

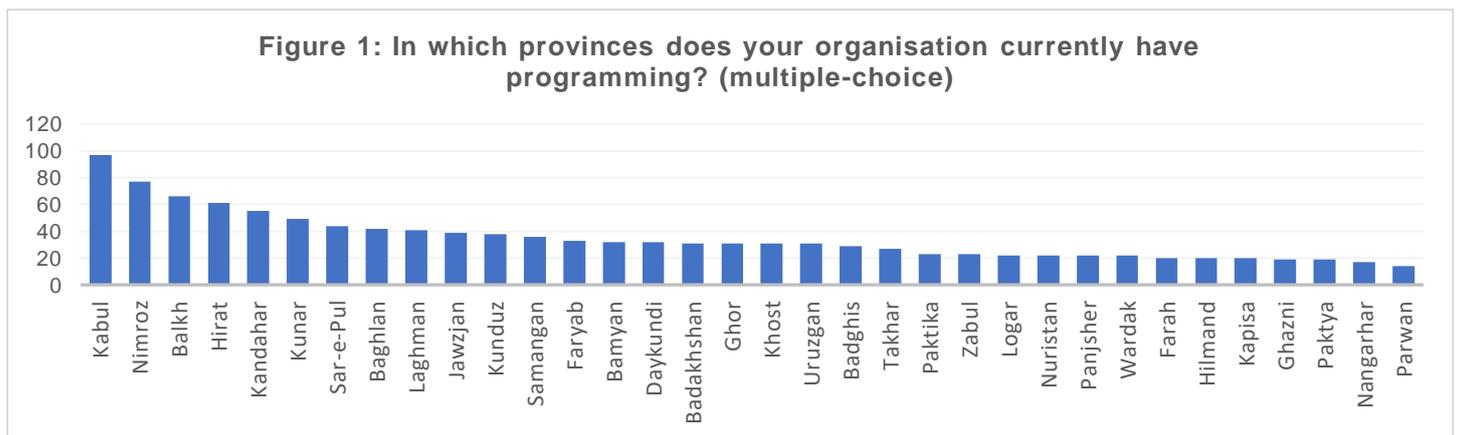
Introduction & Methodology

Given the rapidly changing operational context, OCHA developed a Rapid Capacity Survey with the aim of quantifying the impact of the conflict on humanitarian reach and activities, the risk facing humanitarian personnel, and to collect information on enabling conditions for the resumption of activities. The survey asked organisations (UN and NGO; national and international) to report on the estimated percentage of programming that has been suspended/hibernated, where, and in which sector due to the conflict. Partners submitted their inputs to the survey between 6 and 12 August 2021. Considering recent conflict dynamics and political shifts after the completion of the survey, this summary report may or may not reflect partners' current capacity.

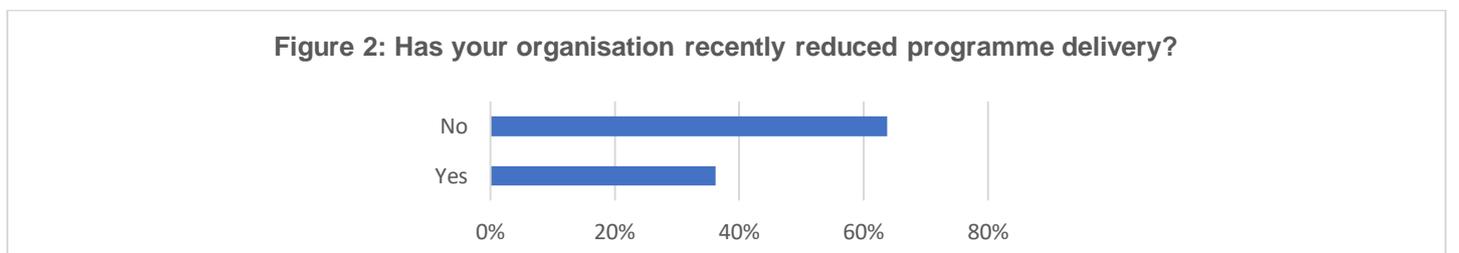
The survey was available in English, Dari and Pashto. The survey was completely anonymous and confidential and partners had the option to skip any questions that they did not want to respond to. The survey also consisted of multi-choice options where partners were given the opportunity to submit several answers. To prevent duplicated submissions and ensure quality data collection, partners were asked to nominate one person per organisation to respond to the survey.

Key Findings

In total, 150 organisations (75 international and 75 national) in all 34 provinces responded. As Figure 1 illustrates, the majority of the respondent's programming is occurring in Kabul, Nimroz, Balkh, Hirat and Kandahar provinces.



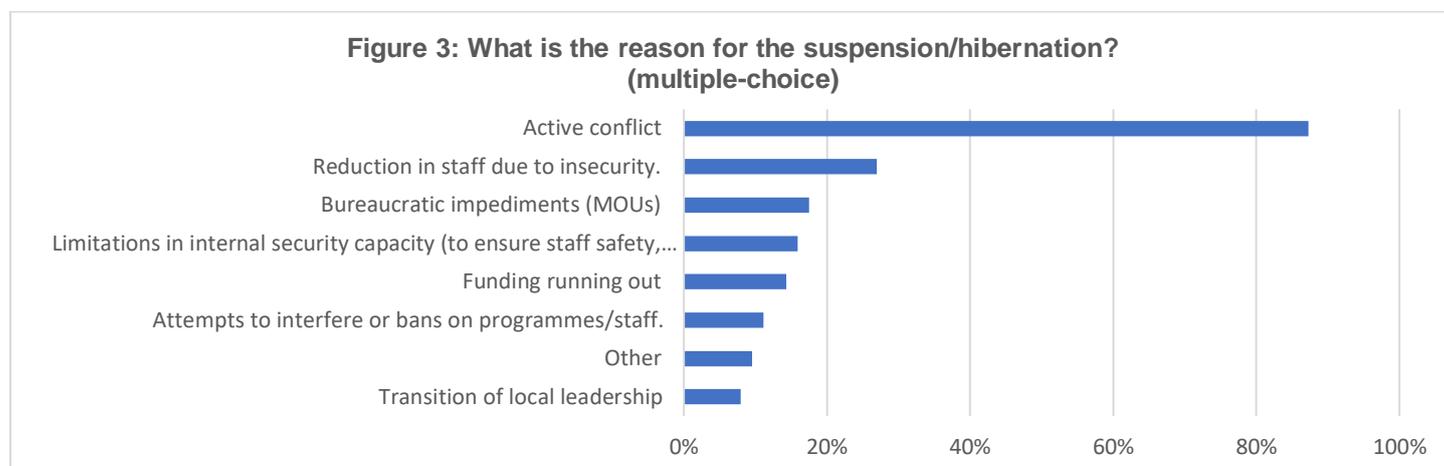
A little over one third / 36 per cent of partners (63 organisations) have reduced programme delivery due to the recent changes in the security environment, whereas 64 per cent of the respondents (111 organisations) have not witnessed any reduction in programmes (see figure 2). Of those partners who report a reduction, only one third (35 per cent) of their programmes were affected.



The main reasons cited for temporary suspension or hibernation of programmes include: active conflict (87 per cent), followed by reduction in staff due to insecurity (27 per cent), bureaucratic impediments such as MoUs (17 per cent) and interference / bans on programmes and staff (11 per cent), among other reasons (see Figure 3). If partners reported a reduction in staff due to insecurity, the majority (82 per cent) indicated it was only a temporary relocation.

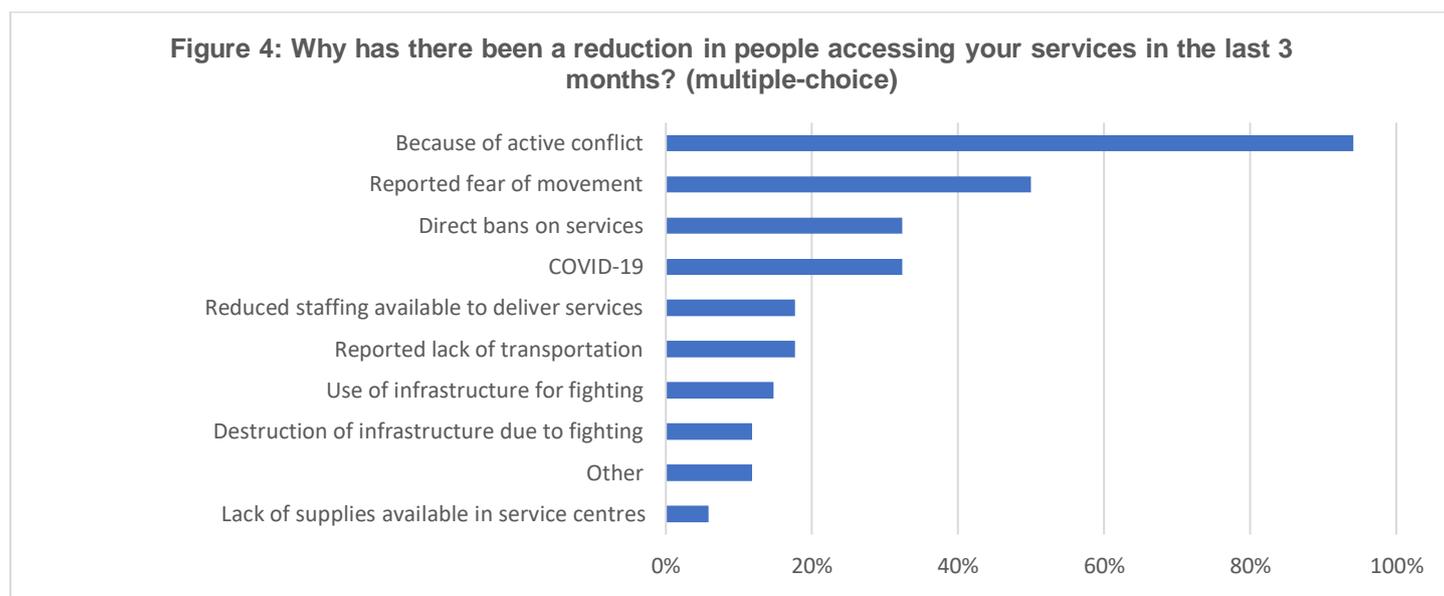
The majority of the suspended / hibernating programmes were services (education, GBV, healthcare, psycho-social support, sexual and reproductive health, malnutrition treatment and maternal care). After that, partners cited assessments and monitoring activities to be affected, lastly followed by distributions.

**Figure 3: What is the reason for the suspension/hibernation?
(multiple-choice)**



Close to two-thirds (60 per cent of the partners who reported reduction in programmes) noted that fewer people were accessing their services in the last three months, with conflict cited as the main reason (see Figure 4).

Figure 4: Why has there been a reduction in people accessing your services in the last 3 months? (multiple-choice)



On enabling factors for resumption of activities, nearly all partners (97 per cent) cited improved physical security and/or reduction in fighting. Survey respondents also suggested that greater commitments of non-interference by parties to the conflict / local leadership as well as additional funding will be needed to resume activities. (see Figure 5).

**Figure 5: What would enable resumption of activities?
(multiple-choice)**

