



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
[www.acf.hhs.gov/programs/orr](http://www.acf.hhs.gov/programs/orr)

## **Afghan Health Promotion Supplement: FY 2022 Quarter 1**

Dear Colleague Letter 22-05

October 19, 2021

Dear Colleague:

The Afghanistan Supplemental Appropriation (ASA) 2022 provided the Office of Refugee Resettlement (ORR) with specific appropriations to provide services to support citizens or nationals of Afghanistan. In FY 2022, ORR will issue an ASA-funded Afghan Health Promotion (AHP) supplement to states<sup>1</sup>, within the Refugee Support Services (RSS) Refugee Health Promotion (RHP) set-aside program. The AHP supplement totals \$28 million and this Dear Colleague Letter (DCL) explains ORR's method of determining the AHP supplemental awards and details the funding amounts.

For a description of eligible populations, considerations regarding equity and inclusion, and reporting and monitoring requirements for ASA-funded programming, reference the relevant sections within ORR Policy Letter (PL) 22-03, *Refugee Support Services Funded by the Afghanistan Supplemental Appropriation*.

### **Background**

Many Afghans are arriving with immediate as well as long-term physical and mental health needs. While Afghan arrivals who are eligible for ORR's Refugee Resettlement Program are entitled to health coverage benefits to the same extent as refugees, it is critical to ensure Afghan newcomers can understand and access the U.S. healthcare system. In addition, supporting non-clinical services for Afghans is vital to enhancing well-being for this population.

### **Program Goal, Scope of Services, and Activities**

Within the framework of the RHP program, the goal of the AHP supplement is to improve the health of newly arrived Afghans through outreach, education, and support services. The approach should be client-centered, trauma-informed, and strengths-based. It should also be informed by an understanding of Afghan culture and the unique circumstances of the Afghan evacuation. AHP activities should align with the scope of services outlined in [ORR PL 20-05](#), including increasing health literacy, coordinating health care, and organizing wellness groups. ORR will soon publish a new PL outlining an expansion of the RHP to support an enhanced focus on mental health capacity building.

### **Qualification for FY 2022 Quarter 1 Allocations**

In order for states to receive the FY 2022 AHP supplemental funding, the state must already be a FY 2022 recipient of RHP funding and must be eligible to receive the Afghan RSS base allocation, as delineated in ORR DCL 22-03.

### **Funding Formula**

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<sup>1</sup> The term "states" throughout this DCL refers to states and replacement designees (RDs) that receive RSS funding from ORR.

The *FY 2022 Quarter One AHP Allocations* chart below displays the FY 2022 AHP funding for quarter one; the chart also displays the “Number of People” used to determine the allocations. ORR used the following data to arrive at the “Number of People” totals:

- FY 2019 and FY 2020 match data for Afghan Special Immigrant Visa (SIV) holders from the ORR Refugee Arrivals Data System (RADS); and
- Statement of capacity numbers by state according to the Department of State’s Afghan Placement Assistance (APA) program.

In determining the allocation, the “number of people” totals were adjusted to give equal weight to the Afghan SIV and APA numbers. If a state is not participating in the APA program, they will not receive ASA funding. The formula for future AHP allocations will be adjusted based on updated data, as available. ORR intends to reassess allocations for the remaining funding later in FY 2022.

### FY 2022 Quarter One Allocations Chart

The chart below documents the “Number of People” described above, and the corresponding funding allocations for the AHP program for FY 2022, quarter one. As required under ORR regulation 45 C.F.R. §400.210, these funds must be obligated by September 30, 2023, and must be liquidated by September 30, 2024.

**FY 2022 Quarter 1 RSS AHP Allocations**

State	Number of People	FY 2022 Quarter 1 AHP Allocation
Alaska	74	\$50,000
Arizona	1,391	\$633,991
Arkansas	85	\$50,000
California	15,268	\$6,957,069
Colorado	1,297	\$591,081
Connecticut	694	\$316,141
Florida	957	\$436,103
Georgia	1,321	\$601,876
Idaho	372	\$169,504
Illinois	966	\$440,375
Indiana	422	\$192,340
Iowa	552	\$251,397
Kansas	537	\$244,604
Kentucky	691	\$314,826
Louisiana	48	\$50,000
Maine	85	\$50,000
Maryland	2,838	\$1,293,118
Massachusetts	816	\$371,765
Michigan	1,080	\$491,931
Minnesota	406	\$185,109

<b>Missouri</b>	1,223	\$557,278
<b>Montana</b>	55	\$50,000
<b>Nebraska</b>	732	\$333,392
<b>Nevada</b>	266	\$121,075
<b>New Hampshire</b>	111	\$75,000
<b>New Jersey</b>	621	\$283,046
<b>New Mexico</b>	214	\$97,498
<b>New York</b>	1,854	\$844,902
<b>North Carolina</b>	1,200	\$546,617
<b>North Dakota</b>	39	\$50,000
<b>Ohio</b>	950	\$433,044
<b>Oklahoma</b>	1,343	\$611,726
<b>Oregon</b>	389	\$177,073
<b>Pennsylvania</b>	1,151	\$524,623
<b>Rhode Island</b>	112	\$75,000
<b>South Carolina</b>	132	\$75,000
<b>Tennessee</b>	440	\$200,311
<b>Texas</b>	8,081	\$3,682,198
<b>Utah</b>	706	\$321,553
<b>Vermont</b>	75	\$50,000
<b>Virginia</b>	7,715	\$3,515,312
<b>Washington</b>	3,361	\$1,531,569
<b>Wisconsin</b>	335	\$152,553
<b>Total</b>	<b>61,005</b>	<b>\$28,000,000</b>

**Explanation of Allocations**

FY 2022 quarter one allocations fall into the following tiers: 1) a per capita tier for states with a number of 200 or greater, and 2) a floor tier for any states with totals ranging from 39-199. The floor tier was further separated into a subtier for states with a number between 100-199 (which will receive \$75,000) and a subtier for states with a number between 39-99 (which will receive \$50,000).

**Resources**

Please direct any questions about this DCL or the AHP program to your DRH Health Liaison. We also encourage you to utilize ORR’s [Technical Assistance provider\(s\)](#) for additional resources on serving refugees.

We appreciate all of your work to support the health and well-being of these new Afghan arrivals.

Sincerely,

Cindy Huang  
 Director  
 Office of Refugee Resettlement