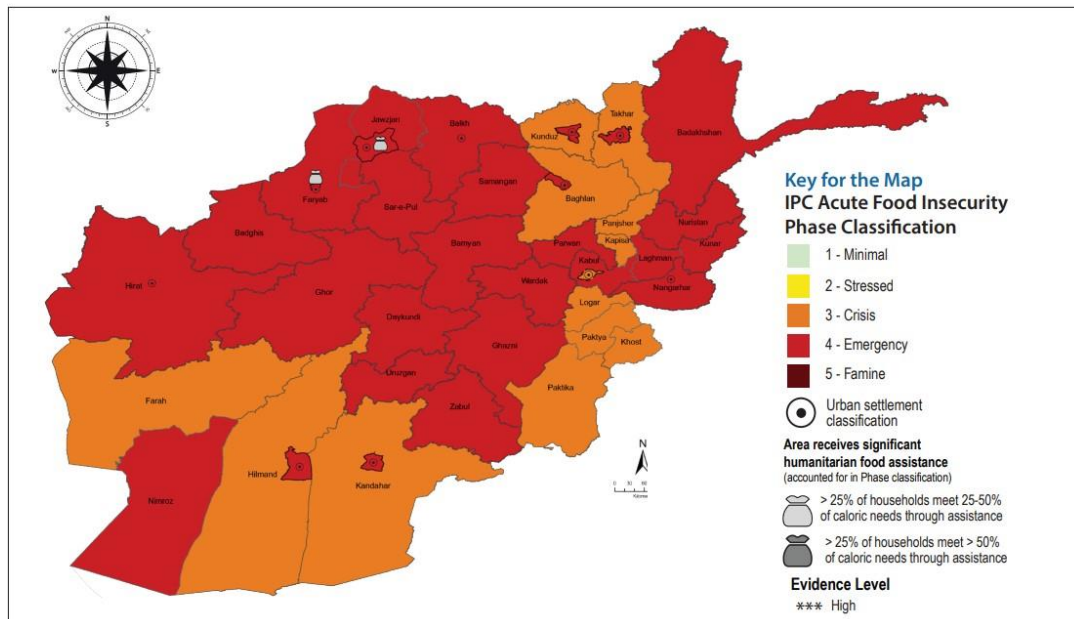
⁵⁷ REACH, [description](#), undated

⁵⁸ REACH, ‘[Whole of Afghanistan Assessment \(WoAA\)...](#)’ (page 2), 23 December 2021

⁵⁹ ACTED, ‘[Afghanistan Drought Emergency Appeal](#)’ (page 2), September 2021

in Crisis or Emergency (IPC Phases 3 or 4), in the country's post-harvest season of September and October 2021⁶⁰. The IPC predicted this to rise to 22.8 million people (55% of the population) between November 2021 and March 2022, adding that of those, 14 million were likely to be in Crisis (IPC Phase 3) and 8.7 million in Emergency (IPC Phase 4)⁶¹. UNICEF estimated that 50% (3.2 million) of children under age 5 will be acutely malnourished in 2022^{62 63}.

4.3.4 An IPC map showed areas of projected food insecurity (Phase 3 shown in orange and Phase 4 in red) between November 2021 and March 2022⁶⁴:



4.3.5 The IPC defined the Phases:

- 'Households experiencing Phase 3 conditions typically have food consumption gaps that are reflected by high or above-usual acute malnutrition, or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.
- 'Households experiencing Phase 4 conditions typically have large food consumption gaps, which are reflected in very high acute malnutrition and excess mortality, or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.'⁶⁵

⁶⁰ IPC, '[Afghanistan: Acute Food Insecurity Situation September - October...](#)' (page 1), October 2021

⁶¹ IPC, '[Afghanistan: Acute Food Insecurity Situation September - October...](#)' (page 1), October 2021

⁶² UNICEF, '[UNICEF issues historic humanitarian appeal to save the lives...](#)', 7 December 2021

⁶³ UNICEF, '[Half of Afghanistan's children under five expected to suffer from acute...](#)', 5 October 2021

⁶⁴ IPC, '[Afghanistan: Acute Food Insecurity Situation September - October...](#)' (page 6), October 2021

⁶⁵ IPC, '[Technical Manual version 3.1](#)' (page 37), 2019

- 4.3.6 On 21 January 2022 the WFP noted that the 22.8 million people projected to be acutely food insecure in 2022 included 8.7 million at risk of famine-like conditions⁶⁶. The WFP cited the same figures on 1 April 2022⁶⁷.
- 4.3.7 The WFP stated on 25 October 2021, 'For the first time, urban residents are suffering from food insecurity at similar rates to rural communities, which have been ravaged by drought twice in the past three years. Across cities, towns and villages, virtually no family can afford sufficient food, according to recent WFP surveys.'⁶⁸
- 4.3.8 The IPC commented, 'The urban area of Faryab (Maimana), with 65% of its total population classified in IPC Phase 3 or above, is the most vulnerable urban center, followed by Balkh (Mazar), Jawzjan, Helmand (Lashkergah), Hirat, Kunduz, Nangarhar, (e) Baghlan (Pul-e-Khumri), Kabul, and Kandahar, each having 40-55% of their respective populations classified in IPC Phase 3 or above.'⁶⁹
- 4.3.9 Food security had deteriorated in all regions since 15 August 2021 and, according to a WFP survey, as of the end of November 2021, 98% of the population had 'insufficient food consumption', noting that 72.5% of the population had a poor food consumption score (FCS) and +25.7% were borderline FCS⁷⁰. On 23 March 2022, the WFP indicated that at least 95% of people faced insufficient food consumption, with 70% in the most severe level of food insecurity (poor FCS)⁷¹. The FCS is a standardised score calculated using the frequency of consumption of different food groups by weight – starches, pulses, vegetables, fruit, meat, dairy, fats, and sugar – consumed by a household during the 7 days before a survey. For example, a minimum consumption of 7 days starch with 7 days vegetables, giving a score of 21, is considered the threshold between poor and borderline consumption⁷². The WFP added that, as a coping strategy, at least once a week 9 out of 10 households were consuming less expensive food, 8 out of 10 were limiting portion sizes, and 7 out of 10 were borrowing food⁷³.
- 4.3.10 The BFA Staatendokumentation November 2021 survey of 300 people found, 'Only 3.6% of respondents said they were able to provide sufficient foodstuff for their families, indicating the economic fallout of the Taliban's return to power. 53% of respondents in Herat, 26% in Balkh, and 12% in Kabul said they could not afford to provide sufficient food for their families. Similarly, 57% of respondents in Kabul, and 33% in Balkh and Herat said they could hardly manage to provide enough food for their families.'⁷⁴
- 4.3.11 UNHCR's Protection Analysis Update for Q3 of 2021 (July to September), based on 6,661 Household-level Surveys (HH), 723 Focus Group

⁶⁶ WFP, '[WFP Afghanistan: Situation Report 19 January 2022](#)', 19 January 2022

⁶⁷ WFP, '[WFP Afghanistan: Situation Report 01 April 2022](#)', 4 April 2022

⁶⁸ WFP, '[Afghanistan set to be world's worst humanitarian crisis, report warns](#)', 25 October 2021

⁶⁹ IPC, '[Afghanistan: Acute Food Insecurity Situation September - October...](#)' (page 8), October 2021

⁷⁰ WFP, '[Afghanistan Food Security Update \(8 December 2021\)](#)', 10 December 2021

⁷¹ WFP, '[Afghanistan Food Security Update – Round Six: February 2022](#)', 23 March 2022

⁷² WFP, '[Meta Data for the Food Consumption Score \(FCS\) Indicator](#)', 3 February 2015

⁷³ WFP, '[Afghanistan Food Security Update \(8 December 2021\)](#)', 10 December 2021

⁷⁴ BFA, '[Afghanistan: Socio-Economic Survey 2021](#)' (page 7), 18 January 2022

Discussions (FGDs) and 1,075 Key Informants Interviews (KII), indicated the main coping strategies to alleviate growing poverty and hunger:

‘... borrowing money is the strategy used most often (31%), followed by child labour (15%) – sending children to work locally, in other parts of the country or to neighbouring countries – and selling assets (14%). The same coping mechanisms were prevalent in Q1 and Q2. Other coping mechanisms include use of migration, spending remittances, engaging in hazardous work, recruiting children to armed groups, and forced and child marriage. The prevalence of child marriage was the highest in Helmand Province, followed by Kandahar and Faryab provinces.’⁷⁵

- 4.3.12 Sources also reported on some more severe, though less common, coping strategies. On 14 February 2022, Voice of America (VOA) interviewed U.N. Resident and Humanitarian Coordinator for Afghanistan, Ramiz Alakbarov, who stated that, ‘People are selling their organs. People are selling their children. They are desperate. They are hungry. And the situation is very, very dire.’⁷⁶
- 4.3.13 On 28 January 2022, Sky News reported that people were selling their kidneys to feed starving families. In one case, 3 brothers and their 2 sisters told Sky News they sold their organs for around £1,150 a piece to buy food for the rest of the family. Sky News also found that parents were prepared to sell their children for 20,000 Afghanis (about £150 or \$200) in order to survive⁷⁷.
- 4.3.14 The WFP reported on 23 January 2022 that ‘Currently, most local markets remain functional and the main place where people source their food. Market access has generally improved over the past few months; however, high unemployment and local food price inflation mean that families are increasingly struggling to afford putting food on the table.’⁷⁸

See also [Humanitarian aid](#).

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4.4 Water, sanitation and hygiene (WASH)

- 4.4.1 As of December 2019, 42% of Afghans had access to safe drinking water, and 27% of the rural population had access to sanitation facilities, reported USAID⁷⁹.
- 4.4.2 However, the UN reported that, in 2020, only 28% of the total population had access to a safely managed drinking water service and 48% had access to basic drinking water services⁸⁰. UNICEF stated that ‘An estimated 8 of 10 Afghans drink bacteriologically contaminated water.’⁸¹ The UN also noted that 38% of the population had basic handwashing facilities (soap and water)

⁷⁵ UNHCR, ‘[Afghanistan Protection Analysis Update](#)’ (page 7), October 2021

⁷⁶ VOA, ‘[Humanitarians Fear Afghan Hunger Crisis Could Kill More Than War](#)’, 14 February 2022

⁷⁷ Sky News, ‘[Afghanistan: Parents sell children and kidneys to feed starving...](#)’, 28 January 2022

⁷⁸ WFP, ‘[Cash-Based Transfers in Afghanistan January 2022](#)’, 23 January 2022

⁷⁹ USAID, ‘[Afghanistan: Rural water, sanitation and hygiene](#)’, 11 December 2019

⁸⁰ UN Water, ‘[SDG 6 snapshot in Afghanistan](#)’, 2020

⁸¹ UNICEF, ‘[UNICEF issues historic humanitarian appeal to save the lives...](#)’, 7 December 2021

in the home, though 28% had no handwashing facilities, and 50% of the population had access to basic sanitation services⁸².

4.4.3 International NGO, ACTED, noted in September 2021:

'While Afghanistan has sufficient water for its population and production in aggregate terms, access, storage and efficiency of water use are extremely low due to mismanagement, destruction of systems, and lack of infrastructures and investment, with 88% of irrigation done through informal systems. Overall, it is estimated that 90% of Afghanistan's water consumption is for agricultural purposes, of which over 50% is lost due to inefficient systems and management. When faced with drought conditions, these issues result in severe WASH needs and water scarcity, especially in rural areas, leading to a lack of access and availability of water.'⁸³

4.4.4 Data collected for the WoAA by REACH between 4 August and 3 October 2021 indicated:

'Findings from Household Survey indicate that 13% of households relied on inadequate water sources at the time of data collection. Besides, a total of 14% of the assessed households reportedly did not have access to soap, and the most frequent reason (53%) was that "soap is too expensive". Furthermore, 35% of households reported the use of unimproved sanitation facilities [unimproved sanitation facilities include: family pit latrine without slab/open, no facility (open field, dearan [area in compound], bush), bucket, hanging, open hole, plastic bag, and other] while 1% reported that they did not have a sanitation facility at all. Drought-affected households more frequently reported that their water points were not functioning or drying up: 20% compared to 9% non-drought affected households. The West and South-East (where drought was more frequently reported by the households) were the regions where households most frequently reported lack of access to sufficient water to meet their daily needs, such as drinking, cooking, handwashing, and personal hygiene. Findings from Key Informant Interviews suggest that 37% of settlements had insufficient access to water (by most people in the settlements), and 74% of the assessed settlements depend on unimproved sanitation facility as the most commonly used sanitation facility in their settlements.'⁸⁴

4.4.5 The BFA Staatendokumentation November 2021 survey of 300 people found:

'The following proportion of respondents confirmed always having access to clean drinking water: Herat (76%), Kabul (65%) and Balkh (58%), as compared to those reporting hardly ever having access. Respondents who said they never have access to clean drinking water were 17% in Herat, 14% in Balkh, and 1% in Kabul, and high numbers hardly ever had access to clean drinking water.

'Variations in access to hygiene products were in clear contrast when comparing cities. For instance, respondents in Kabul (40%), Herat (26%) and Balkh (19%) confirmed hardly having the necessary hygiene products, as

⁸² UN Water, '[SDG 6 snapshot in Afghanistan](#)', 2020

⁸³ ACTED, '[Afghanistan Drought Emergency Appeal](#)' (page 2), September 2021

⁸⁴ REACH, '[Whole of Afghanistan Assessment \(WoAA\)...](#)' (page 8), 23 December 2021

compared to respondents in Kabul (14%), Herat (30%) and Balkh (32%) claiming they had all necessary hygiene products.⁸⁵

4.4.6 In relation to Afghanistan's water and sanitation infrastructure, the OCHA reported in January 2022:

'Since the fall of Kabul in mid-August, the drinking water supply has drastically reduced in both quantitative and qualitative aspects in cities across the country. Due to financial and bureaucratic disruptions, Urban Water Supply and Sewerage State Owned Corporation (UWASS SoC) has slowed down or outright stopped the water supply to the point that less than 20 per cent of the urban population has access to piped water in cities including Kabul, Kandahar, Hirat, Mazar Jalalabad and Kunduz. The urban water networks and the basic equipment in the water pumping stations and storage systems – such as simply the chlorine dosing pumps – are in a poor repair and system water losses are high – up to 50-60 per cent in UWASS SoC's estimate, resulting in contamination from surface drainage and untreated wastewater.'⁸⁶

4.4.7 Reporting on one of the worst droughts in 20 years, which was especially severe in the south, western and north-western parts of the country due to a drier and warmer-than-usual wet season, the AAN stated in a report dated 6 November 2021 that:

'Meltwater from glaciers, snow and ice in the mountains – which act as natural stores – feeds irrigable land, rivers and reservoirs. Water shortages, this year, have devastated Afghanistan's agriculture and pastures and led to water scarcity for human consumption. For example, in 2021, rainfed wheat crops have failed in much of the northern regions; the country's hydroelectric dams are performing at far below usual levels; many drinking water wells have gone dry in Kabul due to dwindling groundwater levels and children are having to queue for hours at deeper wells, often far from their homes (as observed by this author).'⁸⁷

4.4.8 In relation to the likelihood of future drought occurrence, the same report summarised:

'While drought is a frequent and devastating phenomenon in Afghanistan, climate change is making for more regular and more severe droughts, with the current drought worse and more widespread than the last one in 2018. According to the Afghanistan drought risk management strategy, by 2030, annual droughts in many parts of the country will likely become the norm, with weather prediction models warning of continued drought conditions in 2022.'⁸⁸

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4.5 Accommodation and shelter

4.5.1 According to the Norwegian Refugee Council (NRC):

⁸⁵ BFA, '[Afghanistan: Socio-Economic Survey 2021](#)' (page 8), 18 January 2022

⁸⁶ OCHA, '[Afghanistan Humanitarian Needs Overview 2022](#)' (page 38), 7 January 2022

⁸⁷ AAN, '[Global Warming and Afghanistan: Drought, hunger and thirst expected...](#)', 6 November 2021

⁸⁸ AAN, '[Global Warming and Afghanistan: Drought, hunger and thirst expected...](#)', 6 November 2021

'More than 6.8 million individuals in Afghanistan live in inadequate housing standards. This may mean they are overcrowded living in conditions where they are unable to stand within the shelter due to low walls, have rooms where there is no glass in the windows, have limited privacy and may be improperly protected from climatic elements. Among a wide population of socio-economically vulnerable individuals, women, persons with disabilities and the elderly are the most affected, as they often spend more time inside the house.'⁸⁹

4.5.2 Data collected for the WoAA by REACH between 4 August and 3 October 2021 indicated:

'... that 17% of the assessed households live in inadequate shelters [including emergency shelters, collective centers not intended for living, open space, makeshift, unfinished shelter, or transitional shelter]. The most frequently reported shelters were permanent shelters built of sun-dried bricks (60%) and permanent shelters built of fired bricks or concrete (23%). However, over half of the displaced and non-displaced populations were in need of shelter repair/upgrade assistance (55%). This may be linked to the fact that 55% of households reported partial damage, 15% reported significant damage, and 1% reported that their shelters were fully destroyed. Some households reported shelter repair (9%) and rent (4%) as the primary reason for debt. Furthermore, winterization needs were high as it was found that 65% of the assessed households rely on inadequate heating source [including animal dung or waste (paper, plastic, carton board, etc.), bushes, or local wood, or "no source of energy", alternatively, those who have less than one blanket per household member or don't have access to winter cloths], and 41% reported less than one blanket per household member. Only 21% reported having winter clothes for all children in the household.'⁹⁰

4.5.3 The BFA Staatendokumentation survey of 300 people, which took place in early November 2021, noted:

'Respondents living in a brick-and-mortar house was more common in Kabul (64%), while around half the respondents lived in a house in Herat (48%), and only 34% lived in a house in Balkh. The second most common dwelling was living in a mudbrick home, which 63% of respondents lived in in Balkh, as compared to 30% in Kabul, and 24% in Herat. Living in an apartment was more common in Herat (23%) than Kabul (5%), and Balkh (3%). Fewer reported living in a tent/shack in Herat (5%), (1%) in Kabul, with no urban respondent who was surveyed living in a tent/shack in Balkh...

'In terms of the cost of apartments/houses, 54.3% of respondents in Kabul, 48.4% in Balkh, and 8.7% in Herat said it cost them AFN 5,000-10,000 [GBP £36 to £72⁹¹] per month. A significant 91.3% in Herat rented apartments/houses for less than AFN 5,000 per month, while 48.4% of respondents in Balkh and 41.3% of the respondents in Kabul said they paid less than AFN 5,000 per month.'⁹²

⁸⁹ NRC, '[NRC in Afghanistan](#)' (Shelter and settlements), no date

⁹⁰ REACH, '[Whole of Afghanistan Assessment \(WoAA\)...](#)' (page 12), 23 December 2021

⁹¹ Xe.com, '[Currency converter](#)', as at 10 January 2022

⁹² BFA, '[Afghanistan: Socio-Economic Survey 2021](#)' (page 9), 18 January 2022

4.5.4 UNHCR noted in its Protection Analysis Update for Q3 of 2021 that:

‘Lack of housing and accommodation is also a significant protection risk. Rent dispute was the highest reported land-related issue with 17% in Q3, followed by ownership, inheritance and use/access disputes and lack of documentation. The increase in rent disputes and rent payable might be explained by the economic crisis affecting households in the country and especially the most vulnerable. Of the respondents reporting HLP [housing, land and property] issues, Kabul, Nangahar, Takhar, Hilmand and Nimroz recorded the highest percentage of rent disputes which were mostly reported by returnees. Eviction is also an issue reported by 8% of the respondents, resulting in increased displacement and more cramped living conditions.’⁹³

4.5.5 The UN Office for the Coordination of Humanitarian Affairs (OCHA) noted on 16 December 2021 that 10.9 million people were in need of emergency shelter and non-food items, including household items, rental subsidies and heating materials for winter⁹⁴.

4.5.6 Reporting on displaced persons living in Kabul and the cash assistance it was providing to help pay for rent and fuel, the UN Refugee Agency (UNHCR) noted that:

‘Some families have taken advantage of the end of the fighting and return assistance available through UNHCR to go back to their home districts where they are struggling to pay for adequate food and fuel, and to repair war-damaged homes... For the most part, the IDPs are scattered in cheap rental accommodation or living with relatives. For a few weeks after the fall of Kabul, some set up temporary camps in the capital, but most of those people have now returned home. Although most of those who remain have a temporary shelter, their living conditions are usually dire.’⁹⁵

See also [Internally displaced persons \(IDPs\)](#) and [Humanitarian aid](#).

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4.6 Healthcare

4.6.1 For more information on access to healthcare, see the Country Policy and Information Note on [Afghanistan: medical and healthcare provision](#).

4.6.2 Data collected for the WoAA by REACH between 4 August and 3 October 2021 indicated:

‘Whilst most households reported access to an active health center (81%) in or close to their village in the three months prior to data collection, barriers to access and other multiple indicators were found to be high. About 26% of households reported that emergency care was not available (within 24 hours of injury) if a household member were to be seriously injured (e.g. loss of a limb, broken bone, etc.). A total of 14% reported that women in their household normally give birth at home. Furthermore, 27% of households fell under the “catastrophic” category, and 20% in the “critical category” based on the JIAF [Joint Inter-Sectoral Analysis Framework 2021 – see Annex 1 of

⁹³ UNHCR, ‘[Afghanistan Protection Analysis Update](#)’ (page 8), October 2021

⁹⁴ OCHA, ‘[Afghanistan Humanitarian Needs and Planned Response 2022](#)’, 16 December 2021

⁹⁵ UNHCR, ‘[Displaced families in Kabul caught in downward spiral](#)’, 16 December 2021

the WoAA] thresholds when reporting cases of Acute Watery Diarrhea (AWD) of children under 5 in their households. In terms of mental health, three quarters (74%) of the assessed households reported having at least one member that showed a behavioral change (excessive sad mood or crying) in the year prior to data collection, including both male and female adults (29% and 36% respectively). The most frequently reported reason for this behavior change was “poverty or financial stress”.⁹⁶

4.6.3 France 24 reported on 8 November 2021 that ‘Health facilities in parts of Afghanistan have shut down and in the capital, Kabul, hospitals are functioning without electricity or water supply as the country suffers a humanitarian crisis following the Taliban takeover and suspension of international aid.’⁹⁷ By mid-November 2021, 41% of health facilities were fully functional, 58% were partially functional and less than 1% were closed, according to the OCHA⁹⁸.

4.6.4 A nurse at the Wazir Mohamad Akbar Khan National Hospital in Kabul indicated to France 24 that there was a lack of basic medicines, such as pain killers, anti-biotics and vitamins, staff salaries went unpaid and patients were forced to purchase their own medication⁹⁹. Similarly, The Guardian cited Dr Paul Spiegel, director of the Center for Humanitarian Health at Johns Hopkins University, who said that during a recent trip to Afghanistan he saw public hospitals without fuel, drugs, basic medical equipment and hygiene products¹⁰⁰. As well as shortages of equipment and drugs and food, Al Jazeera noted on 16 December 2021 that the only COVID-19 facility in Kabul lacked the capacity to provide oxygen as there was no diesel to run the generators¹⁰¹.

4.6.5 Al Jazeera noted on 16 December 2021 that the health system was “on the brink of collapse” and able to function only with a lifeline from aid organisations.¹⁰²

4.6.6 Médecins Sans Frontières (MSF) noted in its crisis update on 16 December 2021:

‘The health system continues to be strained by the ongoing economic instability. A long drought period has also extended the season when malnutrition is at its peak, and parts of the country experienced an uptick in measles cases. Doctors Without Borders/Médecins Sans Frontières (MSF) continues to run activities in all five of its projects in Lashkar Gah, Kunduz, Kandahar, Herat, and Khost. There’s been an increase in the number of patients across several projects, in part because people are now able to travel more to the few health facilities that are still open. MSF has around 100 international staff and 2,300 Afghan colleagues working in the country.’¹⁰³

⁹⁶ REACH, ‘[Whole of Afghanistan Assessment \(WoAA\)...](#)’ (page 4), 23 December 2021

⁹⁷ France 24, ‘[Afghanistan’s health system on the brink as Taliban confront...](#)’, 8 November 2021

⁹⁸ OCHA, ‘[Afghanistan Humanitarian Needs Overview 2022](#)’ (page 23), 7 January 2022

⁹⁹ France 24, ‘[Afghanistan’s health system on the brink as Taliban confront...](#)’, 8 November 2021

¹⁰⁰ Guardian, ‘[Afghan health system “close to collapse due to sanctions...”](#)’, 13 December 2021

¹⁰¹ Al Jazeera, ‘[Afghanistan healthcare “on brink of collapse” amid Omicron scare](#)’, 16 December 2021

¹⁰² Al Jazeera, ‘[Afghanistan healthcare “on brink of collapse” amid Omicron scare](#)’, 16 December 2021

¹⁰³ MSF, ‘[Afghanistan Crisis Update](#)’, 16 December 2021

- 4.6.7 The International Federation of Red Cross and Red Crescent Societies (IFRC) noted in an operation update, dated 18 December 2021, that:
- ‘The disruption in the health system due to freeze on funding by the World Bank, the Sehatmandi Project, a multi-donor funded project that strove to increase the utilization and quality of health, nutrition, and family planning services through more than 20,000 health workers across 2,309 health facilities, had upended the health services in the country. As a quick response to this, WHO [World Health Organization] and UNICEF through the funding from UN Central Emergency Response Fund are supporting the implementing agencies until the end of the year. The fourth wave of the COVID-19 epidemic is expected in winter and currently, there is still a lack of funding for operating the designated COVID -19 hospitals functions which will create a disastrous impact in the country. In October, there is the detection of cholera, measles and dengue outbreaks in Kabul, Wardak and Nangarhar provinces. The cases of acute watery diarrhoea have also increased in Kabul in October.’¹⁰⁴
- 4.6.8 On 23 December 2021 it was reported that funding had been provided to enable the WHO and UNICEF to ‘... sustain 2331 primary and secondary health facilities in 31 provinces (previously supported under the Sehatmandi project) from November 2021 to January 2022,’ with further funding to support services up to June 2022¹⁰⁵. However, WHO said that this funding was still not enough, adding, ‘Afghanistan is currently facing five outbreaks – acute watery diarrhoea, measles, polio, COVID-19, and malaria – which have increased the burden on the already fragile health system. There are over 1000 health facilities and around 10 000 health workers who are not covered by the support being provided.... This includes the majority of hospitals designated for COVID-19 care.’¹⁰⁶
- 4.6.9 On 31 January 2022, Save the Children revealed that more than half of surveyed families (1,209 adult and 1,206 children surveyed between between 18 November and 2 December 2021) couldn’t get healthcare when they needed it. There were 930 cases of pneumonia reported, 77% of which were reported in children. In December 2021, 135 children died in or on their way for treatment at one overwhelmed hospital, the majority fighting for breath from pneumonia¹⁰⁷.
- 4.6.10 On 30 December 2021, The BMJ (formerly known as the British Medical Journal) cited Gaetan Drossart of MSF, who stated:
- ‘The people of Afghanistan were already facing multiple health risks. Afghanistan has had worrying health indicators, particularly for women and children, for many years. MSF regularly sees malnourished children in Afghanistan, but the situation is worse this year. In Lashkar Gah and Herat, our intensive therapeutic feeding centres have been over capacity for months. In Helmand, during the month of November, we were treating an average of 54 malnourished children a day. This widespread malnutrition is weakening people’s immune systems. In Khost, we delivered over 2000

¹⁰⁴ IFRC, ‘[Afghanistan: Humanitarian Crises Operation Update Report n° 3...](#)’, 15 December 2021

¹⁰⁵ WHO, ‘[Afghanistan Emergency Situation Report Issue 9](#)’, 23 December 2021

¹⁰⁶ WHO, ‘[Afghanistan Emergency Situation Report Issue 9](#)’, 23 December 2021

¹⁰⁷ Save the Children, ‘[“I lie awake at night thinking of the children we can’t...”](#)’, 31 January 2022

babies in November, but now those mothers and babies are more vulnerable than ever. In Helmand there used to be more than 80 health centres – now almost every facility is non-functional. Amid the chaos, immunisations will be forgotten, there may be all kinds of disease outbreaks, the number of measles cases in Helmand is increasing, and a fourth wave of covid-19 is inevitable.’¹⁰⁸

- 4.6.11 Health Cluster partners operational presence in Afghanistan in November 2021 was presented in the form of a [data map](#), which indicated over 900,000 people had been reached and provided with some form of health care across 285 locations¹⁰⁹.
- 4.6.12 On 31 March 2022, Dr Luo Dapeng, WHO Representative in Afghanistan, said at a meeting to discuss interim health priorities over the next 18 to 24 months, that ‘Despite efforts of WHO, UNICEF and humanitarian partners delivering health services in Afghanistan, there are still about a thousand health facilities without any support and about 10 million Afghans living in areas without access to health services.’¹¹⁰
- 4.6.13 The WHO provided regular [updates](#) on COVID-19, and, as at 21 December 2021, noted ‘In Afghanistan, from 3 January 2020 to... 20 December 2021, there have been 157,787 confirmed cases of COVID-19 with 7,335 deaths, reported to WHO. As of 19 December 2021, a total of 4,537,397 vaccine doses have been administered.’¹¹¹
- 4.6.14 For updates on healthcare, see [Updates | ReliefWeb](#).

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4.7 Internally displaced persons (IDPS)

4.7.1 The IPC noted in its October 2021 report:

‘Afghanistan faces one of the world’s most acute internal displacement crises as it suffers protracted conflict, ongoing insecurity, and the effects of the COVID-19 pandemic, along with natural hazards such as droughts, floods and earthquakes. Displacement has become a familiar survival strategy for many Afghans. Millions of individuals, families and communities migrated within and outside the country. Rural communities mainly migrated to nearby urban or semi-urban settlements where security is relatively better, and land is still affordable or available for temporary settlement free of the rental cost. While these settlements may provide safety from conflict with non-state actors, internal communal conflict on land use, lack of basic services like electricity, water, access to latrines, education and poor shelter conditions are major issues.’¹¹²

4.7.2 In terms of numbers of IDPs, the IPC report noted:

‘From January to September 2021, around 664,200 people were displaced due to intensified conflict and livelihood-related factors. Most of the people were di[s]placed to provincial urban centres, regional capitals and Kabul,

¹⁰⁸ The BMJ, ‘[Afghanistan is in crisis – urgent health and humanitarian aid...](#)’, 30 December 2021

¹⁰⁹ Health Cluster, ‘[Afghanistan: Health Cluster Partners Operational Presence...](#)’, 20 December 2021

¹¹⁰ WHO, ‘[WHO, UNICEF, Qatar and partners meet to discuss interim health...](#)’, 31 March 2022

¹¹¹ WHO, ‘[Afghanistan](#)’, no date

¹¹² IPC, ‘[Afghanistan: Acute Food Insecurity Situation September - October...](#)’ (page 9), October 2021

which has exacerbated the already oversaturated labour market and placed further pressure on limited facilities in those areas. Due to prolonged conflict and droughts, the country already had 3.5 million prolonged IDPs in December 2020. The 2021 SFSA [Seasonal Food Security Assessment] found that 9% of randomly selected respondents were IDPs. This indicates that the actual number of displaced people could be higher than estimated.¹¹³

- 4.7.3 The International Organization for Migration (IOM) reported that there were 5.5 million IDPs in Afghanistan, 667,900 People displaced between 1 January – 28 November 2021 and 1,170,501 Undocumented Afghan returnees from Iran and Pakistan during the same period¹¹⁴.
- 4.7.4 Most displacement took place prior to August 2021, suggesting internal conflict was the main driver, and 33 out of 34 provinces recorded some level of forced displacement. Between 1 January and 22 November 2021, over 690,000 people were displaced and of those, the majority were displaced to the north-east (174,649), and over 54,000 to Kabul¹¹⁵.
- 4.7.5 Appealing for more support for IDPs, the UNHCR said on 3 December 2021 that ‘A lack of insulated shelters, warm clothes, insufficient fuel for heating, and inadequate amounts of food and medical supplies are just some of the deprivations that the forcibly displaced are facing in Afghanistan, as temperatures begin to plunge below freezing.’¹¹⁶ The UNHCR added that whilst it was able to reach nearly 60,000 people a week, ‘Further resources are urgently needed for the most vulnerable – single mothers with no shelter or food for their children, older persons who have been displaced are left to take care of orphaned grandchildren, and those taking care of loved ones with special needs.’¹¹⁷
- 4.7.6 For updates on IDPs see [Internal Displacement due to Conflict | Humanitarian Response](#).

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Section 5 updated: 7 April 2022

5. Humanitarian aid

5.1 Aid and aid agencies

5.1.1 The AAN reported on 6 November 2021 that:

‘... donors and aid agencies face the challenge of how to work in a Taleban-controlled Afghanistan where many of the systems previously used to deliver life-saving aid are at best severely impaired. A number of UN agencies (including the FAO [UN Food and Agriculture Organization], UNHCR, WFP, and IOM) and humanitarian NGOs such as the Norwegian Refugee Council and Organisation for Relief Development (ORD) are still operating in most parts of Afghanistan and can assist reaching families in need. Discussions

¹¹³ IPC, ‘[Afghanistan: Acute Food Insecurity Situation September - October...](#)’ (page 2), October 2021

¹¹⁴ IOM, ‘[IOM Afghanistan Highlights: Reporting Period 15 August – 28 November...](#)’, 5 January 2022

¹¹⁵ OCHA, ‘[Afghanistan: Conflict Induced Displacements](#)’, 27 December 2021

¹¹⁶ UNHCR, ‘[UNHCR highlights urgent needs of forcibly displaced in...](#)’, 3 December 2021

¹¹⁷ UNHCR, ‘[UNHCR highlights urgent needs of forcibly displaced in...](#)’, 3 December 2021

about whether and how donors can continue humanitarian and development funding... are ongoing.’¹¹⁸

- 5.1.2 On 15 December 2021, BBC News reported how aid arrived in the country: ‘Most aid continues to be sent by road – through Afghanistan's borders with Pakistan, Iran, Turkmenistan, Uzbekistan, Tajikistan and Kazakhstan. Despite restrictions on the movement of people across the country's borders, the UNOCHA says they have remained largely open to the flow of humanitarian aid. Most commercial flights to Kabul remain suspended – but aid organisations and governments have also been able to use air routes to send some emergency supplies. Iran has been sending humanitarian aid to Afghans via land and air routes. Some food aid is also being sourced locally, the WFP says. But major challenges remain in distributing aid within Afghanistan. Conditions remain “volatile and hard to predict due to sporadic violence that might erupt”, the IRC [International Rescue Committee] in Afghanistan says.’¹¹⁹
- 5.1.3 In a statement on Afghanistan, dated 22 December 2021, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Martin Griffiths, said, ‘Some 160 national and international humanitarian organizations are providing critical food and health assistance in Afghanistan, as well as education, water and sanitation, and support to agriculture. We urgently need to ramp up this work. Humanitarian operations in Afghanistan are set to be the largest anywhere in the world in 2022, reaching some 22 million people.’¹²⁰
- 5.1.4 In September 2021, the OCHA launched a flash appeal to raise over US \$606 million in humanitarian aid to assist 11 million people up to the end of 2021¹²¹. The UN received written assurances from the Taliban that it would not interfere with the delivery of aid and will protect aid workers¹²². As at 23 December 2021, the appeal was over 100% funded, though the UN noted ‘While humanitarians remain grateful for the generous contribution by the donor community, all commitments have not been translated to actions on the ground as partners continue to face liquidity challenges amid the financial system crisis.’¹²³
- 5.1.5 See the Country Policy and Information Note on [Afghanistan: Fear of the Taliban](#) for more information on the treatment of aid workers.
- 5.1.6 The OCHA indicated that, between 1 September and 15 December 2021, some form of aid had reached over 11 million people across 34 provinces¹²⁴. It noted that humanitarian aid had:
- ‘... reached 43,921 children with community-based education activities, supported 162,229 people with household items, provided 8.9 million people with food assistance, reached 1,385,999 people with primary and secondary

¹¹⁸ AAN, ‘[Global Warming and Afghanistan: Drought, hunger and thirst expected...](#)’, 6 November 2021

¹¹⁹ BBC News, ‘[Afghanistan: What humanitarian aid is getting in?](#)’, 15 December 2021

¹²⁰ OCHA, ‘[Under-Secretary-General for Humanitarian Affairs and Emergency...](#)’, 22 December 2021

¹²¹ OCHA, ‘[Afghanistan Flash Appeal...](#)’ (page 6), 5 September 2021

¹²² OCHA, ‘[Under-Secretary-General for Humanitarian Affairs and Emergency...](#)’, 13 September 2021

¹²³ OCHA, ‘[Afghanistan: ICCT Real-Time Response Overview](#)’, 23 December 2021

¹²⁴ OCHA, ‘[Afghanistan: ICCT Real-Time Response Overview](#)’, 23 December 2021

healthcare (direct consultations), provided treatment for Acute Malnutrition to 238,223 children under five, supported 48,886 people with individual protection assistance including cash for protection, and reached 507,728 people with WASH assistance including through hygiene promotion and hygiene kits.¹²⁵

- 5.1.7 On 21 October 2021, the UNDP announced a [Special Trust Fund](#) to provide cash for ordinary Afghans and estimated more than US \$660 million would be required over the next 12 months¹²⁶. Describing the fund, known as ABADEI, the UN said:

‘Cash in local currency will be provided directly to community groups and to Afghan workers in public works programmes, such as drought and flood control.

‘Grants will also be given to micro-enterprises and a temporary basic income would be paid to the vulnerable elderly and disabled, added Kanni Wignaraja, Director of UNDP's regional bureau for the Asia Pacific.

‘This will enable people to stay and live and work on their lands and in their homes and allow them to earn an income and give them “the respect and dignity that they deserve and call for”, said Ms. Wignaraja.

‘All assistance provided will be based on impartial assessments carried out in conjunction with local community leaders and independently of authorities.’¹²⁷

- 5.1.8 At the G7 Foreign and Development Ministers’ meeting in December 2021 the UK pledged £75 million of emergency aid to Afghanistan to provide life-saving food, and emergency health services as well as shelter, water and hygiene services. This is part of £286 million already pledged in 2021 and will be delivered through the UN and other trusted delivery partners¹²⁸.

- 5.1.9 On 16 December 2021, the UNHCR indicated that cash grants had been provided to 20,000 IDPs in the central region, which includes Kabul and surrounding provinces¹²⁹.

- 5.1.10 The WFP reported on 23 January 2022 that:

‘WFP is scaling up to reach more than 23 million people in 2022 with emergency food assistance, nutrition and resilience activities. In areas where there are functioning local markets, WFP uses cash-based transfers to empower people with choice to address their essential needs, while also helping boost local businesses and economies. Cash based transfers include assistance distributed as physical bank notes, mobile money, value vouchers, and commodity vouchers. Cash liquidity remains a challenge and recipients rely on diversified cash disbursement options for different contexts. WFP contracts with financial service providers, such as banks, money transfer/remittance agencies and mobile network operators to deliver this assistance through:

¹²⁵ OCHA, [‘Afghanistan: ICCT Real-Time Response Overview’](#), 23 December 2021

¹²⁶ UNDP, [‘\\$667 million funding call to help Afghans through economic crisis’](#), 21 October 2021

¹²⁷ UNDP, [‘\\$667 million funding call to help Afghans through economic crisis’](#), 21 October 2021

¹²⁸ GOV.UK, [‘Foreign Secretary Pledges to Support 1.8m Afghans...’](#), 12 December 2021

¹²⁹ UNHCR, [‘Displaced families in Kabul caught in downward spiral’](#), 16 December 2021

‘• Direct cash – WFP has partnered with several Financial Service Providers (FSPs) including local banks, mobile money operators (ABMMC, Etisalat), and remittance exchange companies (Western Union). All FSPs go through a strict due diligence process and are vetted against the UN sanctions list.

‘• Value vouchers – WFP has partnered with Azizi Bank to offer a pre-paid card to beneficiaries which they can use to purchase commodities of their choice at WFP contracted retailers.

‘• Commodity vouchers – Commodity vouchers are used in places with less access to markets and can be exchanged for a standard food basket [fortified wheat flour, fortified sunflower oil, pulses and salt]. WFP manages and contracts country-wide distributors and wholesalers who provide end-to-end solutions including commodities procurement, transportation, and last-mile distribution to communities.’¹³⁰

5.1.11 In March 2022, Al Jazeera reported that the World Bank had ‘... approved a plan to use more than \$1bn from a frozen Afghanistan trust fund to finance urgently needed education, agriculture, health and family programmes... T The plan, which will bypass sanctioned Taliban authorities by disbursing the money through United Nations agencies and international aid groups...’¹³¹

5.1.12 On a quarterly basis the OCHA published [regional maps](#) of aid agency operational presence across the country.

5.1.13 For updates on humanitarian aid, see [Updates | ReliefWeb](#).

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¹³⁰ WFP, ‘[Cash-Based Transfers in Afghanistan January 2022](#)’, 23 January 2022

¹³¹ Al Jazeera, ‘[World Bank approves \\$1bn to fund urgent needs in Afghanistan](#)’, 2 March 2022

Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToR, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Socio-economic situation
 - Basic indicators, including statistics on life expectancy, literacy, schooling, poverty rates, levels of malnutrition
 - Economy
 - Employment
 - Education
- Humanitarian situation
 - Numbers and location of people in need
 - food security
 - water for drinking and washing
 - accommodation and shelter
 - healthcare
 - IDPs
- Support providers, including government and international and domestic non-government organisations
 - whether government is purposely withholding or not delivering support services, if so to which areas/groups

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Version control

Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **19 April 2022**

Official – sensitive: Start of section

The information in this section has been removed as it is restricted for internal Home Office use only.

Official – sensitive: End of section

Changes from last version of this note

Updated COI following the Independent Advisory Group on Country Information (IAGCI)-commissioned review of March 2022.

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