



AFGHANISTAN

Introduction

The humanitarian situation in Afghanistan continues to worsen, as conflict, drought, displacement, COVID-19 and the collapse of the country’s economy push even greater numbers of people into poverty. According to [UNHCR](#), 24 million people in Afghanistan are now in need of humanitarian assistance, and 3.4 million people are displaced. Of the 700,000 people who have been displaced since August 2021, some 80% are women and children. Displaced women and girls are at higher risk of violence, and most women have limited or no access to basic services, such as protection¹, healthcare or education.

Food insecurity is one the most significant challenges currently facing Afghanistan. Half the country’s population faces acute hunger, which has been exacerbated by insufficient precipitation and crop failures. A CARE staff member from Afghanistan’s Parwan province describes how climate change has impacted crop production. *“Fifty years ago, there was much more snow in winter. When people cleared the snow from the roofs, it would be piled up near the road as high as a person. Now it’s not like that. With not enough snow, there is not enough water [for] the crops that need it.”* The ongoing crisis in Ukraine poses an additional threat to the worsening food security situation, as Russia and Ukraine account for [nearly 30%](#) of the world’s wheat exports – thus contributing to rocketing food prices that make it even harder for poor Afghan families to afford enough to eat.

With your help, CARE launched a large-scale humanitarian response to help the most vulnerable Afghans face these overwhelming challenges. Our goal is to provide life-saving assistance and livelihood recovery support. CARE’s humanitarian response strategy has three phases, with a **\$43 million** funding target that will allow us to reach **1.8 million people** (257,000 households) over three years. We are focusing on nine provinces (Kandahar, Herat, Balkh, Ghazni, Kabul, Kapisa, Khost, Paktia and Parwan) where CARE has an existing presence and offices that are open and functioning. CARE began working in Afghanistan in 1961, and the vast

¹ Examples of protection services include counseling, legal support, safe houses for women fleeing abuse, etc.

majority of our team are Afghans. We have achieved high levels of acceptance and respect for our work within local communities over many years. Women and girls remain at the center of CARE’s work.

This six-month report provides highlights from CARE’s humanitarian efforts since September 2021.

CARE’s Response

CARE’s emergency response for Afghanistan aims to help people meet their basic needs, including health, protection, education, food security and livelihoods, and nutrition. Over the last six months, these efforts have reached **143,285 people**, and we continue to expand our response.

A summary of CARE’s reach to date by program area is shown in the table below, followed by highlights and personal accounts that illustrate the overall impact of these efforts.

Program Area	Children		Children		Women	Men	Total
	Ages 5 and Younger		Ages 6 to 18				
	F	M	F	M			
Emergency Cash Response – Multi-Purpose Cash Assistance	1,680	1,819	2,805	2,916	4,221	4,374	17,815
Emergency Cash Response - Cash for Food	161	175	269	280	405	419	1,709
Emergency Cash Response - Cash for Work	339	367	567	589	853	884	3,599
Emergency Health Response - Medical Supplies	1,500	1,500	1,844	1,845	6,689	20,066	33,444
Emergency Health Response – Mobile Health Team	2,815	2,815	7,037	1,970	8,444	5,067	28,148
Food Security/Agriculture	743	804	1,240	1,289	1,866	1,933	7,875
Emergency Non-Food Item (NFI) Distribution	1,660	1,518	2,555	2,635	3,815	3,953	16,136
Dignity Kits	660	714	1,101	1,145	1,657	1,717	6,994
Winterization NFI Distribution	2,373	2,569	3,962	4,119	5,963	6,178	25,164
Cash for Winterization	99	107	165	172	249	258	1,050
Emergency Food Response - Food for Work	127	138	213	221	320	332	1,351
Total	12,157	12,526	21,758	17,181	34,482	45,181	143,285

Multi-Purpose Cash Assistance: To date, CARE has reached **2,545 households (17,815 people)** through multi-purpose cash assistance across the nine target provinces. Of these, 78% are women-headed households. The flexible cash support enabled recipients to meet their basic household needs, based on their individual circumstances, and helped stimulate the local economy. Each household received \$179, the amount recommended by the global humanitarian community’s cash and voucher working groups. The photo at right shows the cash distribution activity in Kabul, which benefited highly vulnerable families. This distribution was done in partnership with the Kabul



Women's Association and involved both male and female staff. CARE was one of the first agencies to provide cash assistance, starting in September 2021.

Cash/Food for Work and Cash for Food: Through the cash-for-work activity, CARE has provided employment opportunities benefiting **3,599 people**. People who were able to work were paid in cash to rehabilitate community infrastructure, such as cleaning irrigation canals or repairing roads, which allowed them to meet their household food needs while improving their neighborhoods. To identify the activities to be implemented, CARE first consulted with community members to prioritize their primary infrastructure needs. In addition to repairing infrastructure in urban areas, CARE also provided cash-for-work opportunities in drought-affected farming communities, where people are struggling to put food on the table due to failed harvests. CARE also provided cash to purchase food, benefiting **1,709 people** in Kabul, Kandahar and Herat. Similarly, CARE's food-for-work activity paid people with food to do community infrastructure repair. This activity benefited **1,351 people**. Both items – cash and food – are of significant value given the worsening economic situation and rising food costs. They also give people the ability to meet their basic needs with dignity without resorting to dangerous coping mechanisms, such as begging or child labor.

Emergency Health Response: Since August 2021, a severe lack of resources has put an enormous strain on Afghanistan's already weak health system, causing shortages of medicine and equipment and leaving salaries for health workers unpaid. An estimated 6 million people have insufficient or no access to health care, and women and children pay the heaviest price. In response, CARE is providing humanitarian health support to vulnerable communities with a focus on primary healthcare, malnutrition treatment, sexual and reproductive health, gender-based violence and COVID-19 prevention and treatment. CARE uses a variety of approaches in our health work, including mobile health teams, technical support to public health facilities, COVID-19 awareness raising, and distribution of medical supplies to health facilities and hospitals.

To reach disaster- and conflict-affected communities that lack adequate healthcare facilities, CARE deployed 22 mobile health clinics that have already provided a range of critical health services to **tens of thousands of people**. One of those people is Karima (not her real name), a 26-year-old woman in Balkh province who brought her 7-month-old baby, pictured at right, to the mobile clinic. The child has been suffering from a chest infection, and the doctor advised Karima to seek specialized care from the nearest hospital in the city of Mazar-e-Sharif. In such cases where parents can't afford hospital expenses, CARE provides cash assistance to help cover costs for advanced medical care.



Fatima*, pictured above holding her baby's hand, is a 32-year-old woman who was in dire economic circumstances before receiving cash assistance. She recalls, *"My neighbor knew our desperate situation. They asked if I would sell my seven-month-old daughter to them for between 20,000 and 30,000 Afghanis (about \$215 to \$315). I didn't know what to do. I talked to my husband. We didn't want our baby and our other children to die, so we agreed. I didn't sleep for the next week knowing I was losing my baby. Then we got a call from CARE saying we would be getting cash assistance. I just started crying. We stopped the sale of our baby. Now I can buy my children food and have some food for me as I am still breastfeeding. We will also get treatment for my [sick] husband."*

*Not her real name



In addition to a doctor, each mobile clinic is staffed by a midwife, vaccinator, nutrition counselor and psychosocial worker. After a visit to a remote, mountainous village in Kabul province, one of the mobile clinic doctors said, “Each time I come here, I see between 100 and 150 patients in a day. Flu, cough and other winter-related diseases, like lung problems and diarrhea, are the most common problems in this village. There are no physical health centers here. CARE is the only organization that provides health services for this community. We also provide free medicine, whereas in public health centers medication must be paid for, and often, people simply cannot afford it.”

To support COVID-19 prevention and treatment, CARE provided personal protective equipment (PPE) and trained 364 public health facility staff and community health workers on screening, detection of suspicious cases, home-based treatment for mild cases and referral of severe cases to hospitals and health posts. We also equipped three public health facilities with medical supplies and equipment to meet the health needs of some **7,800 people**. We provided additional equipment for COVID-19 treatment, including medical oxygen balloons and regulators, to nine health facilities and two COVID-19 hospitals. In addition, CARE distributed emergency medicines, supplies and equipment to **14 health facilities**, including six district hospitals and eight comprehensive health centers in Kabul and Balkh, benefiting **33,444** people to date.

Food Security: Through CARE’s food security program, we are providing support to small-scale farmers, including seeds, tools, fertilizer, livestock, materials and training on how to construct greenhouses and chicken coops, and training on how to manage crops and livestock, all with the aim of improving nutrition and increasing incomes. In Herat (see photo at right), we are supporting farmers to grow nutritious legumes – including Mung bean and red bean – including through the distribution of better-quality seed. Other activities include training for women in food processing and production techniques, as well as establishing demonstration farms to help farmers learn to produce certified seed. In total, **7,875 people** have benefited to date from these activities.



CARE also is planning to distribute vouchers that can be used to purchase agricultural inputs, such as seed, equipment, materials and fertilizer, to internally displaced families and others who need assistance.

Emergency Non-Food Item (NFI) Distribution: CARE reached **16,136 people** through the distribution of NFIs, including blankets, gas for heaters, pots, plates and other cooking items, to improve the living conditions of IDP and vulnerable host community households across the target provinces. CARE also distributed **dignity kits**, including items such as soap, sanitary pads, toothbrushes and toothpaste, benefiting **6,994 people**.

Winterization Support: CARE’s response included specific activities to help families, particularly those displaced within Afghanistan, make it through the cold winter weather. These activities, which were implemented in Kabul, Parwan, Paktya, Ghazni and Balkh, included cash for rent (covering three months of rent per household during the winter months and benefiting a total of **1,050 people**), distribution of winterization kits and provision of food packages, including flour, beans, lentils, oil, rice and salt. The winterization kits helped **25,164 people** in total and included warm blankets, gloves, hats and other essential items to help vulnerable families face freezing winter temperatures. One of the recipients was Deeba (not her real name), pictured below, who is shown with her kit of warm clothes including sweaters, shawls, winter shoes, coats, and other cold-weather gear.

Ensuring Accountability: During the implementation of our humanitarian response, CARE ensures that accountability standards, such as CARE’s Humanitarian Accountability Framework and SPHERE Standards, are followed, and that participants have opportunities to share complaints and/or feedback. Program participants, particularly women, are consulted on meeting locations and times to ensure their safety and protection. CARE also conducts post-distribution monitoring surveys to inform our future response efforts.

Funding Update

CARE has raised \$23 million of our \$43 million target for the Afghanistan humanitarian response, leaving a gap of \$20 million still to be secured. We are more than halfway to our funding goal, but we still need your help to continue meeting the urgent needs of Afghan families. Examples of how CARE could use your support include:

- \$25 could provide a hygiene kit to a displaced family, with contents including soap, shampoo, plastic bucket, water jug, toothbrushes, toothpaste, a towel and sanitary items.
- \$80 could provide a food pack (flour, beans, lentils, oil, rice and salt) to feed a family for a month.
- \$140 could provide the recommended amount of cash support to one household to enable them to meet their most urgent needs – including food, shelter and healthcare.



Conclusion

Building on our decades of experience in humanitarian response and community development in Afghanistan, CARE is helping vulnerable families meet their immediate needs and begin the long process of recovery, but the challenges remain daunting. We thank you for supporting our efforts to deliver life-saving humanitarian assistance and for considering an additional gift to meet the immense needs.

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