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Afghanistan

Humanitarian Situation Report

November 2021



Reporting Period: 1–30 November 2021

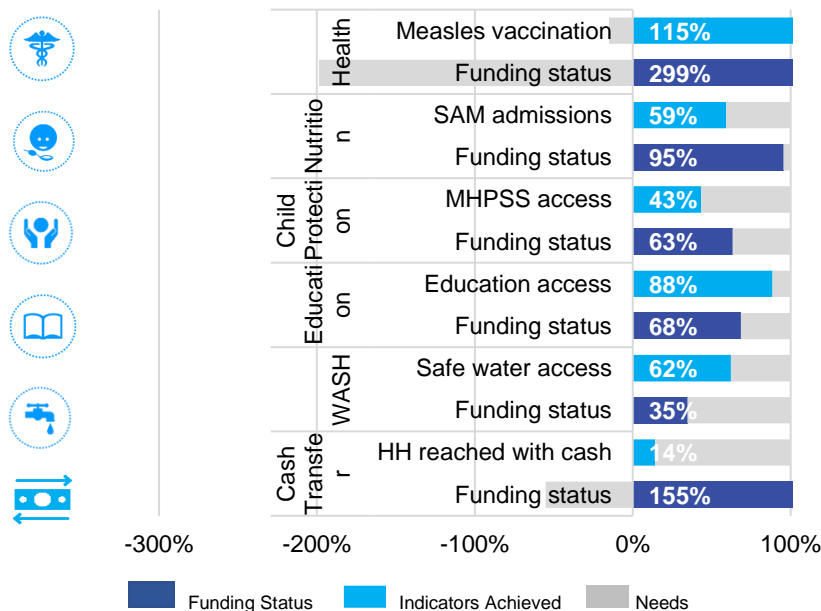
Highlights

- 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.
- Issues related to protection and safety of civilians, violence against women and girls, and incidents of negative coping mechanisms, continued to be reported in high numbers.
- UNICEF and partners continue to provide critical and lifesaving assistance to children and families affected by a combination of humanitarian situations, including the protracted crisis due to conflict, drought, winter and COVID-19.
- During the reporting period, UNICEF and partners treated 37,437 severely acute malnourished children under-five, vaccinated 104,674 children aged 6-59 months against measles and supported 546,628 children with formal and non-formal education, including early learning.

Situation in Numbers

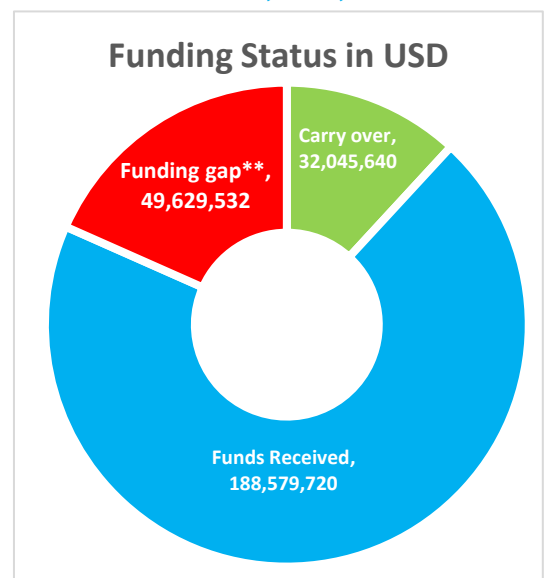
- 18.4 M**
People in need of humanitarian assistance (HRP 2021)
- 18.8 M**
People food insecure (IPC October 2021)
- 9,700,000**
children in need of humanitarian assistance
- 667,900**
Internally displaced people between 1 Jan -28 Nov 2021 (OCHA)

UNICEF's Response and Funding Status



UNICEF Appeal 2021

US\$191,957,992*



* Funding needs for the 2021 HAC were calculated pre-August 15th and do not reflect the full needs of the emerging crisis
 **Funding gap calculated by subtracting sections that have received excess funds for sustaining basic services

Funding Overview and Partnerships

In 2021, UNICEF requested US\$ 192 million to provide life-saving services to 6.1 million people, including 5.7 million children. Including carry-over from last year, UNICEF received \$221 million. Public donors, international financial institutions, and private donors through UNICEF National Committees, have provided generous contributions to UNICEF Afghanistan's humanitarian response. Donors include, amongst others, the Central Emergency Response Fund, USAID Bureau for Humanitarian Assistance, European Union, European Civil Protection and Humanitarian Aid Operations, Afghanistan Humanitarian Fund (AHF), the Governments of Denmark, Japan, Sweden and Canada, and nexus funding from the Global Partnership for Education and Education Cannot Wait. UNICEF expresses its sincere gratitude to all donors.

Situation Overview & Humanitarian Needs

Afghanistan is facing its second drought in four years, and reportedly the worst in 27 years. The Integrated Food Security Phase Classification (IPC) analysis, updated in October 2021, shows a deteriorating food security situation, with worrying implications for the winter lean season. An estimated 22.8 million people, or 55 per cent of the population, are expected to be in crisis or emergency levels of food insecurity (IPC 3+) between November 2021 and March 2022, a nearly 35 per cent increase from the same season last year (16.9 million). No provinces are categorised as IPC 1 and 2 for the period through March 2022. Some 9 million people are projected to be in IPC 4 – the highest number in the world, both in absolute and relative terms.

According to the National Disease Surveillance and Response (NDSR) system of Ministry of Public Health (MoPH), there were 491 dengue fever cases; 25,422 measles cases; and 4,453 cases of Acute Watery Diarrhoea (AWD) reported from five (5) provinces between 12 Sept and 4 Dec 2021. A downward epidemiological trend is noted on AWD, with only 30-40 mild to moderate AWD/Cholera cases reported per day. Both UNICEF and WHO are using this window of opportunity to introduce cholera vaccination in the two priority hot spots of Kabul and Surobi districts (EPI centres) within Kabul province. We are also continuing to scale up the integrated response through multi-sector and multi-intervention actions, for better preparedness ahead of the next peak epidemic season in April 2022. Among the total reported cases, 2,262 (50.2 per cent) are male and 2,191 (49.8 per cent) are female. Some 32 per cent of cases are between 15 and 29 years old, while under-5-year-old children account for 17.6 per cent of cases. UNICEF, World Health Organization, and Médecins Sans Frontières are working together through a taskforce to prevent further spread of disease.

The MoPH has established a National Taskforce on Cholera that is responsible for coordinating a multi-sectoral response and support from partners. UNICEF has an integrated plan to scale-up response in hotspot provinces; to build an effective coordination platform; increase access to cholera prevention and treatment services; improve the quality of services; and promote effective hygiene promotion and behaviour changes.

Women, children and people with disabilities continue to face protection and safety risks. Serious violations and human rights abuses have been reported, including summary executions and targeted killing, limited freedom of religion, expression and movement. Discriminatory and punitive gender norms are also identified as an increased protection threat.

The plan to reopen schools for girls from grade six is currently reportedly being worked out. Public-school teachers have not received their monthly salaries since August 2021, and teachers and children have not received teaching and learning materials. Under these circumstances, it will be extremely difficult to keep schools open in the coming months, risking a total collapse of the public-school system and jeopardising decades of investment in education. Should the system collapse, it would take years to get it recover. This generation of Afghan children will be shut out the education and skills they need to build their lives.

The country is in the midst of an economic free-fall. Critical public services that children and families rely on – health, education, WASH and child protection – are at risk of collapse. Winter has set in, and many families are on the brink of catastrophe, having to make desperate choices between fuel for heat, food, or winter clothing. Without urgent assistance, UNICEF fears that many children will not survive the winter.

Summary Analysis of Programme Response

Health

In November, UNICEF continued to respond to growing health needs by supporting the health system, strengthening community capacity, and operating mobile services in remote, hard to reach and in need areas. Over 60 Mobile Health Teams (MHTs) provide essential health and nutrition services for people in need in 15 provinces. Services include malnutrition prevention, treatment, and counselling services for children, PLWs and caregivers; immunizations; medical consultation and treatment; and antenatal care/postnatal care visits for pregnant and lactating women. MHTs will also provide Mental Health and Psychosocial Support (MHPSS) services.

The MHT scale-up plan calls for 77 additional MHTs in phase 1 (implementation will start in Jan 2022) and another 83 MHTs in phase 2, focusing on provinces where the health and nutrition needs are most acute.

Oxygen Plant Installation work with operational testing has been completed in 10 provinces (Balkh, Samangan, Jawzjan, Sar-i-Pul, Faryab, Farah, Helmand, Herat, Parwan and Paktia).

During November, over 60,000 children under one year were reached with routine immunization, including Bacillus Calmet Guerin, Diphtheria Tetanus Pertusis, and 104,674 children for Measles. One million people received COVID-19 vaccines. The total number of people vaccinated against COVID-19 is over 4.4 million. Preparation for the measles campaign in Balkh province targeting around 300,000 children aged 9-59 months is underway.

Over 1,200 confirmed cases of COVID-19 were reported in November, with 27 deaths. Total cases since April 2020 is 160,000, and the total cumulative deaths is 7,313. There were 3,700 reported measles cases in November, bringing the total for the year to 66,000.

In Panjshir province, health services have stopped due to lack of funds and limited staff presence. UNICEF will establish three mobile health teams to provide essential health and nutrition services for people in need in the province.

Nutrition

UNICEF continued delivery of lifesaving nutrition services in partnership with the Basic Package of Health Services (BPHS) and humanitarian partners through fixed health facilities and mobile teams. In November, a total of 37,437 children aged under-five with Severe Acute Malnutrition (SAM) were provided with lifesaving treatment services. The number of children treated for SAM in November is slightly higher when compared to the previous month (4 per cent higher), and 11 per cent higher than the number of children treated in November 2020. UNICEF is working with implementing partners to ensure the distribution of therapeutic supplies in the first quarter of 2022.

Around 100 newly deployed nutrition-integrated mobile teams provided lifesaving preventive and treatment services for displaced and host communities in the 28 provinces. From August to November, an estimated 6,000 children aged 6-59 months were provided with treatment services through these mobile teams. UNICEF is working with partners to scale up the number of nutrition and health mobile services to 160 teams.

A rapid Mid Upper Arm Circumference (MUAC) nutrition assessment was conducted in November 2021 on a purposive sample drawn from 26 sites hosting IDPs and at-risk communities across 14 provinces. MUAC measurements were performed on 4,638 children under the age of five years. The proportion of children found with acute malnutrition ranged from 4.9 per cent to 42.3 per cent, with high proportions found in large urban settings. The assessment indicated a worsening malnutrition context that requires immediate assistance.

A mass media campaign of community sensitization to improve service-uptake and reduce misuse of ready-to-use-therapeutic food is underway.

The development of a response strategy to reach more children suffering from acute malnutrition in urban settings is underway in coordination with the nutrition cluster and WFP. It will focus on scaling up SAM treatment services in urban areas with support from the private sector and hiring additional growth monitors and nutrition nurses in the existing BPHS service-delivery points. UNICEF is also working on a significant scale up of SAM treatment services in around 900 sub-health centres across the country to further decentralize services at community level. A rapid SMART

survey is planned to take place in urban areas of provinces with the largest populations (Kabul, Kandahar, Mazar, Jalalabad, Herat).

Child Protection, GBViE and PSEA

UNICEF with the support of its partners and extenders scaled up immediate and life-saving child protection responses to address the dire needs of children and their caregivers, reaching a total of 33,383 individuals (10,935 boys, 9,676 girls, 7,410 men and 5,362 women). Among them, 16,498 individuals benefited from MHPSS through recreational activities, psychosocial support services and referral; 1,308 children (776 boys and 532 girls) were reached with case management services. This includes family tracing and reunification for 183 unaccompanied and separated children (180 boys and 3 girls). Over 6,050 individuals were reached with messages on the risks of explosive ordnances and remnants of war to prevent injury and death, particularly amongst children. A further 4,946 people were reached with Gender Based Violence (GBV) response, prevention, and risk mitigation services.

In the north of the country, UNICEF and its partners continue to engage with the de facto authorities. At least, 140 members of the de-facto authorities and 220 religious leaders were sensitised on child protection concerns. As a result, the Taliban have signalled a willingness to release children within its ranks.

In the Southern Region, UNICEF continues to advocate for the release and reintegration of children in detention. Life-saving supplies including warm clothes and hygiene kits were provided to 30 children in detention facilities that UNICEF has so far assessed. At least 880 vulnerable families were been provided with cash assistance as part of a case management programme focused on unaccompanied and separated children, and children living and working in the street. The cash assistance is accompanied with awareness raising on COVID-19, as well as child labour, child marriage, and child recruitment.

Education

The education system in Afghanistan is on the brink of collapse and 20 years of investment and progress are under threat due to prolonged school closures due to COVID-19, and the political and socio-economic crises. Restrictions on girls' access to secondary education negatively impacts equitable access to learning. Nevertheless, 758,701 children were reached with access to education by the end of November 2021. Over 238,000 out-of-school children (124,554 girls) gained access to education in 7,604 community-based education (CBE) classes. WASH and hygiene interventions to prevent COVID-19 and cholera were implemented in 736 public schools reaching 351,352 students (107,217 girls). At least 100,000 students received teaching and learning materials.

The de facto Ministry of Education issued a letter asking all Provincial Education Directorates to reopen Teacher Training Colleges without specifying whether this applies to both male and female students. Based on this letter, the GATE (Girls Access to Teacher Education) programme restarted in nine provinces (Bamyan, Khost, Dikundi, Ghazni, Wardak, Zabul, Kunar, Laghman and Badghis) out of 17 provinces. A total of 193 students graduated, and two dropped out. The GATE programme in Kandahar, Helmand, Nimroz, Farah, Ghor, Paktia and Paktika provinces is awaiting instructions from the de-facto authorities to resume operations. In some provinces, negotiations have started at provincial level authorities to re-open the GATE classes. UNICEF now has access to all hard-to-reach areas previously under Taliban control. The demand for community-based education classes is much faster than resources allow. Schools in 28 provinces across the country (cold climate provinces) have closed for winter break and will re-open in the third week of March 2022.

WASH

A Health-WASH inter-cluster meeting dedicated to the AWD Outbreak was held on 23 November with the presentation of an integrated multisector operational response plan and an agreement to form multisectoral Rapid Response Teams (RRTs). UNICEF is working with WHO and the clusters to operationalise this plan. UNICEF has also been scaling up preparedness and response measures to undertake community sensitisation, chlorination of water systems and provision of hygiene supplies in areas of confirmed AWD and high risk AWD areas.

In November, 15 schools in Ghor Province were provided with improved access to water, sanitation and handwashing facilities reaching 3,345 students, including six schools for girls with 1,240 students. Two healthcare facilities in Ghor were supported with the installation of solar water systems, latrine upgrade, construction of septic tanks and provision and installation of water storage tanks and handwashing facilities.

32,043 people benefited from hygiene promotion and the distribution of hygiene supplies including the distribution of 34,000 bars of soap in Herat, Badghis and Ghor, while hygiene promotion is ongoing in Laghman, Kandahar and Zabul along with the repositioning of hygiene supplies for 50,145 people.

2,072 people benefited from the repair of a gravity-fed water system, while 6,440 people benefited from the repair of solar-powered water supply systems in Badghis. Six solar-powered water systems were completed in Herat for 2,695 people; three in Ghor for 1,484 people; and nine in Badghis for 4,018 people. All 8,197 persons benefited from increased safe hygiene awareness through hygiene promotion. UNICEF continued to provide emergency water through water trucking to an estimated 25,204, drought-affected people in Nimroz and Kandahar. UNICEF was able to reduce water trucking for more than 193,000 people in Northern Afghanistan following the arrival of the rains which improved the drought conditions.

The blanket blocking of Community Development Councils (CDC) bank accounts by the de facto authorities is a major impediment to scaling up of WASH programmes to address the current and increasing needs. More than 32,000 CDCs exist in Afghanistan and they are critical implementing partners in the WASH sector. Local suppliers are struggling to deliver WASH supplies in the quantities and timeframes required due to low capacity and closure of the borders, and fluctuation of the US dollar, which means they cannot scale up to meet the current needs while the quality of products is declining. UNICEF continues to advocate with the de facto authorities to allow CDCs to work and is increasing its international procurement of supplies while continuing to support the local markets.

Communication for Development (C4D) and Accountability to Affected Populations

During the reporting period, 3,841 community education sessions related to AWD were conducted in the Central, East and South regions reaching 523,757 people. To scale up hygiene promotion, 27,000 religious leaders and 11,840 community influencers and health workers were oriented on prevention of cholera and provided with key messages to deliver in their community in the Central region and the South region. 17,000 community members were engaged and reached with prevention of cholera messages in Central, Southern region and Eastern regions.

To address COVID-19 vaccine hesitancy, 316,818 community members were sensitised on the benefits of COVID-19 vaccination. In addition, 2,661 members of various community platforms were mobilized and trained on addressing COVID-19 hesitancy and improved their knowledge and skills on promoting COVID-19 vaccination.

Gender and Adolescents Development and Participation

In November, UNICEF continued to strengthen partnerships with women-led NGOs including facilitating engagement with de facto authorities at the provincial level. This is intended to enable operations of women-led NGOs that have been instrumental in providing alternative platforms for women and girls' participation, including their access to life saving information and services. This is crucial at a time when women and girls' rights and their freedom of movement, including participation in public life, have been restricted and compromised. Through these partnerships the following was achieved:

- 1,644 community members (316 male, 547 female, 481 boys and 300 adolescent girls) in the provinces of Daikundi, Herat, Kandahar, Kabul were reached with awareness and mobilization on various topics (i) GBV prevention (ii) gender-equitable norms, (iii) women and girls' rights, (iv) prevention of early child marriage and awareness raising on COVID-19.
- 288 beneficiaries (143 women and 145 adolescent girls) were provided with psychosocial support and various recreational activities – an effective entry point for group therapy.
- 60 frontline workers (53 male and 7 female) were trained on GBV prevention and COVID-19 risk mitigation in Kandahar.
- 130 community influencers (50 religious leaders and 80 men) were trained on their role to prevent violence against women and girls, prevention of child marriage and promotion of women's access to health care services in Kandahar and Herat provinces.
- 1,320 (550 adolescent boys and 770 adolescent girls) were reached with life skills training and mentoring sessions through established multipurpose adolescent groups in Herat, Kandahar.

- 21,600 (5,000 men and 8,000 women, 4,100 boys and 4,500 girls aged between 10 and 24 years) in Kandahar were reached via local ZMA FM radio programmes on GBV, womens' rights, and access to health services.

Social Protection and Cash Transfers

In November, UNICEF rapidly scaled up the use of humanitarian cash transfers (HCT) to respond to the growing humanitarian need. Large scale registration of households started in Wardak and Nuristan provinces, targeting households with children with disabilities, PLW, and female-headed households. With its partners, UNICEF registered 42,317 households in HOPE (Humanitarian cash Operations and Programmes Ecosystem), UNICEF's dedicated Management Information System for HCT. These families will be assisted with short term cash transfers during winter months, starting early December. In November, UNICEF also successfully delivered cash transfers to 1,165 households in Samangan province, 886 households in Kabul, registered households in Herat and Ghor, and prepared for cash distribution in Kandahar. UNICEF is using cash to address the multiple crises faced by households, including COVID-19, drought, winter and displacement.

The availability of cash to support the implementation of programme activities in the field remains a major challenge. Moreover, the Ministry of Labour and Social Affairs has still not been re-established, leaving a vacuum at national level for engagement and advocacy.

Humanitarian Leadership, Coordination and Strategy

In November, clusters finalised the Humanitarian Needs Overview, which is expected to be issued in December. They continue work on the 2022 Humanitarian Response Plan.

Clusters held a strategic meeting with the de facto Ministry of Refugees and Returnees to discuss the issue of IDPs on 23rd November. The ministry shared their intention to move all IDPs moved back to their areas of origin. Clusters emphasized that returns should uphold humanitarian principles and be voluntary. Clusters continued to advocate and lobby with donors for additional funding to reach more beneficiaries.

AHF also announced the first standard allocation for 2022, and Education was awarded \$7 million, Nutrition \$12.6 million, WASH \$25 million and Child Protection \$1 million.

The lack of clarity on sanctions remains an additional burden to the existing challenging operational environment for humanitarian actors and is having a significant impact on our ability to respond to humanitarian needs. Donors are urged to ensure that transactions and other activities required for humanitarian operations are excluded from the scope of sanctions regimes. Donors are also encouraged to issue special licences and identify new disbursement avenues in order to support the continued delivery of basic services.

The demand by the de facto authorities for NGOs to sign memorandums of understanding (MoUs) with respective ministries for new projects is severely impeding humanitarian delivery. The Ministry of Rural Rehabilitation and Development issued a letter on 25th October to the 34 provinces forbidding NGOs to start WASH projects without MoUs. The de-facto authorities have begun asking partners to sign MoUs with them, and a number of partners are reluctant to do this as this may affect donor funding. The Humanitarian Country Team is of the position that humanitarian partners should be allowed to have an independent space, including independent needs assessment, monitoring and coordination mechanisms, and undertake principled operations while providing de facto authorities with relevant details on the projects.

The Education cluster was formally activated in November and one of the key issues it continues to tackle and advocate for is the issue of girls' education.

Based on the findings of the rapid MUAC assessment, the nutrition cluster conducted a select partner ad-hoc meeting to devise quick actions for addressing the findings. Partners agreed on exhaustive screening and case treatment by refining the calendars of the Mobile Nutrition Teams to prioritize the assessed areas and their vicinities; expanding outreach from facilities; and exploring the establishment of RRTs to ensure timely deployment to the identified hot spots.

External Media, Statements & Human Interest Stories

- [UNICEF launches historic appeal to save millions of children’s lives](#)
- [Polio survivor turned vaccinator](#)
- Sam Mort, Chief of Communications, UNICEF Afghanistan [reports from Bamyan Provincial Hospital on the malnutrition crisis](#)
- [Murtaza takes us on a tour of this village and his community based school](#)
- [Scots Aid Worker speaks of a nation on ‘the brink of collapse’](#), The National, UK
- [Afghan Dreamers](#): podcast on how the Afghan girls’ robotics team overcame obstacles to compete “in a boys’ field”
- ITV gained access to the Indira Gandhi hospital in Kabul where [doctors are dealing with an “epidemic” of malnutrition](#)

Next SitRep “2021 Year End SitRep”: 10 January 2022

UNICEF Afghanistan Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Annex A

Summary of Programme Results

Sector	UNICEF and IPs				Cluster Response			
	2021 target	Jan-July Results	Nov Results	Total Results Jan-Nov	2021 target	Jan-July Results	Nov Results	Total Results Jan-Nov
Nutrition								
Number of children 6-59 months with SAM admitted for treatment	500,000	170,018	37,437	295,944	400,000	119,717	94,226	278,123
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	67,000	39,281	6,875	71,839	446,176	5,235	4,587	68,193
Number of children aged 6 to 59 months provided with micronutrient powders	4,382,700	0	0	0				
Health								
Number children aged 6 to 59 months vaccinated against measles	568,000	263,386	104,674	653,871				
Number of children and pregnant women accessing primary health care in UNICEF-supported facilities	620,000	22,900	2,559	35,075				
Number of health care facility staff and community health workers trained on infection prevention and control	24,000	106,481	0	106,481				
Number of children 6-59 months vaccinated against polio	435,000	6,522,025	21577975	28,100,000				
WASH								
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	500,000	64,930	22,369	311,061	1,405,982	480,955	709,024	1,775,617
Number of people reached with critical WASH supplies (including hygiene items) and services	975,000	214,830	32,043	604,081	3,457,647	1,241,880	169,403	2,063,995
Number of people accessing basic sanitation facilities	250,000	5,565	3,345	18,577	539,581	537,205	6,272	562,159
Child Protection, GBViE and PSEA								
Number of children and caregivers accessing mental health and psychosocial support	310,320	49,682	16,498	134,660	400,000	75,972	16,498	162,023
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	62,064	2,627	4,946	13,917				
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	8,220	2,091	183	3,505	8,000	2,289	183	3,704
Education								
Number of children accessing formal or non-formal education, including early learning	858,000	69,276	546,628	758,701	1,041,077	128,850	259,515	388,365
Number of schools implementing safe school protocols (infection prevention and control)	1,250	0	109	736				
Social Protection and Cash								

Sector	UNICEF and IPs				Cluster Response			
	2021 target	Jan-July Results	Nov Results	Total Results Jan-Nov	2021 target	Jan-July Results	Nov Results	Total Results Jan-Nov
Number of households reached with humanitarian cash transfers across sectors	20,000	900	1,165	2,815				
C4D, Community engagement and AAP								
Number of people reached with messages on access to services	8,000,000	2,230,000	523,757	8,884,630				
Number of people participated in engagement actions for social and behavioural change	500,000	618,832	372,658	1,510,454				
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	50,000	11,447	2,813	144,012				
Gender & Adolescents Dev. and Participation								
Number of women, men, adolescent (age 10-19) girls and boys and key influencers including frontlines trained on gender roles, promote non-discriminatory practices and positive social norms	190,942	15,035	1,834	20,049				
Number of adolescent (age 10-19) boys and girls reached with life skills	82,452	1,439	1,320	3,384				
NFI								
Number of households reached with critical lifesaving NFIs	15,000	21,427	0	29,866				

**Cluster results may vary due to reporting timeframe also because UNICEF targeting more provinces than the cluster.*

Annex B

Funding Status¹

Sector	Requirements	Funds available		Funding gap	
		Humanitarian and other resources received in 2021 *	Resources available from 2020 (Carry-over)	\$	%
Health	14,835,952	52,565,295	7,538,832	-	0%
Nutrition	45,140,000	47,780,373	7,665,347	-	0%
Child Protection	14,640,000	5,935,083	835,332	7,869,585	54%
Education	58,618,560	40,918,055	8,348,837	9,351,668	16%
WASH	45,750,000	12,326,562	4,948,090	28,475,348	62%
Social Protection & HCT	4,880,000	7,800,800	443,991	-	0%
Adolescents/Youth/Gender	1,610,400	285,055	28,238	1,297,107	81%
C4D	3,921,080	308,264	976,992	2,635,823	67%
Cluster Coordination	2,562,000	20,660,232	1,259,979	-	0%
Total	191,957,992	188,579,720	32,045,638	49,629,532**	26%

*Excluding funds earmarked for beyond 2021(USD 34 million)

**Funding gap calculated by subtracting sections that have received excess funds for sustaining basic services

¹Funding needs for the 2021 HAC were calculated pre-August 15th and do not reflect the full needs of the emerging crisis