The 2022 Afghanist an Humanitarian Response plan is the largest UN Humanitarian Appeal requiring $4.4 billion to help 22.1 million people. UNFPA requires $251.9 million to respond to the reproductive health and protection needs of 9.3 million people affected by the crisis.

Afghanistan is confronting an unprecedented humanitarian crisis with a very real risk of systemic collapse and human catastrophe that threatens many of the development gains of the last 20 years. The situation has deteriorated in recent months due to the conflict with the political power shift, COVID-19 and drought, which have created a perfect storm for one of the most profound humanitarian crises the world has ever witnessed – and it is Afghan women and girls who are paying the heaviest price.

Every two hours, a mother dies from preventable childbirth and pregnancy complications and the current crisis could make the situation worse.

It is estimated that 1 in 2 women experience gender-based violence and this is anticipated to increase under the de facto administration.

Timely funding, donor flexibility and necessary exemptions will be critical for humanitarian partners to succeed in their mission of providing life-saving support.

CONSEQUENCES OF NOT MEETING THE NEEDS

- Higher maternal mortality and morbidity
- Increased risk of unintended pregnancies, sexually transmitted infections including HIV, and unsafe abortions
- Worsening of gender-based violence and harmful practices
- Youth disengagement, disconnection, and radicalization

Potential impact of inaction on maternal health and family planning between now and 2025*:

- Maternal Mortality Ratio (MMR) 36.9% → 24.6%
- Unmet need for family planning 963/100,000 → 726/100,000
- Unintended pregnancies 4.8M → 3.8M

*modeling is done based on impact of closure of the Sehatmandi Project

The Sehatmandi Project provides health, nutrition, and family planning services across Afghanistan by funding 100% of the Basic Package of Health Services (BPHS), the Essential Package of Health Services (EPHS), and 67% of overall public health facilities. The project was suspended by the World Bank following the Taliban takeover in August 2021.
UNFPA HUMANITARIAN RESPONSE: GOAL, OBJECTIVES, AND KEY INTERVENTIONS

The overall goal of UNFPA’s interventions in the humanitarian context in Afghanistan is to provide life-saving reproductive health services; and prevent, mitigate and respond to gender-based violence cases among the affected population, including women, girls and young people.

This overall goal is in line with the outcome of the Transitional Engagement Framework [TEF] which aims for more people in Afghanistan to have benefitted from life-saving humanitarian assistance that enables them to live in safety and dignity by the end of 2022.

UNFPA KEY INTERVENTIONS

REPRODUCTIVE HEALTH SERVICES
PROTECTION FOR WOMEN AND ADOLESCENTS
EMERGENCY SUPPLIES
LIFE-SAVING ADOLESCENT SEXUAL REPRODUCTIVE HEALTH CARE SERVICES

LEADERSHIP IN REPRODUCTIVE HEALTH, GBV AND YOUTH UNDER THE HEALTH AND PROTECTION CLUSTERS

IF we are able to deliver integrated services for reproductive health and gender-based violence through expansion and scaling up of existing services,

THEN 3.3 MILLION WOMEN AND GIRLS WILL HAVE BETTER ACCESS TO UNIVERSAL REPRODUCTIVE HEALTH CARE AND PROTECTION SERVICES. In the long term, the country will be able to sustain the downward trend in its maternal mortality ratio.

UNFPA’S INTERVENTIONS AIM TO ACHIEVE

• preventable maternal deaths
• unmet need for family planning
• gender-based violence and harmful practices
• even in emergencies.

UNFPA TARGETS AND COVERAGE

UNFPA’s humanitarian response aims to reach 42% or 9.28 million people out of the total 22.1 million target population of the 2022 Humanitarian Response Plan for Afghanistan.

TARGET POPULATION: 9,282,000

Under the Health Cluster, UNFPA aims to reach 45% or 6.63 million out of the 14.7 million overall cluster target.

Under the Protection Cluster, UNFPA targets 58% or 2.65 million out of the 4.5 million overall cluster target.

<table>
<thead>
<tr>
<th>WOMEN OF REPRODUCTIVE AGE (WRA)</th>
<th>WRA WHO USE MODERN CONTRACEPTIVES</th>
<th>NEWBORNS THAT WILL EXPERIENCE COMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,227,680</td>
<td>534,643</td>
<td>57,868</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIVE BIRTHS IN THE NEXT 12 MONTHS</th>
<th>PREGNANCIES THAT WILL EXPERIENCE COMPLICATIONS</th>
<th>CURRENTLY PREGNANT WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>289,339</td>
<td>32,550</td>
<td>217,004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADULT MEN</th>
<th>SEXUALLY ACTIVE MEN WHO USE CONDOMS</th>
<th>ADULTS LIVING WITH STI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,413,320</td>
<td>371,280</td>
<td>146,613</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADOLESCENTS (10-19)</th>
<th>ADOLESCENT GIRLS (10-19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,320,500</td>
<td>1,113,840</td>
</tr>
</tbody>
</table>

Figures are based on the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies. The calculations are based on UNFPA’s 9.28 million target population and do not include beneficiaries for other interventions such as capacity building of service providers.
To respond to the lifesaving humanitarian needs of women, girls, and youth, UNFPA continues to deliver an integrated reproductive health and gender-based violence response package at community, village, and district levels, as well as in camps, through the expansion and scaling up of UNFPA’s existing service delivery points.

### PROTECTION CENTERS
are static or mobile facilities that provide psychosocial counselling, vocational training, and health services for women, girls and youth.

### FAMILY HEALTH HOUSES (FHH)
are community based, owned, and sustainable facilities run by a community midwife from the same locality, providing essential lifesaving RMNCAH health services to people living in underserved areas.

### MIDWIFERY HEALTH LINE (MHL)
is a toll-free number accessible across Afghanistan, functional 24/7, providing RMNCAH technical information, consultation, and guidance to midwives and other health workers on duty.

### MOBILE HEALTH TEAMS (MHT)
respond to the needs of internally displaced persons, providing integrated reproductive health and gender-based violence response services.

### EMERGENCY CLINICS
are set up along border areas to provide integrated reproductive health, gender-based violence response and psychosocial support services to returnees, internally displaced persons and host communities.

### YOUTH HEALTH CORNERS (YHC)
are an integrated approach within the structure of public regional, provincial, and district hospitals, which provide vital health advice and services for young people.

### YOUTH HEALTH LINE (YHL)
a telehealth initiative, is a nationwide toll-free phone line staffed with male and female counselors, providing young people with immediate, anonymous and professional reproductive health information and advice. It also provides information, counseling, and referral services to IDPs on RH, GBV and COVID-19.

### MOBILE OUTREACH TEAMS (MOT)
provide gender-based violence psychosocial support services and awareness. The outreach teams go to remote communities to deliver services for people who cannot visit health facilities.
UNFPA reached more than a quarter million people across the country with reproductive health and protection services during the critical months of August to December 2021. The reproductive health supplies procured will also further benefit an estimated 875,000 people in need of sexual and reproductive health care.
Timely provision of sexual and reproductive health services can prevent deaths, diseases, and disabilities related to unintended pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection, and a range of reproductive disorders.
UNFPA requires a total of $251,940,000 to implement the key life-saving humanitarian interventions in Afghanistan for the year 2022.

The calculation is based on the average cost per beneficiary:
- Health cluster: $26/person per year
- Protection cluster: $30/person per year

<table>
<thead>
<tr>
<th>Key Interventions</th>
<th>Total Budget in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive Health in Emergency</td>
<td>$125,970,000</td>
</tr>
<tr>
<td>GBV in Emergency</td>
<td>$62,985,000</td>
</tr>
<tr>
<td>Youth in Emergency</td>
<td>$25,194,000</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>$12,597,000</td>
</tr>
<tr>
<td>UNFPA Operations and Staffing Costs</td>
<td>$25,194,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$251,940,000</strong></td>
</tr>
</tbody>
</table>

**2022 UN Afghanistan HRP ...**

<table>
<thead>
<tr>
<th>Planned Reach</th>
<th>Cluster</th>
<th>Planned Reach</th>
<th>Target Reach by UNFPA</th>
<th>% of the Total UN HRP Planned Reach</th>
<th>Total Fund Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,100,000</td>
<td>Health</td>
<td>14,700,000</td>
<td>6,630,000</td>
<td>30%</td>
<td>$172,380,000</td>
</tr>
<tr>
<td></td>
<td>Protection</td>
<td>4,500,000</td>
<td>2,652,000</td>
<td>12%</td>
<td>$79,560,000</td>
</tr>
<tr>
<td><strong>Total Planned Reach by UNFPA</strong></td>
<td></td>
<td><strong>$251,940,000</strong></td>
<td></td>
<td></td>
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