

HUMANITARIAN RESPONSE PLAN

AFGHANISTAN

2018-2021

HUMANITARIAN
PROGRAMME CYCLE
2020 REVISION

ISSUED DECEMBER 2019



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PHOTO ON COVER

Photo: Jim Huylenbroek

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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Foreword by the Humanitarian Coordinator

Afghanistan enters 2020 in the grip of continued violence and political uncertainty, leaving a war-weary population that is scared to go about their daily lives and is hungry for peace. Over my three years serving as the Humanitarian Coordinator in Afghanistan, I have marveled at the resilience of the people of this country to cope with the horrors and hardships of the world's deadliest conflict. However, the cumulative impact of spending four decades living with constant stress and fear, trauma and injury, drought and floods, repeated displacement and crushing poverty is now taking a terrible toll.

We have broadened the scope of humanitarian action for 2020 and 2021 to include not only life-saving assistance to those affected by recent conflict and disaster but also vulnerable people and those with resilience and recovery needs. This has meant that 9.4 million people are now estimated to be in humanitarian need in 2020, up from 6.3 million in 2019. Of those in need, we plan on reaching 7.1 million with assistance in 2020 and require \$733 million to do so. This more ambitious plan will require sustained, increased and early funding from donors and on behalf of the people of Afghanistan, I urge continued and generous support from the international community for this multi-year plan.

The stakes for Afghanistan could not be higher at such a sensitive and fragile moment in the country's conflict-ravaged

history. While the potential for peace has not yet been realised, the start of talks aimed at reducing hostilities is an encouraging sign. Peace remains the most important step in breaking the cycle of aid dependency, alleviating suffering and getting Afghanistan back on its feet. Until that happens the humanitarian community remains here, standing side by side with the people of Afghanistan.

Afghanistan remains one of the most complex and dangerous countries on earth to be a humanitarian with 123 aid workers killed, injured or kidnapped in the first ten months of 2019. Despite these security risks, the humanitarian community has demonstrated its commitment to stay and deliver, reaching more than 90 per cent of districts with some level of assistance in 2019. By the end of 2019, UN agencies, international and national non-government organisations expect to have reached 1.3 million people with access to safe water and sanitation, 1 million people with life-saving nutrition assistance, 5.2 million with food and livelihoods support and 1.4 million with health care. Some 800,000 people will have received emergency relief items and shelter, as well as support to survive the country's harsh winter, and 210,000 children in emergencies helped to access education. A significant portion of this assistance was delivered as part of a massive national drought response that reached more than five million people in 2018-2019, helping to

prevent deaths and further displacement as a result of hunger, malnutrition and lack of water.

In 2020, the sheer scale of needs demands that we aim higher and do more to relieve suffering including finding more durable solutions that help in rebuilding people's lives and connecting them with longer-term development programmes that give communities – girls and boys, women and men – the best chance of recovery. The 2018-2019 drought response demonstrated that the international community has room to improve in terms of connecting humanitarian and development work and both sides of the house should be committed to ensuring that this happens in 2020.

I am confident that with the ongoing support of donors and continued commitment and investment of partners - humanitarian, development and the Government - we can ensure that timely assistance reaches the growing number of people in need. I look forward to working with you to achieve this common goal.



Toby Lanzer

Humanitarian Coordinator in Afghanistan

SURKH ROD EASTERN AFGHANISTAN

November 2019. IDP children in Surkh Rod area in the eastern province of Nangahar. Photo: OCHA

Response Plan Overview

PEOPLE IN NEED

9.4M

PLANNED REACH

7.1M

REQUIREMENTS (US\$)

733M

OPERATIONAL PARTNERS

147

The 2020 update to the Afghanistan multi-year Humanitarian Response Plan (HRP 2018-2021) requests US\$733 million and aims to reach 7.1 million people who are acutely affected by the humanitarian consequences of the country's four decades-long conflict, as well as natural disasters. The complexity of needs and response in this environment cannot be underestimated with every one of the cross-cutting problems identified in the 2020 Global Humanitarian Overview¹ currently affecting the people of Afghanistan.

Due to the continued high tempo of the conflict and the setbacks created by the drought, the HRP's multi-year projections and framework for action have been reviewed. As part of a course adjustment, a revised, broader definition of humanitarian action is being applied for 2020 and 2021 which more accurately reflects the current scale and trajectory of needs in a highly volatile security environment. The revised response strategy maintains the HCT's prioritisation of emergency needs but also extends the scope of the response to include vulnerable people with ongoing needs for support, as well as people who require resilience and recovery assistance to prevent them slipping into more serious humanitarian need. This will see humanitarians respond to some of the country's estimated four million protracted IDPs who had previously been outside the plan, as well as more people with specific vulnerabilities such as women who are heading households, people with disabilities and those experiencing mental health issues. Several sectors have included a range of resilience and recovery activities which, while more expensive in the short-term, will create savings and reduced suffering for beneficiaries in the long-term. The result has been a higher number of people in need (9.4 million), a more ambitious plan for reach (7.1 million) and an increased financial requirement (\$733 million).

Cross-cutting response priorities for 2020 include continued action on prioritised recommendations from the 2019 Peer-2-Peer mission; an expansion of in-country cash capacity and improved decision-making on the use of cash; piloting of Area-Based Response; expanded thematic preparedness planning; a focus on accountability to affected people; improved monitoring of response coverage; and better analysis of the gender, disability and mental health dimensions of the response. The forging of closer relationships and aligned planning between

Revised definition of humanitarian action in Afghanistan

Humanitarian action in Afghanistan provides life-saving emergency assistance to people in need, whether they are displaced or not. It also supports the most vulnerable people who are unable to access basic services or ensure their own survival, aspiring to leave no one behind. It aims to preserve people's dignity, improve their living conditions, and strengthen their coping capacity and resilience. Humanitarian action also assists host communities to cope with accommodating IDPs, refugees and returnees.

Humanitarian action in Afghanistan aims to protect people's rights and safety under international law and support those with special needs. The humanitarian community responds to people with physical and psychological trauma to foster their recovery and ability to play an active role in society. Humanitarian action opens the way for recovery of vulnerable populations through livelihood, asset-creation, cash-for-work and system-strengthening programmes, bridging people to more sustainable development assistance.

Humanitarian action aims to be integrated, coordinated, principled, rapid, effective and accountable, and guided by multi-year planning. It includes the use of cash where appropriate and aims to address people's needs across all sectors. The humanitarian community supports affected people to make decisions about the assistance they receive and to safely access complaints mechanisms.

humanitarian and development actors is also a continued priority under the HRP. Leveraging the relatively expansive footprint and human resources of humanitarian organisations to help vulnerable people bridge to longer-term, sustainable development assistance is a focus for 2020. This was a key lesson learned from the 2018-2019 drought response.

MAZAR-E-SHARIF, NORTHERN AFGHANISTAN

Children play at Nahr-e-Shahi village outside of Mazar City where hundreds of families have settled after fleeing from conflict-affected areas of Faryab and Balkh. As the conflict is still ongoing, they have not been able to return home. Photo: OCHA/Charlotte Cans

Strategic Response Objectives

The three strategic objectives (SOs) of the HRP have been adjusted to reflect the new scope of action for 2020 and 2021. These encompass all four humanitarian consequences elaborated in the Humanitarian Needs Overview (HNO).² It should be noted that multiple consequences are addressed under each objective and are thus overlapping. As resilience and recovery programming is new to the HRP this year, activities remain modest and will be further developed over time. The changes to the strategic objectives have required a corresponding reorganisation of the HRP logframe at the back of this document (pg 90).

1. Lives are saved in the areas of highest need

This strategic objective is focused on the provision of urgent, emergency assistance to ensure people's survival and prevent mortality. This objective now combines life-saving responses to all kinds of shock under a single category (both disaster and conflict). This is in line with the HCT's desire to move away from status-based language which previously emphasised the cause of displacement and resulted in different levels of response to different groups. Coordination activities now also fall under this objective. This strategic objective is concerned with addressing critical problems related to physical and mental **well-being**, as well as critical problems related to **living standards**.

2. Protection violations are reduced and respect for International Humanitarian Law is increased

This strategic objective remains unchanged in 2020 and encapsulates responses to the extreme violence, fear and rights violations faced by people in Afghanistan every day. This strategic objective is concerned with addressing critical problems related to physical and mental **well-being**, as well as critical problems related to **protection**.

3. Vulnerable people are supported to build their resilience

This new objective prioritises action to assist the most vulnerable in the community, irrespective of shocks. It also recognises the struggle faced by people in Afghanistan to pull themselves out of trouble, due to repeated displacement and their depleted psychological and financial reserves. This strategic objective is concerned with addressing critical problems related to **living standards** and critical problems related to **resilience and recovery**.



Needs and Planned Response

PEOPLE IN NEED

9.4M

PLANNED REACH

7.1M

TREND (2015-2020)



WOMEN

23%

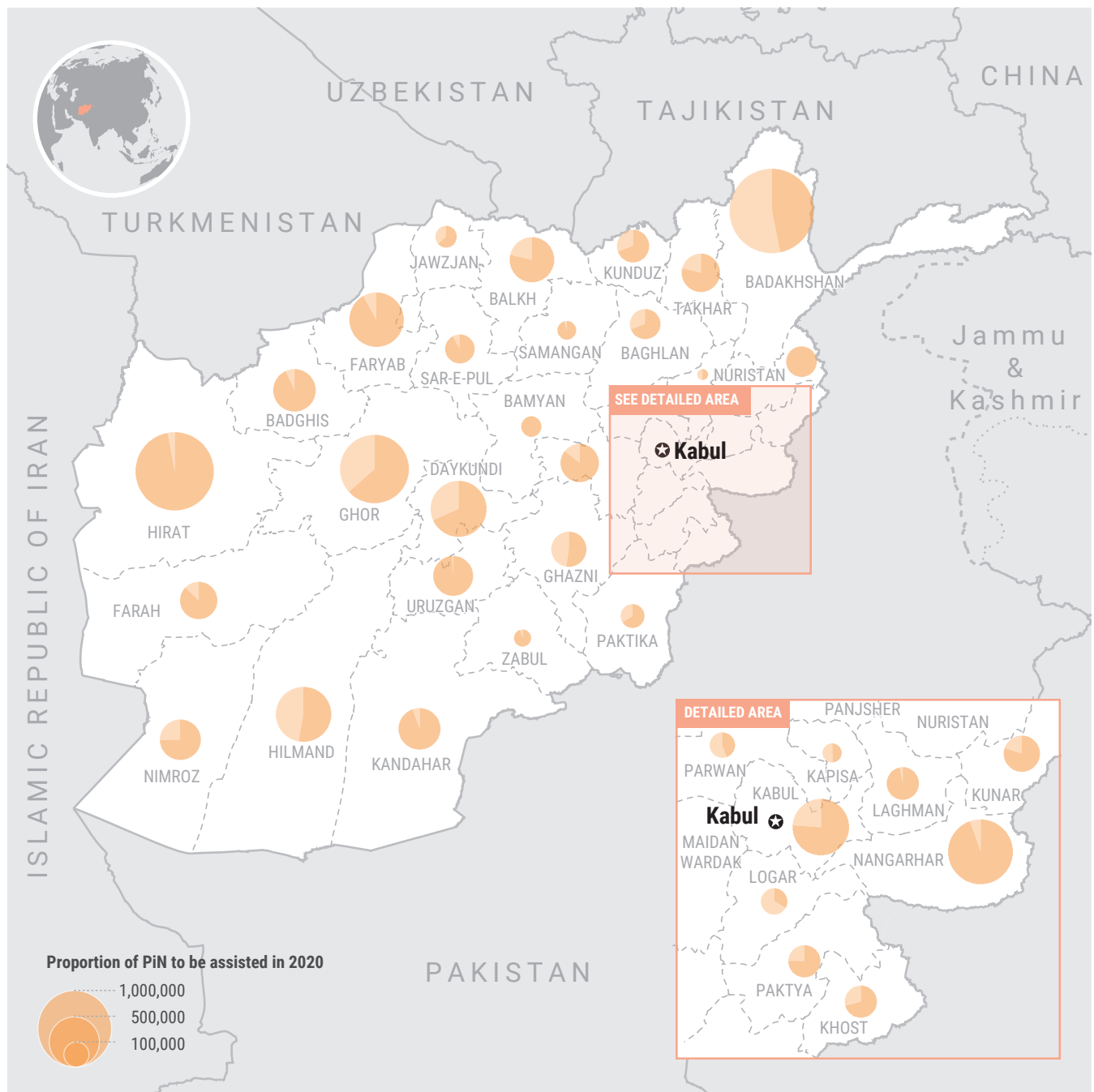
CHILDREN

55%

WITH DISABILITY

11%

Overview map



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HRP Key Figures 2020

Humanitarian Response by Population Group

POPULATION GROUP	PEOPLE IN NEED	PLANNED REACH	% TO BE REACHED
Vulnerable people with humanitarian needs	7.9 M	5.9 M	75%
Shock-affected non-displaced people	675 K	458 K	71%
Internally displaced people	500 K	405 K	81%
Cross-border returnees	265 K	234 K	88%
Refugees & asylum seekers	72 K	70 K	97%

Humanitarian Response by Sex

SEX	PEOPLE IN NEED	PLANNED REACH	% TO BE REACHED
Girls	2.5 M	1.9 M	76%
Women	2.1 M	1.6 M	76%
Boys	2.7 M	2 M	74%
Men	2.1 M	1.6 M	76%

Humanitarian Response for People with Disability

	PEOPLE IN NEED	PLANNED REACH	% TO BE REACHED
People with disabilities	1 M	782 k	76%

Humanitarian Response by Age

AGE	PEOPLE IN NEED	PLANNED REACH	% TO BE REACHED
Children (0 - 17)	5.3 M	3.9 M	74%
Adults (18 - 64)	3.9 M	3M	77%
Elderly (65+)	239 K	186 K	78%

Financial Requirements by Sector

SECTOR	REQUIREMENTS (US\$)
Education in Emergencies	\$66.3 M 
Emergency Shelter and NFI	\$85.5 M 
Food Security and Agriculture	\$278.1 M 
Health	\$72.2 M 
Nutrition	\$67.8 M 
Protection	\$59.9 M 
Water, Sanitation and Hygiene	\$70.9 M 
Aviation	\$17.5 M 
Coordination	\$14.44 M 
TOTAL	\$732.6 M

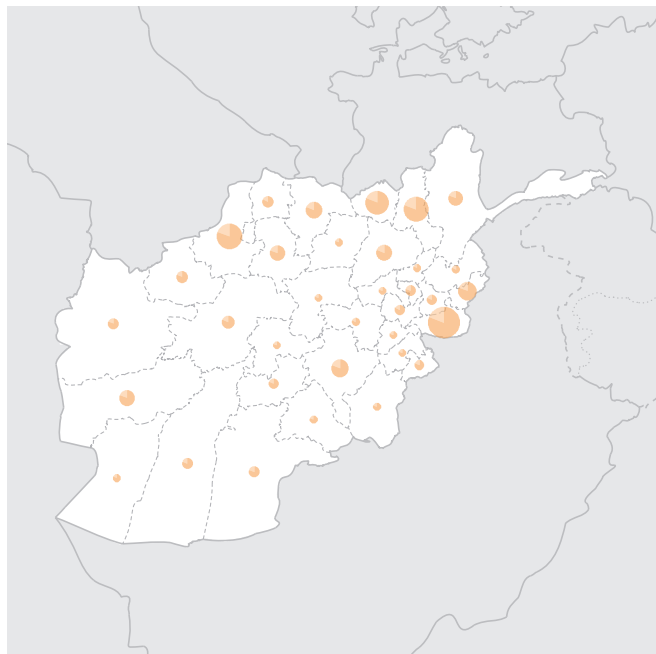
People Displaced in 2020

PEOPLE IN NEED

500k

PLANNED REACH

405k



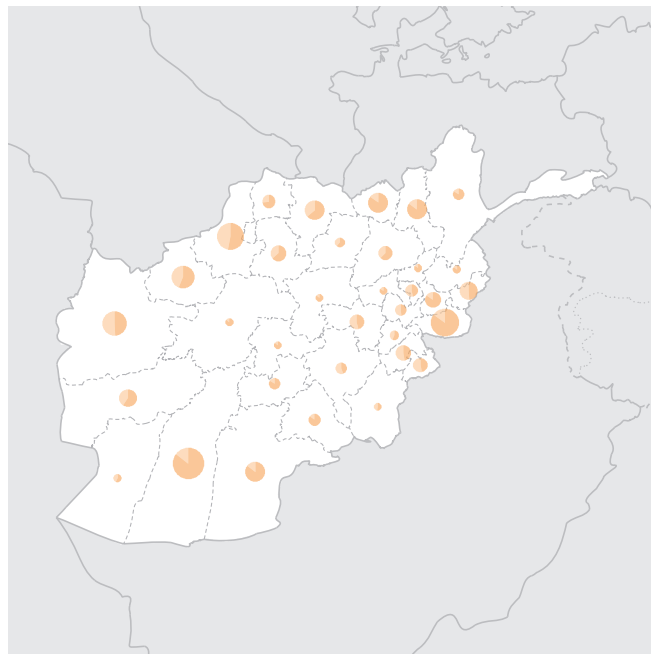
People Affected by Shocks in 2020

PEOPLE IN NEED

675k

PLANNED REACH

458k



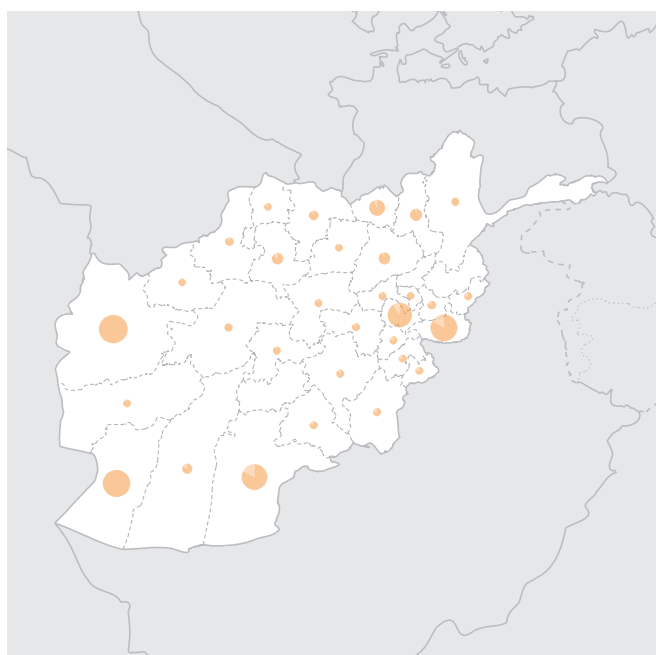
Returnees in 2020

PEOPLE IN NEED

265k

PLANNED REACH

234k



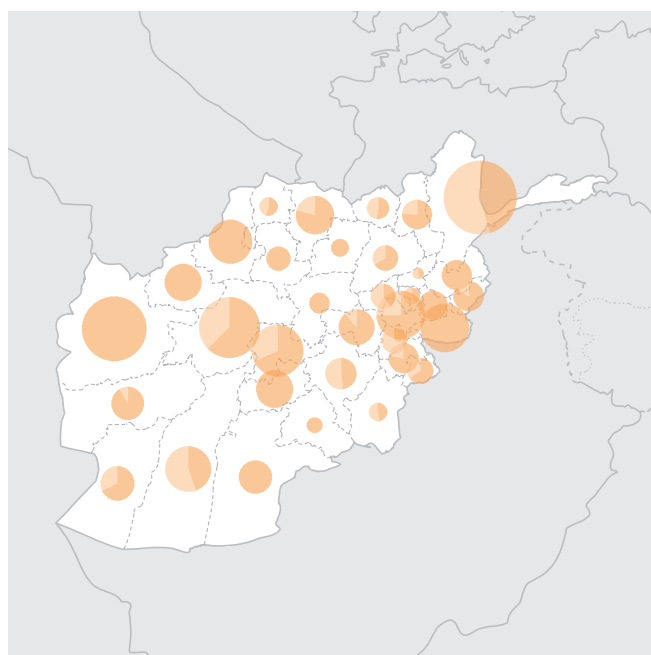
Acutely Vulnerable People with Humanitarian Needs

PEOPLE IN NEED

7.9M

PLANNED REACH

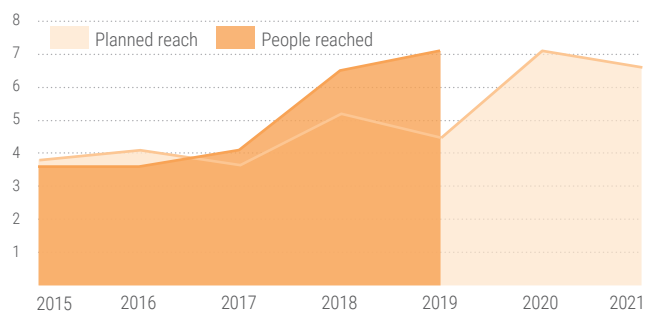
5.9M



Response Trends

Humanitarian Response (2015 - 2021)

In millions of people

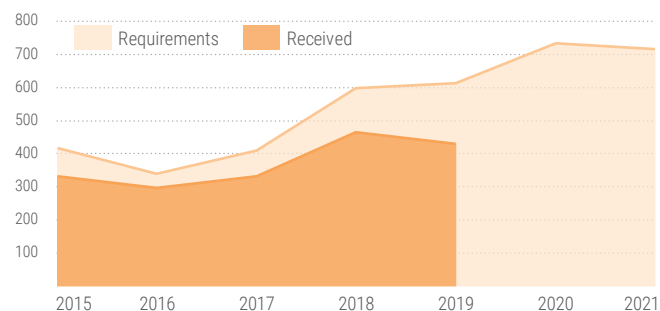


As part of the development of the multi-year HRP in 2017, a strategic decision was made to more strictly apply urgent, lifesaving humanitarian parameters to the response. The plan applied a disciplined approach to calculating people in need which prioritised emergency assistance to those facing recent shocks, mostly leaving longer-term resilience and recovery needs outside the Plan and in the hands of development actors. As such, significantly lower numbers of people in need were identified in 2018 and 2019, and response targets were set accordingly. In 2018, the HRP was revised several times to account for the emerging impact of the drought.

Forward projections over the duration of the Plan anticipated an

Financial Requirements (2015 - 2021)

In millions of US\$



improvement in needs and a reduced reach. However, it is now the view of the Humanitarian Country Team (HCT) that this approach is at odds with methodologies employed in other responses and does not reflect or adequately respond to the current scale of needs that have resulted from four decades of war. Hence, a course adjustment has been made and a wider scope of action has been applied for 2020 and beyond with a particularly enhanced focus on protection. This has translated into a significantly higher number of people in need (9.4m) and planned reach (7.1 million) for 2020, with similar figures for 2021 (9 million and 6.6 million respectively).

In terms of the number of people reached over recent years, this has

YEAR OF APPEAL	PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	7.4 M	3.8 M	3.6 M	\$416.7 M	\$332.5 M	80%
2016	8.1 M	4.1 M	3.6 M	\$338.8 M	\$296.5 M	88%
2017	7.4 M	3.6 M	4.1 M	\$409.4 M	\$332.4 M	81%
2018	6.6 M	5.2 M	6.5 M	\$598.9 M	\$464.6 M	78%
2019	6.3 M	4.5 M	7.1 M*	\$611.8 M	\$429.5 M	70%
2020	9.4 M	7.1 M	-	\$732.6 M	-	-
2021	9 M	6.6 M	-	\$715.9 M	-	-

* Projected reach for Jan - Dec 2019





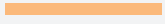
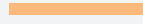








been steadily increasing as partners work hard to negotiate access in difficult security conditions and demonstrate an ongoing commitment to stay and deliver. Partners have exceeded the planned reach for three consecutive years (2017, 2018, 2019), demonstrating that there is scope to be more ambitious with future planning goals. In 2019, the enormous multi-sector drought response saw reach surpass targets. The projected full year reach for 2019 is 7.1 million against an original plan of 4.5 million. This has largely been made possible by significant late funding (\$110 million) for the drought response in 2018 which was carried over into 2019 and allowed a substantial extension of assistance to people missed previously or in need of further assistance, boosting overall reach.

While the 2020 HRP requirement (\$733 million) is a significant increase on previous years, it is worth noting that this higher figure (and the corresponding higher planned reach and number of people in need) was jointly developed through a rigorous and collaborative process between the ICCT and HCT. A series of joint ICCT-HCT meetings was held to help shape planning parameters and there was strong support for more ambitious targets, including from donors. It has been possible to plan a 58 per cent increase in reach for 2020 with

only a modest 20 per cent increase in costs due to a change in the duration of food assistance, now that the drought has passed.

The volume of funding for the Afghanistan response over recent years has increased substantially. Afghanistan has consistently been among the best funded global HRPs over recent years with 78 per cent of required funding received in 2018 and 70 per cent in 2019. Funding for humanitarian work in Afghanistan has not dropped below 70 per cent of requirements since 2012, reflecting donor recognition of both the severity of needs in-country and their high confidence in the ability of humanitarian actors to deliver in difficult conditions. While the 2018 and 2019 responses (first years of the multi-year plan) were well funded, a relatively modest portion was multi-year in nature. Where multi-year funding has been received, it has not usually been aligned with the years of the multi-year plan. The inclusion of 'Education Cannot Wait' multi-year funding inside the HRP for 2020 will also impact on the bottom line and people reached by education partners over the year ahead. This has partially underpinned the sector's higher response targets.

People Reached in 2019

SECTOR	REQUIREMENTS (US\$)	FUNDING RECEIVED (US\$)	PEOPLE IN NEED	PLANNED REACH	PROJECTED REACH*
Education in Emergencies	\$33.8 M	\$27.8 M 	0.5 M	0.3 M	0.2 M 
Emergency Shelter and NFI	\$48.3 M	\$31.5 M 	1.0 M	0.8 M	0.8 M 
Food Security and Agriculture	\$278.8 M	\$137.3 M 	4.9 M	3.9 M	5.2 M 
Health	\$51.4 M	\$22.7 M 	1.9 M	1.5 M	1.4 M 
Nutrition	\$57.6 M	\$31.6 M 	2.1 M	1.0 M	1 M 
Protection	\$44.7 M	\$15.0 M 	2.4 M	1.3 M	1.1 M 
Water, Sanitation and Hygiene	\$36.4 M	\$20.3 M 	2.1 M	1.3 M	1.3M 
TOTAL**	\$611.8	\$429.5 M	6.3M	4.5 M	7.1 M

* Projected reach for Jan - Dec 2019

** Total requirements also include multi-purpose cash (\$23.9 M), aviation (\$17.8 M) and coordination (\$18.9M). Total funding received also includes aviation (\$2.7M), coordination (\$1.6M) and sector not specified (\$137.2M)

Context of the Crisis

Operating context

The humanitarian response in 2020 will be implemented against a backdrop of political and security volatility in a country that fatigued by conflict and anxious for peace. Afghanistan is one of the most dangerous places on earth to live, with people facing daily risks from Improvised Explosive Device (IED) attacks and a continued escalation of air strikes. Fear, violence, repeated displacement and escalating debt have gradually eroded the population's coping capacity and crippled the economy, threatening development gains and leaving people in extreme poverty. Amid this highly-charged environment, humanitarian responders also face deadly risks and complex access challenges but have shown a commitment to stay and deliver lifesaving assistance to people in need. For further analysis of the context of the crisis, please refer to the 2020 HNO³

Security and political environment

While the overall situation is uncertain, the security outlook for the immediate future looks mostly unchanged from 2019 which has been characterised by high levels of civilian casualties, due to suicide and non-suicide IED attacks in civilian populated areas, a continued escalation of air strikes, and deliberate attacks against civilians and civilian sites, including election-related violence. July 2019 recorded the highest number of civilian casualties since UNAMA began systematic documentation in 2009.⁴ UNAMA documented 8,239 civilian casualties (2,563 deaths and 5,676 injured) in the first nine months of 2019, similar to the same period in 2018. Women and children accounted for 41 per cent of these casualties. Civilians living in the provinces of Kabul, Nangarhar, Hilmand, Ghazni, and Faryab were most directly impacted by the conflict (in that order). Fighting creates both an immediate and long-lasting burden for civilians, exposing them to sudden and terrifying violence and leaving them vulnerable to unexploded ordnance, all of which generate significant trauma-related needs and risks of permanent disability. Afghanistan is also witnessing escalating fighting between Non-State Armed Groups that is generating new humanitarian needs and is likely to further complicate developments over the year ahead. Violations of international humanitarian law, including attacks on health and education are now commonplace in conflict areas with students and the sick paying a heavy price in terms of missed classes and medical consultations.

At the time of publication, the political situation in Afghanistan remained volatile with delayed results of the September 2019 presidential election released in late December. Election-related violence in 2019 caused over 450 civilian casualties from the start of the top-up voter registration period through to polling day (and the immediate aftermath), with almost 280 civilian casualties on polling

day alone.⁵ Over one-third of victims on polling day were children, with the Taliban causing the majority of election-related civilian casualties.⁶ The Taliban also carried out a campaign of threats, intimidation, harassment and abductions to disrupt the electoral process. Low turn-out following threats of violence, reports of voting irregularities and the delayed election results have undermined confidence in the electoral process in some sections of the community.

Economic, socio-cultural, demographic profile

Due to the lingering impacts of the drought, continued insecurity and the ongoing election fallout, combined with slow economic growth and a labour market unable to absorb the available workforce, a large proportion of the population is finding it increasingly difficult to cope with the daily hardships facing households. Poverty is climbing, and indebtedness remains high, especially for IDPs. Over 80 per cent of people are living on less than the internationally applied poverty line (\$1.90 per day)⁷ to meet their needs, undermining the dignity of their living conditions and eroding the community's resilience to shock. Regional geo-political issues may have a significant impact on the economy over the year ahead with reduced remittances being received in Afghanistan from family members working in Iran.

Afghanistan's population is estimated to be 37.6 million people in 2020⁸ of whom 51 per cent are men and 49 per cent women.⁹ Afghanistan has a population growth rate of three per cent per annum¹⁰ which is among the highest in the world. The most striking feature of the population profile of Afghanistan is its very young average age. Almost half of the population (48 per cent) are under the age of 15 years which is the highest in the world.¹¹ Rapid population growth, rural-urban migration and continued displacement are further compounding the stress on urban centres, increasing competition for local resources and basic services. It is estimated that more than 4.1 million people who have been displaced since 2012 remain displaced from their homes,¹² many into urban areas, and are showing no signs they intend to their places of origin. While returns to Afghanistan from Pakistan are low, with just under 23,000 people recorded up to November 2019, over 433,000 people have come back to Afghanistan from Iran over the same period. While high, this is still only 60 per cent the peak of returns from Iran in 2018.

Infrastructure and access to services

Needs arising from years of under-investment in basic services, government inefficiencies, and economic stagnation are also increasing. Active conflict, large-scale population movements, and limited livelihood options continue to disrupt and deprive people of access to essential services, particularly health, water and education. There is currently no functioning social safety net although tentative

efforts have begun to develop one. The country has struggled to cope with the urban planning challenges resulting from massive internal displacement. WASH and Shelter needs are extreme with over one third of households displaced for more than six months (1.4 million people)¹³ still living in makeshift shelter or tents, in overcrowded conditions, with little access to services. Electricity is unreliable across the country as a result of both infrastructure deficiencies and conflict. Roads in more remote areas are often of poor quality and are regularly closed due to flooding, landslides, snow or avalanches in high altitude areas, not to mention conflict-related closures. The 2019 hard-to-reach Assessment found that 'inaccessibility due to physical constraints' was strongly linked to lower access to education, health, and WASH facilities, as well as access to markets with basic supplies.

Existing legal and policy frameworks

Ownership of identity documents is a key determinant of people's ability to access the limited government services which do exist. It is estimated that 90 per cent of men but only 38 per cent of women have a Tazkera or ID card.¹⁴ While limited access to essential services affects all members of the population, IDPs and returnees (particularly female IDPs) are especially disenfranchised due to either their loss or lack of appropriate civil documentation. Refugees also face legal challenges when it comes to accessing government services. An estimated 2.2 million returnees and IDPs¹⁵ are also living at constant risk from insecure land tenure and the threat of eviction from the private land on which informal settlements have been established around the country.

Enforcement of legislation aimed at protecting women from violence remains a challenge. Women's access to justice remains limited and women continue to face inequality before the law. Complex bureaucracy makes it difficult for vulnerable people, particularly those with disabilities, to access government services. Despite efforts to improve governance through the adoption of a new anti-corruption law in 2017 and the planned establishment of the Independent Anti-Corruption Commission, Afghanistan continues to rank poorly (172 out of 180 countries) on the global corruption perception index.¹⁶

The complex petition system implemented by the Government to verify IDPs over recent years was time consuming and had been causing significant delays in the delivery of assistance. After several years of negotiations by OCHA, on behalf of the humanitarian community, new Standard Operating Procedures (SOPs) were signed by the Government and the Humanitarian Coordinator in May 2019. They confirm that the petition system is no longer the primary entry point for IDPs to receive humanitarian assistance, making the process of verifying and responding to displacement more efficient and flexible. A six-month review of their operation is now underway.

Environmental profile – natural disaster risk

Conflict remains the main driver of displacement although natural hazards (both slow and sudden onset) also contribute to, and trigger, population movements and humanitarian needs in affected locations. Afghanistan is highly prone to natural hazards, the frequency and intensity of which are exacerbated by the effects of climate change. Afghanistan has an INFORM Risk Index¹⁷ of 7.9 - the fifth highest risk country out of 191 profiled - and at the same time, the Notre Dame Global Adaptation Index¹⁸ ranks it as one of the least prepared countries against climatic shocks. Drought was a major driver of humanitarian need over the past two years, and recent food security assessments have confirmed that hunger and malnutrition still remain disturbingly high despite a massive effort in late 2018 and 2019 to support food insecure communities. Many rural parts of the country are still struggling to recover, particularly in terms of agriculture and livestock. Heavy rainfall caused unseasonal flooding in atypical locations in 2019 affecting some 280,000 people. Average rainfall is expected in 2020 and the annual risk of flooding remains present. The country remains highly susceptible to the risk of earthquakes with potentially catastrophic consequences if a major tremor occurred near a population centre. Each year freezing winter temperatures, especially in high altitude locations and areas of concentrated displacement, are a driver of needs with a large proportion of shelters unable to keep out the cold and many people unable to afford heating.

Part 1

Strategic Response Priorities

JALALABAD, EASTERN AFGHANISTAN

November 2019. Children outside a Jalalabad trauma centre, which operates with the support of the Afghanistan Humanitarian Fund. Photo: OCHA



1.1

Response Analysis

Multi-year planning and approach

A mid-term stocktake of the multi-year HRP towards the end of 2019 confirmed that the current trajectory of needs did not align with forward projections which had originally been framed during less uncertain times at the end of 2017. It was also felt that the cumulative impact of decades of war was now taking a more severe toll with people exhibiting signs of severely diminished coping capacities. Where once most affected people had some level of emotional and financial resilience to disaster and conflict, this is being gradually eroded by successive shocks, leaving increasing numbers of people unable to survive or recover without assistance. It was viewed that previous parameters for humanitarian action in Afghanistan were overly restrictive and too emergency-focused to meet current needs and a course adjustment was required.

The HCT agreed to expand the scope of activities under the 2020 HRP revision to address not just shock-affected people, but also those with vulnerabilities and those who may slip into more serious humanitarian need if they do not receive recovery and resilience support, allowing them bridge to more sustainable development assistance. The revised definition (See pg 6) has resulted in a substantial increase in the number of people in need (from 6.3 million people in 2019, up to 9.4 million people in 2020) and planned reach (from 4.5 million people in 2019 to 7.1 million people for 2020). This work will require \$733 million dollars to realise in 2020, compared to \$612 million in 2019 – a 20 per cent increase in cost, against a 58 per cent increase in reach. This modest cost increase has mostly been made possible by a reduced cost of food security activities due to assistance being offered for a shorter period now that the peak of the drought has passed. The 2021 projection of people in need and planned reach are both slightly lower than 2020 at 9 million and 6.6 million people respectively. These slightly lower numbers are anticipated due to greater distance from the drought and modest expectations of an reduction in need as a result of the expanded resilience and recovery activities.

Planning assumptions and possible risks

2020 planning is based on a common scenario of continued, if not worsening, insecurity with no improvement in access or fighting expected over the remaining two years of the multi-year HRP. However, it must be acknowledged that the current situation is volatile and highly politicised due to fall-out from the presidential election; ongoing US-Taliban talks; potential intra-Afghan talks and fragmentation of the conflict. Thus, the status quo forecast is by no means certain and. It is possible that the situation could spiral due to a range of factors, including negative reaction to the 2019 presidential election results and the draw-down of international military forces. On the other hand,

an agreement between the US and the Taliban has the potential to reduce hostilities, as well as deepen humanitarian access to hard-to-reach areas with likely need. In this event, there would likely be a substantial additional demand for humanitarian action and funding to respond in new locations, including activities which support people to bridge themselves people to development assistance. In preparation for such an eventuality, the humanitarian community developed an integrated plan in 2019 identifying priority areas for response where access has previously been limited and where there are willing responders and likely needs. Given these uncertainties, regular monitoring of both needs and response will be critical during the year.

Scope of action and response priorities

In 2020, the HRP prioritises emergency, life-saving responses to conflict and shocks such as cross-border movement and natural disasters; protection responses aimed at improving people's safety and reducing violations of International Humanitarian Law; and efforts to build the resilience of vulnerable people. These adjusted parameters will allow aid agencies to respond to more people suffering in the face of grave protection risks, as well as vulnerable people who are struggling to survive due to the cumulative impact of decades of war. In broadening the scope of humanitarian action to include these types of activities, the multi-year HRP continues to prioritise saving lives, while at the same time acknowledging that the humanitarian burden can only be sustainably reduced through a greater commitment to early recovery and resilience-building initiatives which bridge short-term relief and longer-term assistance, and help affected people achieve self-reliance. The ability of Clusters to reach additional people with these more complex, resilience and recovery activities will be dependent on the receipt of early funding.



Changes to the scope of humanitarian activities are thus not intended to replace development programmes, but rather to recognise that

the initial assumption in the 2018-2021 HRP – that actors engaged in development programming would be able to more quickly meet the structural needs of affected people – has not yet materialised and that humanitarian bridging assistance is required to keep people alive. Changes to the scope of humanitarian action are thus not to be misconstrued as the pursuit of development goals, but rather are intended to protect people from the consequences of state fragility; the absence of social safety nets; and the adoption of increasingly destructive negative coping mechanisms by vulnerable people. It also recognises the particular challenges felt by the most vulnerable people in the community such as women who head their households, people with disabilities and those who have exhausted coping strategies and offers space to address their needs more fully and for longer. The broadened definition also allows responders to consider the needs of the most vulnerable protracted IDPs, a growing cohort, who had

previously fallen outside the scope of humanitarian action but who have been shown to have significant needs.

This revised scope of action has coincided with the introduction of a new global approach to analysis in the HNO and HRP. Given that Afghanistan is in the middle of a multi-year HRP, the HCT has opted not to adopt all elements on the new Humanitarian Programme Cycle (HPC) approach in the HNO and HRP for 2020. Instead a hybrid approach has been employed reflecting the spirit of the new analysis in the narrative, while still aligning with the structure and broader goals of the ongoing multi-year HRP. In an attempt to address a lack of integrated thinking across the response, for the first time, HNO 2020 presents a new way of framing the primary humanitarian needs facing Afghanistan on the basis of four humanitarian consequences of the crisis. This new approach promotes collective thematic action and supports inter-agency cooperation around commonly agreed

Peer-2-Peer mission

In March and April 2019, Afghanistan hosted a Peer-2-Peer mission which reflected on whether the existing coordination arrangements were fit-for-purpose. The team made 73 recommendations, of which the HCT prioritised 10 for urgent action before the end of 2019. The prioritised Peer-2-Peer recommendations are aligned with the commitments made under a newly developed HCT Compact. The HCT has been diligent in regularly reporting on its activities towards the recommendations, ensuring that agencies responsible for leading on prioritised issues are held accountable. The HCT has found the Peer-2-Peer recommendations to be extremely useful for strengthening the humanitarian system in Afghanistan, building strong momentum over the months since the mission. The Peer-2-Peer team have praised the extensive progress made in such a short period. Implementation of the recommendations will continue in 2020.

Key achievements

- **HCT Compact:** A new HCT Compact with 12 priority areas of commitment has been developed and is being implemented.
- **Alignment between ICCT and HCT agendas:** A series of joint ICCT-HCT meetings has been held featuring fruitful discussions about humanitarian strategy in Afghanistan and supporting development of the HNO and HRP. A regular ICCT report is now being provided to the HCT, while HCT discussions and taskings are being systematically reflected on the operational ICCT agenda.
- **HCT Cluster presentations:** A calendar is in place which sets out a regular programme of Cluster presentations to the HCT throughout the year. OCHA has been working with Clusters and technical experts to improve the strategic direction of these presentations and has produced a guidance note to ensure they are useful in HCT decision-making.
- **Protection and cross-cutting issues:** Protection and cross-cutting issues: As part of the HCT calendar, a short update on one of four cross-cutting issues (Accountability to Affected populations (AAP), Gender-Based Violence (GBV), Protection, and Protection from Sexual exploitation and abuse (PSEA)) is being made every week.
- **Sub-national coordination:** A Mutual Accountability Framework has been developed to set minimum expectations and agreed priorities for improvement. This has been endorsed by the HCT and is ready for implementation at the start of 2020.
- **ICCT field missions:** The ICCT is now conducting quarterly field missions and has visited Balkh, Kunar and Nangahar provinces since the Peer-2-Peer mission took place.
- **PSEA Taskforce:** A rejuvenated PSEA taskforce is now meeting regularly, co-chaired by UNHCR and IRC. Mapping of the current PSEA architecture and landscape is complete, and an action plan is being implemented.
- **IDP SOPs:** After years of negotiations, new SOPs were signed by the Government and the Humanitarian Coordinator in May.
- **HCT Key Messages:** These are now being produced quarterly and have helped cement common advocacy priorities for the HCT.

critical problems. It is hoped that this model, which is reflected in both the HNO and HRP, and is aligned with new global standards, will help deliver more integrated responses in 2020. The preferences of affected people, both in terms of response modalities and communications, have also been factored into response planning for 2020 (see AAP/PSEA section pg 39).

Population groups

The revised definition of humanitarian action has required changes to the population groups prioritised in the HRP. Some people who in the past largely fell outside the humanitarian planning categories but who continue to need life-saving support and protection are now accommodated in a new list of populations of concern for 2020. There has also been a substantial effort to move away from status-based language in the expression of population groups in the HNO. The list of population groups has been reduced to five core categories:

- People displaced in 2020
- People affected by shocks in 2020
- Returnees in 2020
- Refugees living in Afghanistan
- Acutely vulnerable people with humanitarian needs

Geographic prioritisation

Activities for 2020 have been geographically prioritised according to the HNO analysis which shows that there are needs in every province of the country with Farah, Ghor, Badghis, Faryab, Hilmand and Uruzgan having the most severe needs overall. Based on an analysis of sectoral needs severity and scale, as well as inter-sectoral overlap of needs, Clusters have designed responses that are tailored to the needs expressed by affected people, while factoring in the availability of partners in each location and the access challenges they face. The highest number of people planned to receive assistance is in Hirat Province (826,000 people), due to the concentration of IDPs remaining here, followed by Nangarhar Province (578,000 people) where there has been a recent surge in displacement due to intra-Non-State Armed Group (NSAG) fighting. The remainder of the top ten provinces to receive assistance by population include Badakhshan, Ghor, Faryab, Kabul, Daykundi, Badghis, Kandahar and Uruzgan, in that order. Encouragingly for efforts to promote integrated programming, Clusters are mostly aligned in their geographic prioritisation. Every Cluster has prioritised Nangarhar as among its top three response provinces in terms of scale. Badakhshan, which is heavily impacted by food insecurity, and Hirat are also being prioritised by a majority of sectoral responses.

A new way of working

Unfortunately, the growing global price tag of humanitarian appeals (\$28.8 billion in 2020)¹⁹ is outstripping available funding and it is more urgent than ever that all actors – humanitarian, development and peace – come together and work in a systematically joined-up manner to invest in the resilience of communities, reducing their reliance on

costly short-term and unsustainable assistance. This situation makes the case for a new way of working (NWOW) not only compelling but also urgent.

In spite of the vast amounts of aid money that have been spent in Afghanistan, particularly over the last two decades, key development indicators are either stagnating or reversing, and current resources are simply too meagre for the scale of action required for positive life-changing programming to benefit the majority of people who need it, at least through the current approach. While discussions at the global and local levels about joined-up humanitarian-development programming have been numerous, the operational reality has shown significant gaps. The 2019 Peer-2-Peer mission to Afghanistan highlighted how humanitarian and development needs frequently exist side by side and are mutually reinforcing. The mission emphasised that the capacities and resources of the humanitarian and development community (and peacebuilding where feasible) need to be better leveraged to respond comprehensively to immediate chronic needs, and work on longer-term solutions to crises.

The 2018-19 drought response clearly demonstrated the current challenges involved in ensuring that both the humanitarian and development needs of shock-affected people are met. Few, if any, pathways to sustainable assistance were available to displaced people in the west once humanitarian assistance had phased down at the end of June 2019. No comprehensive mapping was available to visualise what development assets and responses might be available in affected areas and development actors were insufficiently engaged in local planning processes to quickly connect individuals to their support where it did exist. The absence of such pathways has resulted in prolonged humanitarian needs among vulnerable people.

Cognizant of this gap and guided by a recommendation from the Peer-2-Peer mission, the UN in Afghanistan has also made efforts to build its internal capacity on the humanitarian-development 'nexus' through the recruitment of a Recovery/Transition Adviser. In late 2019, an initial mapping of development actors and draft of a blue print for a more joined-up approach in Afghanistan were being finalised in consultation with various actors. These will serve as a stepping stone for a Humanitarian-Development Strategy to bridge leadership and coordination structures for humanitarian operations, peacebuilding and development programmes at the strategic level.

At the operational level, the ICCT has committed to undertake a technical workshop in the first quarter of 2020 aimed at engaging better with counterparts working on development planning and implementation. It is anticipated that this will allow for a tangible operational dialogue and coordination of response in areas where both humanitarian and development actors are active. The ICCT has also engaged development actors in planning for new integrated, Area-Based Response pilots which are aimed at improving the quality of assistance by breaking down sectoral siloes and applying a more people-centred approach to service delivery at the field level. The World Bank and UNDP continue to be observers at the HCT to encourage common situational awareness and sharing of best

Steps to address predictable food insecurity and malnutrition in Afghanistan

While not yet fully realised, Afghanistan took concrete steps in 2019 to plan for the establishment of an Early Warning, Early Finance, Early Action system to increase the food and nutrition security of the most vulnerable communities living in water scarce rural areas and enhance their near-term resilience to drought. Work on designing a prototype was catalysed by the 2018 drought and discussions on Afghanistan's selection as a first mover country under the Famine Action Mechanism (FAM) – a global initiative for prevention and mitigation of famine and the reduction of crisis levels of food insecurity, that aims to strengthen the links between early warning, financing and implementation arrangements.

Afghanistan's Ministry of Finance (MoF), with support from the World Bank, THE World Food Programme and the Food and Agriculture Organisation, is working with stakeholders across the Government, development and humanitarian communities, on the prototype's design that has three key features. First, streamlining systems for early notification of a drought event based on objective criteria to support the automated release of funds for a set of pre-agreed activities. Second, improving the coping capacity of these vulnerable communities through the roll-out of a shock-responsive support programme

(similar to a scalable safety net) to help them protect themselves and minimise risks, recover from shocks, and rebuild resilient livelihoods. Third, strengthening sustainability by linking support to selected vulnerable communities with emergency response interventions that increase land and livestock productivity, improve water management practices, and strengthen the climate resilience of agricultural production.

Consultations with key development and humanitarian stakeholders conducted in 2018 and 2019 have helped support the development of a compelling analytical framework. The purpose of this work has been threefold: to highlight the cost of doing nothing, to identify priority districts for targeting, and to estimate the potential impact of the proposed intervention on food insecurity and poverty. In a 'business-as-usual' scenario, a one in five-year drought is estimated to affect between 3.6 and 5 million people and cost an additional \$295 million in humanitarian aid. Conversely, It is estimated that the proposed model would reduce food insecurity in the targeted provinces from 47 per cent of the population to 35 per cent. This food and nutrition vulnerability analysis has drawn on various humanitarian and development data-sets.

Initially, the prototype has looked at what

it would take to put in place a system to support 500,000 of the most chronically and seasonally food- and nutrition-insecure households across the country. It would also provide the implementation mechanisms to enable this support system to expand in the event of a drought. In the near-term, the prototype aims to build the resilience of these communities against drought-related shocks. In the longer-term, this support programme will help the Government to establish robust national systems that enable the Government to sustain institutional structures, processes, governance and financing frameworks to deliver programmes consistently, effectively and at lower cost. The concept is anchored in the global Grand Bargain commitments made at the World Humanitarian Summit in 2016 that outline a series of changes in the working practices of donors and aid organisations including gearing up cash programming, greater funding for national and local responders, enhancing engagement between humanitarian and development actors, prevention and early action, and cutting bureaucracy through harmonised reporting requirements.

The prototype was endorsed by the High Council on Poverty in December 2019 and the MoF plans to operationalise this prototype in a phased approach starting from 2020.

practices.

Furthermore, the revised scope of humanitarian action for 2020 will see a larger investment from the humanitarian side on a modest range of costlier activities that offer opportunities for transitional and durable solutions across most sectors. The inclusion of these more sustainable activities is expected to reduce the cost of humanitarian assistance in the medium and long run, build resilience and provide new bridges to development support that prevent people slipping backwards in terms of their needs. These undertakings are underpinned by the 'UN Common Guidance on Helping Build Resilient Societies'²⁰ which strongly promotes risk-informed programming and risk management (especially prevention and recovery).

In line with these efforts, the HRP aims to draw upon the One UN

framework for Afghanistan (2018-2021) – which was developed in strong support of the Afghanistan National Peace and Development Framework (ANPDF) - while reflecting the global objectives of the United Nations, particularly the 2030 Agenda for Sustainable Development. The HRP also draws on the National IDP Policy and the Global Compacts on Refugees and Migration to support durable solutions to internal and regional displacement and the eventual transition of responsibilities to government authorities. The below excerpt represents a sample of how outcomes under Afghanistan's humanitarian and development frameworks are complementary and contribute to achieving common goals in Afghanistan. For the full HRP logframe, please see page 90.

Excerpt from the 2020-2021 HRP Logframe and One UN Results

HUMANITARIAN RESPONSE PLAN	ONE UN FOR AFGHANISTAN FRAMEWORK	SUSTAINABLE DEVELOPMENT GOALS
<p>S01: Save lives in the areas of highest need</p> <p>1.2. Shock-affected (IDP, returnee, refugee, natural disaster and people under IPC 3 and 4) women, men and children of all ages have a minimum household food consumption score above 42.5</p>	<p>3. Food Security, Nutrition and Livelihoods</p> <p>3.1. Food insecure populations, including crisis-affected people, have improved access to safe, nutritious and sufficient food all year round</p>	<p>2. Zero Hunger</p>
<p>SDG 2.1: By 2030, end hunger and ensure access by all people, in people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p> <p>SDG 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons</p>		
<p>S02: Reduce protection violations and increase respect for International Humanitarian Law</p> <p>2.1. School-aged girls and boys affected by emergencies have access to quality, basic education in a safe learning environment</p>	<p>2. Education</p> <p>2.2. Equitable Access: Increased equitable and inclusive access to relevant, safe, and quality learning opportunities for children, youth, and adults in Afghanistan, especially women and girls</p>	<p>4. Quality Education</p>
<p>SDG 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.</p>		
<p>S03: Vulnerable people are supported to build their resilience</p> <p>3.1. Vulnerable IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages are protected from risks through provision of transitional shelter aimed at building their resilience and preventing recovering communities from slipping back into humanitarian need</p> <p>3.3. Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition</p> <p>3.4. Static health facilities are supported and well equipped, and health personnel are trained to respond to vulnerable people living in hard-to-reach areas without access to health care</p> <p>3.4. People receive post-trauma rehabilitative care</p>	<p>3. Food Security, Nutrition, Livelihoods</p> <p>3.4. Rural communities and authorities have strengthened capacity to adapt to and mitigate climate change and increased resilience to cope, prevent and recover from climate-related and other natural disasters.</p> <p>4. Health</p> <p>4.4. Health Emergencies: reduced death, illness and disability in the most acutely vulnerable population while complementing and strengthening existing health institutions to adequately prepare for and respond to conflicts, outbreaks and natural disaster-related health crises.</p> <p>5. Return and Reintegration</p> <p>5.5. Access of the returnees, displaced populations and host communities to the infrastructural services in areas of high return and displacement, including (or particularly) in the returnee townships, is enhanced</p>	<p>1. No Poverty</p> <p>2. Zero Hunger</p> <p>3. Good Health and Well-being</p> <p>6. Water and sanitation for all</p>
<p>SDG 1.5: By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters</p> <p>SDG 2.4: By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality.</p> <p>SDG 3.13: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p>		

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Response Priorities by Strategic Objective

Strategic Objective 1: “Lives are saved in the areas of highest need”

- Addressing Critical Problems Related to Physical and Mental Well-being
- Addressing Critical Problems Related to Living Standards

Safeguarding civilian safety and preventing disability

Deteriorating and widening insecurity is exposing increasing numbers of people to life-threatening harm and injury across Afghanistan, undermining their physical and mental well-being. For the final two years of the multi-year HRP, partners will continue to provide immediate and effective assistance which prevents loss of life and alleviates human suffering. After four decades of war, Afghanistan is littered with explosive ordnance, posing daily threats to the safety of civilians, especially children and those returning or displaced to areas where they are not aware of local risks. In a bid to reduce these risks, Mine Action partners will conduct survey, clearance, disposal and risk awareness activities. In 2020, Mine Action partners will also expand their efforts to address threats posed by Victim Operated Improvised Explosive Devices (VOIEDs), which make up a majority (53 per cent) of all mine-related casualties and which require a complex set of technical skills and more resources to eliminate.

Addressing acute food insecurity and malnutrition

In 2020, efforts will be made to scale-up operations which roll-back food insecurity and avert extreme hunger and acute malnutrition. Food Security partners will aim to reach 5.3 million people with food assistance including support for vulnerable people who have faced multiple shocks and are engaged in risky negative coping strategies. This increase in food support is a result of analysis in quarter three of 2019 (Seasonal Food Security Assessment (SFSA), Integrated Food-Security Phase Classification (IPC) analysis and Whole of Afghanistan Assessment (WOA Assessment)) which showed disturbing levels of food insecurity in both rural and urban areas. Despite a significant increase in overall planned reach (up from 3.9 million people in 2019 to 6.7 million in 2020), the Food Security and Agriculture Cluster's (FSAC's) costs have largely stayed the same year-on-year. The cost-per-beneficiary of the FSAC response has fallen dramatically due to assistance being offered for a shorter period now that the peak needs of the drought have passed. Exceptional six-month assistance was

provided to people in the most drought-impacted parts of the country in 2019 but this will revert to three months in 2020. This drought-related assistance in 2019 proved pivotal in preventing some affected provinces from slipping into emergency levels of food insecurity and prevented additional loss of life.

The nutritional status of children under five continues to deteriorate in most parts of Afghanistan. The findings of the most recent nutrition surveys show that 25²¹ out of 34 provinces are currently above the emergency threshold of acute malnutrition. The deterioration in nutrition status has seen an increase in the number of children under five and pregnant and lactating women (PLW) in need of life-saving emergency nutrition assistance. In 2020, the number of acutely malnourished children is expected to have increased by about 20 per cent compared to 2019 – continuing a trend of year-on-year increases also seen in 2018 and 2019. Furthermore, two in five children are estimated to be affected by stunting which has life-long impacts on children's development and future prospects. As such, the Cluster has identified children under five and PLW already suffering from acute malnutrition as the priority groups to be reached through its 2020 response which aims to support 1.3 million people, up from one million in 2019. Additionally, vulnerable children and PLW at heightened risk of malnutrition and mortality among returnee, refugee, natural disaster-affected communities and IDPs have been prioritised for assistance. Preventing dangerous interruptions to treatment for acute malnutrition (resulting from conflict, access constraints, pipeline breaks or lack of funding) is another focus for 2020.

Expanding life-saving services for physical and mental health care

The Health Cluster continues to respond to people's immediate health needs by ensuring access to critical life-saving assistance for all population groups. This remains challenging in the face of widespread conflict. About one third of the population (mostly those living in hard-to-reach areas) does not have access to a functional health centre within two hours of their home. In 2020, the Cluster plans to boost

the capacity of existing functional health facilities and personnel to be able to better respond to emergencies. This investment in capacity will be much more cost efficient than rolling-out new emergency health services to meet needs. The provision of trauma care continues to be a focus of the health response, particularly through first aid trauma posts that have been extended to areas most heavily affected by fighting. These have shown tremendous capacity to keep people alive who previously would have succumbed to their injuries, albeit often surviving with life-altering disabilities which require different kinds of support (see SO3 below).

Afghanistan remains one of just three countries in the world where Polio is yet to be eradicated. A total of 21 new cases have been recorded in Afghanistan since the start of 2019. Vaccination campaigns were interrupted in 2019 by a ban imposed by the Taliban against house-to-house immunisation efforts. The ban has since been lifted, however more than three million children missed out on vaccinations in October as a result of the restrictions imposed by Taliban. In the given situation, the programme is making every possible effort to reach maximum children with vaccines and is planning to provide integrated services along with polio vaccination to improve acceptance by the communities.

In 2020, Education, Child Protection and Health, partners will all scale-up activities to address mental health and psychosocial support needs among conflict-affected people and among children in particular.

Extending access to safe shelter, clean water and sanitation

Conflict and disaster are drivers of poor access to basic WASH services in communities across the country (displaced and non-displaced), directly impacting on the survival of the most vulnerable segments of communities, particularly children under the age of five. According to the 2019 WOA Assessment, 39 per cent of shock-affected households had at least one child exposed to a diarrheal disease in the preceding two weeks.²² In order to prevent disease outbreaks and improve quality of life, the provision of clean water and safe sanitation within an acceptable distance from people's homes, remains a priority activity for the WASH Cluster in 2020. Returnees from displacement sites in the west are prioritised for responses that repair damaged and dysfunctional water infrastructure, reducing the chance of re-displacement due to poor water access. The Cluster will also work closely with protection actors to ensure the construction and availability of water and sanitation facilities is

tailored to ensure safe access for women, children and people with disabilities. WASH Cluster partners will also work to improve WASH facilities at border crossing points, nutrition centres, health facilities and schools, as well as ensuring that returnees receive hygiene kits on arrival in Afghanistan.

Shelter and NFI partners will work to ensure that people directly impacted by new emergencies or crisis have access to emergency or transitional shelter and relief items that ensure their privacy and dignity, while mitigating protection and health risks. In many cases, this will initially involve the provision of tents and tarpaulins, however, the Cluster will focus on quickly transitioning people to more durable solutions in 2020 (see SO3). Winterisation assistance, to ensure the survival of vulnerable people and those living in high altitude areas will continue in 2020 in view of people's eroded coping capacities, however, the Cluster will invest in a modest range of more durable shelter solutions over the coming year (See SO3) which are a first step in reducing the need for this kind of annual support.

Enhancing coordination

A range of enhancements are proposed to system-wide coordination arrangements in 2020 that are designed to improve the quality and timeliness of the life-saving services delivered to affected people. In line with the recommendations of the 2019 Peer-2-Peer mission, these include the implementation of a new Mutual Accountability Framework between Kabul and the field with clarified reporting lines and increased support for management of cross-cutting issues in the response; the development of a new Data Accountability Protocol; further improvements to and training on the new IDP SOPs implemented jointly with the Government in 2019; a scale-up of cash capacity and safe cash use; enhanced Civil-Military Coordination capacity in the field; and the roll-out of newly-approved Joint Operating Principles through the Humanitarian Access Group. The ICCT will continue developing thematic preparedness plans for a range of emergencies including earthquake risk. The ICCT will also hold a series of capacity-building workshops in 2020 on themes including monitoring and reporting, operational engagement with development actors and advocacy.

While the coordination of refugee response will move under the leadership of the Government in 2020, a number of Clusters (FSAC, Health, Nutrition and WASH) will continue to respond to the acute needs of the more than 72,000 refugees living in Afghanistan.

Strategic Objective 2: “Protection violations are reduced and respect for International Humanitarian Law is increased”

- Addressing Critical Problems Related to Protection
- Addressing Critical Problems Related to Physical and Mental Well-being

Mitigating against attacks on education and health

Evolving conflict and continued violations of International Humanitarian Law (IHL) have contributed to an alarming protection crisis affecting all members of society. Amid a culture of disrespect for IHL, attacks on health and education facilities continue to be commonplace. School children, as well as sick and injured people are paying a heavy price for these disruptions. In the first eleven months of 2019, around 24,000 hours of healthcare delivery were lost, and 41,000 consultations missed, due to the forced closure and destruction of health facilities, as attacks against health workers and medical assets mount in both frequency and deadliness. As of October 2019, around 722 schools had been forcibly closed and remained closed due to insecurity, affecting education of around 328,094 children (113,597 girls and 214,497 boys).²³ In response in 2020, the Health Cluster will also join with education colleagues to enhance monitoring of these violations. At the same time, these Clusters will work to strengthen advocacy to prevent such attacks and explore steps to mitigate their impact when they do occur (e.g through the Comprehensive School Safety Framework or CSSF). In 2020, protection partners will support humanitarian negotiation, engagement and capacity-building activities for armed actors, local and national authorities, and conflict-affected communities to enhance the protection of civilians, and respect for International law.

Reducing adoption of negative coping mechanisms

Over the next two years, humanitarian actors will continue to deliver needs-based assistance which promotes the safety and dignity of the people they serve. In 2020, the response will also work to mitigate the likelihood that a significant proportion of the population will turn to negative coping mechanisms. Harmful traditional practices and coping strategies such as early/forced marriages, high debt, child labour and begging, as well as lack of access to basic health, psychosocial and legal services, which are exacerbated by conflict and displacement, are contributing to an already fragile situation. In 2019, shocks including loss of employment, disasters and increased food prices have gradually eroded rural livelihoods and pushed more than one fifth of the population to resort to negative emergency coping strategies.²⁴

Key to identifying those most at risk and to supporting them in 2020 is the enhancement of protection monitoring and protection risk analysis to inform the response, referrals and evidence-based protection advocacy. The Protection Cluster will promote community-based protection activities aimed at risk mitigation and resilience

building. Particular focus will be maintained on protection responses tailored to vulnerable people with specific needs such as people with disabilities. Community awareness-raising on child protection issues and advocacy for implementation of the new Child's Rights Protection Law are planned to maximise the protection of children from violence, abuse, exploitation and neglect.

Gender-sensitive response planning

While the prevalence of GBV in Afghanistan remains difficult to accurately quantify, anecdotal evidence suggests that it is extremely widespread, impacting on the lives of millions of women and girls across Afghanistan. The HRP outlines plans for the provision of legal, safety, health and psychosocial assistance for at-risk IDP, returnee and non-displaced, shock-affected GBV survivors through a multi-sector approach. Community dialogues are also a key means through which culture change on GBV will be promoted. The distribution of dignity kits to women and girls will continue in a bid to improve their quality of life, especially when displaced.

In designing their programmes, response modalities and their targeting, Clusters have paid particular attention to the unique vulnerabilities faced by children²⁵ and women across Afghanistan; the increasing numbers of female-headed households struggling due to the loss of breadwinners from violence; and the social and cultural norms that limit the role of women outside the home, reducing their ability to access to government and humanitarian services. Plans to ensure a greater voice for women in assessments and the humanitarian workforce are a key part of this effort.

Negotiating secure land tenure

In 2020, there is a renewed commitment to tackling the humanitarian consequences of insecure land tenure, especially with regard to women and displaced people. Decades of armed conflict, and internal displacement, lack of job opportunities, denial of access to basic services, coupled with insecurity and drought have increased vulnerabilities and HLP-related protection risks among IDPs, returnees, refugees and host communities. In a bid to tackle this need for greater security, HLP actors will provide emergency legal support and advocacy to communities under immediate threat of eviction. They will also endeavour to identify durable solutions for protracted IDP and returnee communities by supporting integrated responses, which incorporate legal support and investments in infrastructure, services and livelihoods. HLP partners will work to improve access to land and

housing for IDPs and returnees by supporting land allocation schemes. They will assist the Government to assess, identify and make state land available for allocation to IDPs, returnees and other vulnerable groups.

Accountability to affected populations

In 2020, the HRP applies a rights-based approach to activities and in response to the sheer scale of the protection crisis facing the country, prioritises the mainstreaming of protection throughout all programming. Improving accountability to affected people will be heavily emphasised in the 2020 response with an anticipated scale-up of in-country resources in the first months of the year expected to

boost capacity and reinvigorate buy-in from partners. Four integrated, Area-Based Response pilots planned for 2020 will also support a more intense field-level focus on Accountability to Affected Populations (AAP) issues. Continued support for the Awaaz Afghanistan (Awaaz) inter-agency feedback mechanism is critical to monitoring the views, complaints and preferences of affected people, alongside regular multi-sector needs assessments such as the WOA Assessment and individual agency feedback mechanisms. The revitalised PSEA Taskforce will also continue its work on system-wide improvements to awareness and referral processes in the humanitarian response. (See AAP-PSEA Section, pg 39)

Strategic Objective 3: “Vulnerable people are supported to build their resilience”

- Addressing Critical Problems Related to Living Standards
- Addressing Critical Problems Related to Resilience and Recovery

Getting vulnerable children into school

The response has prioritised the provision of access for vulnerable school-aged children who are unable to participate in education (particularly girls) through support to community-based education. It is anticipated that this approach will provide a better stepping stone to static hub schools and more formal education. Around 3.7 million children are out of school and a large proportion of these prospective students live in hard-to-reach areas where the conflict is ongoing. Emergency education services in crisis situations are critical for displaced communities but these only break the cycle for a short time (three months to one year). In 2020, these emergency support will be linked to longer-term sustainable schooling, ensuring that education services remain available after conflict or natural disaster has passed and that attendance is maintained. Afghanistan's selection as an Education Cannot Wait (ECW) multi-year programme funding recipient will support this work. This is a three-year programme with pre-committed financial resources (\$45 million) that aims to reach 120,000 out-of-school children affected by emergencies each year. Education partners will also build the resilience of the education system by continuing the recruitment, training and deployment of teachers, particularly women. The inadequate number of female teachers has had a direct impact on girls' ability to benefit from schooling. Training of School Management Shuras on the importance of education, especially for girls, is another example of the Working Group's contribution to community resilience building.

Providing durable shelter solutions

Poor shelter and unhygienic conditions, particularly in displacement, leave people vulnerable to disease and unable to cope with Afghanistan's harsh winters. During these first two years of this multi-year Plan, emergency shelter assistance was provided to displaced people within an initial period of up to three months and was predominantly oriented towards items such as tents and basic household items. While such support has been vital to saving lives, to date, it has not created opportunities for recovery or facilitated displaced people's reintegration and return. Many IDPs remain in a protracted state of displacement unable to contribute to their own recovery and continue to require costly annual winterisation support, amongst other needs that remain unaddressed. With 92 per cent of current IDPs not intending to return to their areas of origin in the near future,²⁶ the ES-NFI Cluster has re-evaluated the type of response provided by partners to make it fit-for-purpose. The ES-NFI Cluster aims employ a more holistic approach in 2020 and 2021, with life-saving assistance at the onset of an emergency being provided alongside carefully targeted support for expanded basic services and improved living conditions (via transitional shelters). Transitional shelter solutions not only contribute to security, safety, health and well-being, but also promote recovery among affected people, both displaced and non-displaced. Although a transitional shelter costs more than a tent, it contributes to a more durable shelter solution which reduces risk and saves money over time by providing pathways to a permanent home.

Early action to avoid severe malnutrition

In 2020, the Nutrition Cluster will address the needs of vulnerable, 'borderline' cases of acute malnutrition through prevention-oriented services such as counselling on optimal care practices to mothers of children who are borderline in terms of their Mid-Upper Arm Circumference (MUAC). This approach has potential to reduce the risk of rapid deterioration of the nutritional status of children with a MUAC result of 12.5-13.5cm. Nutrition partners are planning to provide additional training and support to health-care professionals (who are often on the frontline of identifying and treating people with malnutrition or those at risk of developing it), thus building the resilience of the health system to improve responses to malnutrition over time.

Promoting recovery and strengthening coping capacity

Vulnerability takes on many overlapping dimensions in Afghanistan, driven by the living conditions and financial circumstances facing communities after decades of war, repeated displacement and several years of drought. Humanitarian organisations will attempt to respond to these needs more comprehensively in 2020 by acknowledging how these vulnerabilities manifest in negative coping strategies and attempting to address them by building resilience through the creation of income opportunities; investment in more durable infrastructure (Shelter and WASH); the strengthening of service systems (Health and Nutrition); the design of more disability and gender-inclusive programming; and by supporting people bridge to development assistance.

To address the needs of vulnerable people who are struggling to recover, several sectors have included a modest range of resilience activities which, while more expensive in the short-term, will create savings and reduced suffering for beneficiaries in the long-term. The ability of Clusters to reach additional people with these more complex activities within a calendar year will be dependent on the receipt of early funding. An example of these more resilience and recovery-

focused activities is the pursuit of durable WASH solutions that involve investment in more robust water systems for communities repeatedly affected by flooding. A life-cycle cost analysis of investment in durable water schemes shows that while the immediate cost per person is higher for a small piped water scheme than a hand pump-operated borehole²⁷ maintenance issues associated with these two options differ over time. In the long run small hand pump-operated water services have a tendency to wear out more easily and require more frequent maintenance, leaving the people they serve with only intermittent access to essential water needs.

Strengthening health systems and people with disability

Health planning in 2020 will include system-strengthening for health services in areas facing a heavy humanitarian burden, expanding health access to underserved and hard-to-reach communities. The HRP also features a more ambitious programme of health activities aimed at helping people with disabilities to recover, beyond their initial trauma care. This includes more expensive rehabilitation and prosthetics services, again demonstrating a commitment to link short-term and longer-term programmes. This reflects the above-mentioned reality that while more people are surviving traumatic injuries, this is often with serious disabilities which require ongoing attention to ensure a dignified life and a reduced burden on carers.

Rebuilding livelihoods

For the first time in 2020, FSAC has included off-farm livelihood activities aimed at building the recovery capacity of cross-border returnees and protracted IDPs who have often been relocated into urban areas and can no longer practice their farming skills. Asset creation activities such as the construction of irrigation and flood protection schemes have also been included in the Cluster's strategy to build resilience of struggling communities and boost their preparedness for future crises.

1.3

Cross-Cutting Response Priorities

Centrality of protection

Among the 9.4 million people now in need across the country, the most vulnerable are increasingly the rural poor; minority groups; those exposed to forced, multiple and often extended periods of displacement; children; households headed by women; and people with disabilities. The HRP's new focus on vulnerability will allow more prolonged assistance to these groups, beyond any initial shock they may experience. The HCT remains committed to ensuring that people are at the centre of humanitarian action and that all assistance is planned and implemented in such a way that their safety, dignity, rights and preferences are upheld.

The Protection Cluster continues to take the lead on centrality of protection activities in Afghanistan. Humanitarian partners will be guided in their response by more robust analysis of protection risks and human rights abuses, supported through a new protection monitoring framework adopted by a number of agencies, and complemented by the HCT protection strategy that was endorsed in 2018 and reviewed in 2019. The strategy will be reviewed again in early 2020 to ensure the document is reflective of current risks and responses. A ProCap deployment is also planned for 2020 which will boost strategic planning and policy setting on protection issues. Overall, there will be a focus on implementing a response that includes affected people in the process of identifying the protection risks they face, understanding their vulnerabilities to those risks, and their coping mechanisms. Many protection issues faced by the affected population require a long-term response with viable durable solutions. This necessitates a shift in programme approaches and resourcing.

A reduction in geographical footprint and field-presence across Afghanistan in recent years has diluted partners' ability to retain close proximity to affected people, understand their main humanitarian needs, and engage in more upstream work which could prevent protection violations and avert costly response efforts. Services such as the Awaaz common feedback mechanism have improved this relationship but more work is needed to build awareness of the service. It is hoped that Planned Area-Based Response pilots in four locations in 2020 (see box on pg 28) will also help improve responsiveness to protection needs and accountability to affected communities.

Ever-evolving conflict demands that an agile and proactive advocacy approach be adopted. Indeed, with attacks on education and healthcare facilities now an almost daily occurrence; and civilian

casualties now sitting at above 8,000 people for a sixth year in a row,²⁸ activities which enhance the prevention of protection violations – as opposed to merely responding to their consequences – are urgently planned. In this regard, the HCT continues to prioritise messaging which promotes respect for IHL and International Human Rights Law (IHRL), as well as providing support to specific programmes which safeguard especially vulnerable people from harm. This includes practical measures to upgrade the physical safety of school buildings and mine-risk awareness for teachers to help them detect improvised explosive devices (IEDs), in addition to ongoing advocacy with the Government which is a signatory to the 2015 Safe Schools Declaration. Survivor-based care will remain a critical component of the response and, in some areas – such as post-operative physical and psychosocial rehabilitation – need to be strengthened to ensure that those with life-changing injuries and/or disabilities are not further disadvantaged.

In line with the recommendations of the Peer-2-Peer mission (see box pg 27), presentations on one of four mandatory areas of responsibility – Protection, AAP, GBV and PSEA – are provided to the HCT each week. These four protection pillars are central to a new HCT Compact developed in 2019, elevating these issues in the HCT discussions and deliberations. The revitalisation of the PSEA Taskforce in 2019 and the planned resumption of an AAP/Community Engagement Working Group in 2020 will also ensure improved accountability on protection issues. (See Accountability section on pg 39)

Protection-mainstreaming continues to be a mandatory consideration in approved country-based pooled fund projects across all sectors. The Protection Cluster supports with reviews of all projects to ensure that mandatory protection elements such as avoiding causing harm, prioritisation of safety and dignity, AAP, and participation and empowerment of the affected population are sufficiently reflected in project proposals. The Protection Cluster is also tasked with providing training and support on protection mainstreaming, humanitarian principles and protection information management to partners in other sectors.

Gender, age, mental health and disability-sensitive programming

Both men and women have paid a heavy price in the ongoing conflict, although the costs have been borne differently. Conditions for women both in and outside the home have comprehensively deteriorated as suicide attacks, recruitment of male family members into the

armed forces, and economic migration abroad have deprived them of breadwinners, social support networks and in some cases, security. Households headed by women are more likely to be food insecure than male-headed households, are less able to access healthcare, and more often have to rely on negative coping strategies such as using unsustainable income sources, borrowing/loans, selling assets, and gifts/remittances to survive. Men and young boys also face their own unique risk profile. Men and boys make up a majority of all trauma victims, although a surprisingly substantial number are civilian women despite few having any active role in the conflict (women and children accounted for 41 per cent of casualties in the first 3 quarters of 2019).²⁹ Ninety-six per cent of all returnees from Iran, including 93 per cent of deportees, are men.

Ensuring that humanitarian assistance is appropriately tailored to meet the distinct needs of women, men, girls and boys in a way that accommodates their physical and mental well-being will not only be critical to their immediate survival, but also their capacity to meaningfully engage with and contribute to society in the future. This is particularly important in a context such as Afghanistan where there is a significant youth bulge and the demand for jobs outstrips the available opportunities among certain age groups. In this regard, while preventing exposure to violence, abuse and exploitation and the adoption of harmful coping strategies will remain paramount to the HRP, the response now also prioritises resilience and recovery assistance for stressed and vulnerable communities who are at risk of

slipping into worse humanitarian need without external intervention. This approach will also be geared towards ensuring people can bridge themselves to more sustainable development support.

At an operational level, humanitarian action in Afghanistan will also remain committed to fully integrating gender, age and disability considerations into all components of the HPC - from assessments to planning, as well as implementation and monitoring. Already in the first two years of the 2018-2021 HRP, partners have made significant strides in collecting, using and analysing gender and age-specific data, ensuring that the gender with age marker is incorporated into the methodology and design of nationwide surveys such as the WoA Assessment. This has yielded sex and age disaggregated data (SADD) for all population groups included in the 2020 HNO, as well as critical information relating to the presence of additional key vulnerabilities within the household, such as chronically ill members or PLW.

HNO 2020 also contained substantial new analysis of both disability and mental health issues in Afghanistan and efforts will be made to enhance data gathering on both topics to inform the response in 2020. Needs analysis and response planning in 2020 has been conducted in line with the 2019 IASC guidelines on inclusion of persons with disabilities³⁰ in humanitarian action. Handicap International also provided a peer review of this year's needs analysis to ensure it fully reflects the scale and impact of disability on the Afghanistan population. Enhanced use of standardised tools such as the

Strategic use of pooled funds and local empowerment

Pooled funding has been fundamental to addressing critical humanitarian priorities across Afghanistan in 2019. Overall, the OCHA-managed Afghanistan Humanitarian Fund (AHF) and Central Emergency Response Fund (CERF) disbursed a combined total of \$79.9 million, to 35 partners (6 national NGOs, 22 international NGOs and 7 UN agencies) through one AHF standard allocation, four AHF reserve allocations and 1 CERF under-funded second round allocation. These allocations enabled 66 projects, providing life-saving humanitarian assistance to 2.9 million beneficiaries. Pooled funds contributed 15 per cent (\$63.9 million) towards the 2019 HRP requirements (\$611.9 million). The AHF continued to play an essential role in supporting the

2019 response by kick-starting life-saving activities included in the HRP. Support through the CERF has also been critical in supplementing assistance to under-funded emergencies. Starting in 2019, AHF funds contributed to seed funding for an integrated drought response pilot in Badghis province, aimed at preventing those currently experiencing crisis and emergency levels of food insecurity from deteriorating further, and supporting early recovery and resilience-building to protect affected communities from further shocks. Significant investments have been made by the humanitarian community in 2019 to enhance engagement with national NGOs, ensuring wider coverage by, and increased sustainability of, humanitarian action.

With continued or worsening security likely in 2020, national partners have become increasingly critical to the response in hard-to-reach geographic areas. Ongoing engagement by the AHF with the ACBAR twinning programme, which pairs national NGO and international partners through peer mentoring schemes, continues to be of strategic importance. The collaboration between the AHF and ACBAR focuses on improving the technical and core management skills of national organisations, developing and managing financial and accountability frameworks, and enhancing their overall ability to operate within humanitarian principles.

Area-Based Response

As a continuation to the work started in 2019 on integrated response planning, pilot projects in four geographical areas of Afghanistan will be funded in 2020. The pilot locations are being chosen to reflect different contextual settings including areas of protracted crisis, urban areas and conflict-affected sites. The pilots will apply an Area-Based Response concept that utilises a multi-stakeholder, community centre and mobile teams approach.

Under an Area-Based Response, humanitarian organisations define a specific spatial area of intervention rather than a sector or target group they are aiming to assist. Interventions then seek to address the humanitarian and protection problems associated with the specific area and therefore place a significant emphasis on community and wider stakeholder engagement. Planning processes and responses are inherently integrated across clusters/sectors to address needs holistically. Such a response relies on close collaboration, data and information sharing and joint analysis by all responders.

Key services are co-located in one space so as to make them more accessible to affected people. The community centre can be in a fixed location or be provided by a mobile outreach team or a combination of the two depending on the context. Being a hub for basic services, the community centre is also a locus for humanitarian coordination and activities that serve to ensure AAP - two-way communication, feedback mechanisms and community engagement. Services are based on a case management approach, to ensure that needs are addressed and analysed holistically. Activities should reinforce local development and public service structures and planning processes. Importantly, being a community centre, the community itself must be fully involved in all planning and decision making, with a view to handing over the location to the community in the longer-term.

This model improves access to services due to common inter-sectoral service delivery mechanisms. It increases opportunities for affected people to have contact with humanitarian partners to raise any issues or concerns about services for immediate action and adjustments to programme design and implementation. Due to the participatory nature of planning, services are more relevant to the specific situation of affected people. This system will also increase the accountability of humanitarian partners towards affected people through enhanced common community engagement, communication and feedback mechanisms.

Washington Group Questions (WGQS) on disability in assessments will continue in 2020. The pursuit of more durable shelter and WASH solutions in the HRP from 2020 will allow for more disability-sensitive design options to be implemented.

HNO 2020 sends a clear message around the high prevalence and severe consequences of mental health issues in Afghanistan after decades of war, poverty, debt and repeated displacement. In response to this analysis, the application of a more mental health-aware approach to programming, assessments and analysis is imperative in 2020 and 2021. With one in two people suffering from psychological distress,³¹ humanitarians cannot hope to make substantial progress on building resilience and promoting recovery without addressing these psychosocial issues.

In response, the Health Cluster aims to expand access to specialised services for conflict-affected people in 2020, including mental health and psychosocial support (MHPSS), physical rehabilitation services and the provision of assistive devices. In 2020, the Health Cluster plans to continue its collaboration with Protection partners to ensure mental health and psychosocial support services are context-appropriate and effective. Child protection and education partners are also prioritising psychosocial first aid and case management for children.

OCHA and REACH have committed to enhancing the representation of women in the household-level quantitative surveys for the WoA Assessment in 2020. Currently the vast majority of the enumerators are men and cultural expectations mean that the male head of household is exclusively expected answer questions on behalf of each family. While questions are asked about the needs of female household members as part of the survey, these are generally answered by men on women's behalf. Women are usually only able to answer household level surveys when they are the household head. Conscious of this bias, regular comparisons are drawn between the answers of male and female-headed households on various issues in the analysis. However, the views of females living in male-headed households still remain under-represented in the quantitative data. Moving forward, plans are under development to hire or source sufficient female enumerators to allow for separate male and female household level interviews in enough locations to provide a representative sample in 2020. Women's views are better captured through the WOA Assessment focus group discussions, with at least one women-only discussion conducted in every province as part of this year's data collection.

Efforts to reach more women and girls by increasing the number of female frontline workers – such as in healthcare delivery or protection from sexual and gender-based violence (SGBV) – are also being actively pursued. Good practices from partners operating outside the HRP are currently being explored as potential models, although the limited mobility of women, particularly in rural areas, when not

accompanied by a male mahram (a male relative with whom contact is permissible) means that creative solutions are required. The hiring of husband-and-wife teams is an example of such a solution. Gender imbalance in the humanitarian workforce is not only an issue at the point of aid delivery but also in coordination forums where it is critical that more women's voices (particularly those of national female staff) are heard in discussions around programme design and protection risks. Addressing this imbalance, while challenging in the current environment, is a structural priority for 2020.

Fit-for-purpose field capacity and coordination

In July 2019, the HCT endorsed a new HCT Compact that set out the key commitments of HCT members towards the Humanitarian Coordinator and one another in order to reinforce collective accountability to people in need of humanitarian assistance and protection. The HCT Compact was drafted and adopted as a follow-up to the recommendations from the 2019 Peer-2-Peer mission. It details the interrelated procedural and operational commitments to cross-cutting priorities and mandatory areas of responsibility. These include AAP, the centrality of protection, humanitarian access, GBV, linking relief and development and special consideration to people with specific needs. The HCT Compact also included procedural commitments to ensure that coordination structures are fit-for-purpose in order to address these critical operational priorities.

In the second half of 2019, OCHA initiated a large-scale multi-stakeholder consultation exercise to better understand the coordination challenges at all levels of the response, but particularly in relation to field operations. This involved workshops at the Kabul and field level, with the outcome being a Mutual Accountability Framework covering the following key issues:

- Coordination Architecture
- Accountability to Affected People
- Integrated Response
- Information Management
- Humanitarian Access and Civil-Military Coordination
- Triple Nexus

The Framework was endorsed by the HCT in December 2019. Discussions are ongoing about possible options to support implementation in 2020, including inter-agency and cluster resourcing. This also includes the possibility of establishing a roving inter-agency field support unit.

Improved monitoring to support stronger advocacy

In 2019, the ICCT has faced some challenges in terms of response monitoring data, especially with regard to carry-over funds. Substantial donor contributions for the drought response (\$112 million) were received very late in 2018 and it was only possible to spend these

funds in early 2019. This has skewed performance results when compared to funds received in the calendar year. This, in turn, undermined funding advocacy. As a result, response targets for 2019 had already been exceeded by the end of quarter three. The ICCT and donors are working to avoid a repeat of this situation in 2020, given that substantial late funding has again been received at the end of 2019. In 2020, Clusters have committed to providing an agreed carry-over figure which will be noted in all monitoring documents to provide full transparency. Financial Tracking Service (FTS) reporting has been problematic in 2019 with instances of both under-reporting and inaccurate reporting identified. There is also a disproportionate amount of funding listed under 'Sector not specified', making it difficult to accurately analyse funding levels for different sectors.

In a bid to improve the quality of monitoring data and its use in advocacy, the ICCT has undertaken to hold several dedicated workshops in quarter one of 2020. The first will be technical in nature and will focus on monitoring obligations and data submission procedures both in terms of response monitoring, as well as the reporting of funding to FTS. The second workshop will focus on improving cluster advocacy around humanitarian needs, funding gaps and consequences of inaction. It is envisaged that this workshop will involve cluster coordinators, as well as communications and donor relations colleagues. Data collection on the use of cash in 2019 was problematic due to a gap in leadership of the Cash and Voucher Working Group. A new chair has arrived in country, as well as a CashCap and work to address this gap is now well underway ahead of 2020.

Data accountability

In response to concerns raised by partners about the absence of clear guidelines on data-sharing for the humanitarian community, OCHA has initiated the development of a Data-Sharing Protocol. With support from the Centre for Humanitarian Data in the Hague, OCHA held an initial workshop in June 2019 to discuss issues being faced by partners both in terms of sharing sensitive beneficiary data with the Government and with other humanitarian organisations. Issues raised included obligations under existing laws and policies, classification of personal data, data use and ownership protocols, third party data sharing, complaints and referral obligations. It was widely agreed that the best interests of the beneficiary should be the guiding principle and that clarity around beneficiary consent for their data being shared is critical. The next steps on this project are to develop a formal HCT Data-Sharing Protocol which provides operational guidance on these issues and protects the interest of beneficiaries. This is a priority for the response in 2020.

Refugee coordination

Encouraged by a series of discussions with government counterparts and relevant stakeholders, UNHCR determined in early 2018 to

transition the coordination of the response to the more than 72,000 persons of concern in Khost and Paktika to the Government of Afghanistan as of 1 January 2020. The assumption of responsibility for this population by the Government is a positive development and takes fully into account the strong social and cultural ties between the displaced people (primarily from the Waziri, Dawar, Saidgi and Masood tribes) and their host communities.

Currently, approximately 12,000 people among the population of concern reside in Gulan settlement in Khost. The others reside outside the settlement. Most of the key needs of these people (birth registration, education, livelihoods, water and sanitation, health) are common to the broader population and are beyond the ability of any individual organisation to address. The Government will require continued support from humanitarian and development actors including UNHCR. Whether as internally displaced persons or otherwise, it is anticipated that the population of concern in Khost and Paktika will be granted improved access to legal employment and other services enabling them to become more self-reliant. The Government has indicated its intention to register and issue legal documentation to the people in the coming months and UNHCR has assured the Government of its technical support for these efforts.

As a result of the coordination changes outlined above, it has been agreed that the dedicated Refugee Chapter of the HRP would be removed from 2020. Refugees living in Afghanistan remain a population of concern under the HRP and in the revised definition of humanitarian action for 2020 and 2021. A number of Clusters (FSAC, Health, Nutrition and WASH) will continue to respond to their acute needs.

Preparedness planning

Afghanistan is one of the most disaster-prone countries on earth with an INFORM Risk Index of 7.9 - the fifth highest risk country from 191 countries profiled. Given the ever-present risk of earthquakes in the most populated zone of the country, an initial earthquake contingency plan has been produced by the ICCT with support from the OCHA Regional Office for Asia and the Pacific. The draft plan paints a disturbing picture of the likely impact of a major quake near an urban centre. An earthquake in or near a major city would threaten lives, generate significant humanitarian need, cause widespread destruction of infrastructure, interrupt access to basic services and create logistical challenges. The plan models the impact of a magnitude 7.6 earthquake hitting Kabul and 14 other provinces, predicting it would result in some 4,400 deaths, with 7 million people affected and 2.9 million people being pushed into humanitarian need. With the modelling element of the document now complete, the priority next steps for 2020 are to engage in inter-cluster response preparedness planning. Any serious earthquake in Kabul would be likely to limit the humanitarian community's ability to continue existing programming, with resources diverted to the earthquake emergency, at least in the short term. This is just one of a series of thematic contingency plans completed or under development for 2020 covering disaster preparedness and conflict-related topics. These are developed as-needed at both the national and sub-national levels.

1.4

Cash Programming

Preferences of affected people

Even after years of conflict, markets in Afghanistan remain remarkably functional, physically accessible (with the exception of disability access) and are generally able to meet demand. The WOA Assessment confirms displaced people's confidence in the stability of markets and their desire to receive assistance via cash modalities, where possible. Seventy-five per cent of displaced people with self-reported needs indicated they would prefer their needs were met in cash.³² A similar proportion of host community households (77 per cent) reported that they prefer to receive cash assistance over in-kind support.³³ However, access to markets for displaced households headed by women remains challenging due to their relative lack of mobility. In the WOA Assessment, a higher proportion of female-headed displaced households reported not having had access to a marketplace or grocery store in or close to their village where they could buy food and non-food items in the week prior to data collection, compared to male-headed displaced households.

Scale of cash use

Cash and market-based responses have been implemented in Afghanistan since 2009 with the value of this approach widely acknowledged by the HCT, both in terms of cost-efficiency and effectiveness, as well as the improved dignity, flexibility and choice it offers to affected people. In 2019, cash programming in Afghanistan accounted for just over 20 per cent of the total expenditure under the HRP. But given that markets are resilient and more than three-quarters of IDPs and host communities report a preference for cash, there is potential for wider use. The modest take-up is due to a number of factors including high staff turnover, lack of capacity amongst all levels of staff, anti-terror laws and a perception that cash programming is only suitable for use by some Clusters. Twenty-four organisations reported that they used cash as a modality of assistance in 2019. FSAC accounts for the bulk (67 per cent) of the 1.4 million beneficiaries reached through cash assistance. Other Clusters, including ES-NFI, are using cash to smaller degrees. Health and Nutrition did not use cash as a modality of assistance in 2019, although they have signaled a willingness to explore cash options in the coming years, where appropriate and in line with global guidance. Cash is regularly used to support cross-border returnees and was used heavily in the drought response in the west in 2019.

Cash in envelopes and Hawala Networks remain the primary cash transfer mechanisms in Afghanistan. Hawala systems, common

throughout the Islamic World, are well established in Afghanistan and have a strong footprint across the country. Use of such networks, as with cash-in-hand modalities more generally, brings some risks including cash diversion, fraud, security vulnerabilities for those carrying cash to distribution sites and the risk of detailed beneficiary data falling into the wrong hands. In Afghanistan, these risks are mitigated by distributing cash in secure locations, splitting cash into several smaller distributions (over many distribution points or several days), distributing to vulnerable people first, separating cash-related duties within an organisation to dilute control, partners not sharing detailed beneficiary information with financial service providers, as well as including data protection clauses in contracts.

While mobile money services are being used in country, the environment remains challenging for expansion due to limitations in the banking sector, low usage of bank accounts, poor mobile phone coverage in hard-to-reach areas and the uneven access to banking-enabled mobile phones by women. Registered SIMs are required to make full use of many mobile banking services and sign-up often requires the user to have a Tazkera or ID card. Few women have this ID, creating an obstacle to independent use of mobile money. Displaced people also often do not have this identification, having lost it during flight. Efforts are underway to work with financial institutions to overcome some of these barriers and expand services.

Coordination and building capacity

In the absence of dedicated resources for most of 2019, the Cash and Voucher Working Group (CVWG) and cash programming more generally, lacked strategic direction for most of the year. This undermined reporting on the use of cash, capacity-building of implementers, engagement by partners, advice to the common funds on the use cash and advocacy with donors. These are issues that were also noted by the Peer-2-Peer mission that recommended that the HCT should consider increasing the use of cash where viable.

In response to these concerns, in the second half of 2019, a NORCAP CashCap Adviser was recruited and a new NGO co-chair of the CVWG arrived in country, significantly boosting dedicated cash leadership. New TORs for the CVWG have been implemented, while the group now reports to the ICCT and has a broader range of attendees. To date, the main priorities of the Chair and CashCap have been to assess current cash capacity in country, to address capacity gaps at both national and sub-national levels and to establish a mechanism to accurately monitor cash assistance. Regional trainings have already taken place

in the east, north and centre of the country during the last quarter of 2019 and strong engagement has begun with Clusters, including some that have not previously tended towards cash as modality of assistance, such as Health. Further trainings and consultations are planned for the first quarter of 2020. A new cash monitoring system has been rolled out in the fourth quarter of 2019, improving tracking of cash use trends. The CVWG has also forged a new and vital working relationship with the Afghanistan Humanitarian Fund by identifying partner staff to undergo capacity-building so as to participate in AHF proposal technical assessments.

While it is hoped there will be some improvement in the proportion of the response delivered by cash modalities in 2020, the conclusion from the capacity assessments and the trainings undertaken thus far, is that further significant capacity-building is required before a major cash scale-up across the response is advisable. While there is strong support for more ambitious targets, up-skilling is required to ensure that cash and voucher assistance programs are implemented safely. Depending on comfort levels with cash programming, Clusters were given the option of setting their own cluster-specific 2020 cash targets, and some have done so with substantial increases expected, year-on-year (see sector pages). Importantly however, all Clusters have committed to a half-yearly review by the CVWG to assess their progress and decision-making processes around cash, with a view to identifying opportunities for potential expansion within their programming.

Other priorities for the CVWG in 2020 include harmonisation of tools including common Cash-for-Work hours and payment rates, and finalisation of a Minimum Expenditure Basket and Multi-Purpose Cash guidance. It is hoped that with the roll-out of CVWG technical capacity-building to partners, the response will see improved assessments (needs and markets), proposal writing, implementation and monitoring of outputs and outcomes.

The International Rescue Committee is also piloting Safer Cash programming in Afghanistan and has seen strong interest from a number of partners who are considering participating in 2020. This approach focuses on mainstreaming protection in cash programming activities and ensuring that all beneficiaries have safe access to cash and markets.

Furthermore, Afghanistan is also a pilot country for the Global Common Cash System (CCS - a joint initiative by UNHCR, WFP, UNICEF and OCHA to work more closely on efforts to build cash expertise and use) with a work plan drawn up for activities that benefit the broader humanitarian community in-country. The CCS work plan was developed in 2019 for a period of two years. The CCS's country-specific scope of work includes plans to harmonise cash transfers, establish complaints and feedback mechanisms, promote joint needs assessments, develop common vulnerability criteria and establish common post-distribution monitoring (PDM) tools. The CCS will work with the Emergency Response Mechanism (ERM-ECHO) and the CVWG to build on existing processes, improve common tools and harmonise activities across agencies. In 2020, the CCS will strive to have more stable agency focal points to ensure continuity of activities over the remainder of the project.

1.5

Operational Capacity and Access

OPERATIONAL PARTNERS

147

TREND

(2015 - 2019)



% OF PEOPLE LIVING IN HARD-TO-REACH AREAS

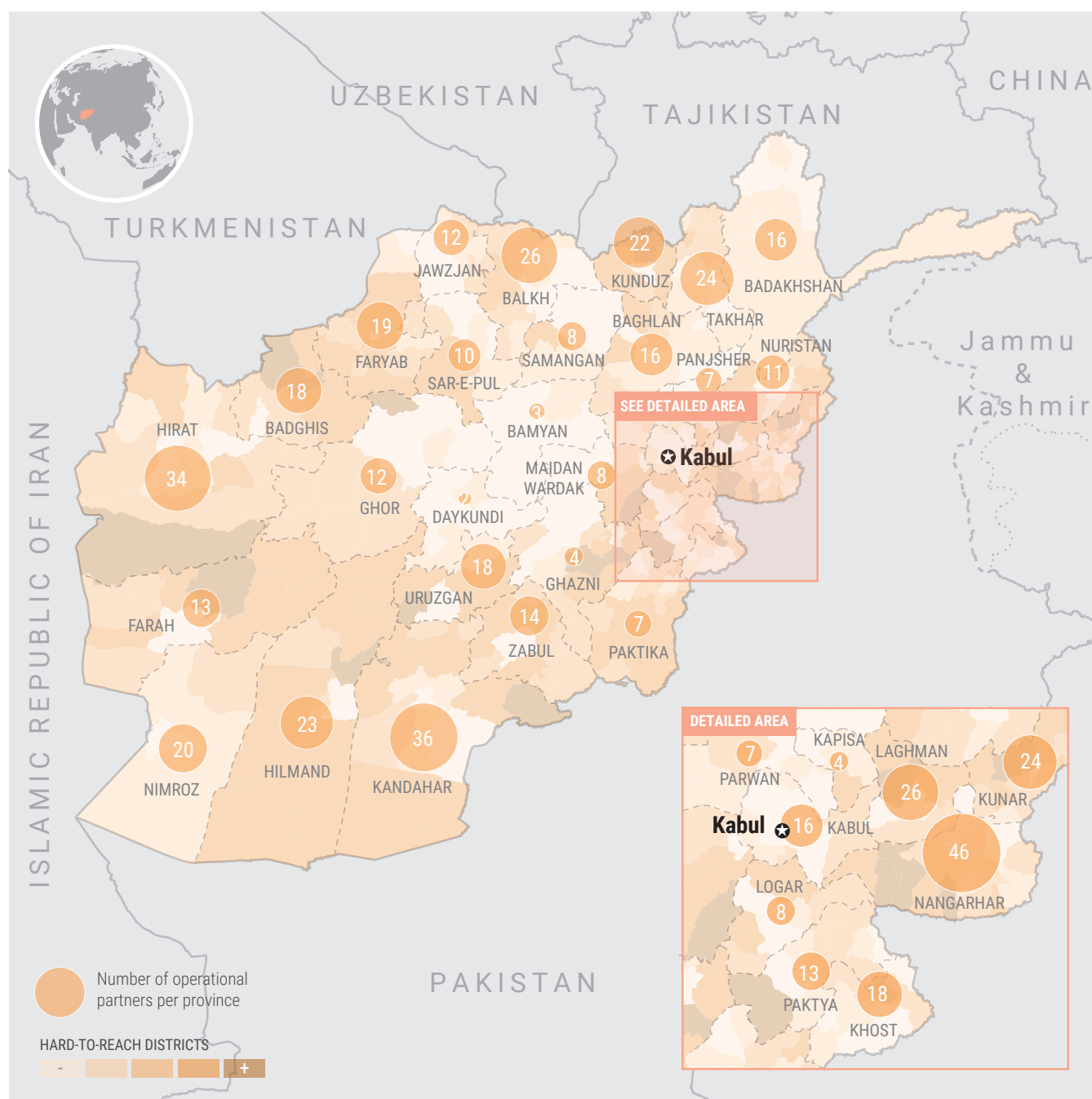
27%

AID-WORKER DEATHS & INJURIES (JAN - OCT)

72

ATTACKS ON HEALTH (JAN - SEP)

381



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Operating environment

Afghanistan remains one of the most dangerous countries in the world for humanitarians and the delivery of assistance continues to be delayed by access restrictions and demands for the payment of levies. Constraints and limitations on humanitarian access challenges the timely delivery of assistance across Afghanistan, with organisations facing a range of obstacles to the movement of personnel and goods due to ongoing conflict, administrative requirements imposed by both government and NSAGs, illegal levies on humanitarian goods and restricted road travel as a result of physical access constraints. With NSAGs now controlling large parts of the country, context-sensitive strategies which engage all parties to the conflict in a safe, coordinated and principled manner are increasingly required by the humanitarian community.

Access trends

Deteriorating security; continued attacks on aid workers and facilities; violence and political uncertainty surrounding the presidential election; and negotiations between the US and the Taliban have all adversely affected humanitarian space across Afghanistan in 2019. The conflict remains the greatest challenge for aid workers in Afghanistan. Gaining access to government and Taliban-controlled areas can be successfully negotiated; however, the real challenge remains delivering services in contested areas where the frontlines are dynamic and negotiation is difficult. Parties to the conflict remain suspicious of aid workers trying to enter contested areas and intimidation of aid workers in these areas, perpetrated by all parties to the conflict, is being widely reported.

The ability of aid workers to move staff and assets through the country continues to be a major access constraint due to insecurity along key transit routes, including the establishment of non-government checkpoints. This is resulting in a greater reliance on air transport which is both costly and time-consuming to arrange, while lengthy memorandum of understanding (MoU) procedures for the approval of humanitarian projects have led to significant delays in the start-up and implementation of emergency response activities which should be exempt from this requirement under Article 23 of the NGO law. Reports of the Government and NSAGs pressuring humanitarian organisations to pay levies in exchange for access to areas, as well as pressuring affected people, have also been increasing. The Humanitarian Country Team is prioritising this issue going forward into 2020 through the implementation of new Joint Operating Principles (JOPs), increasing advocacy with concerned parties, improving data collection mechanisms, developing a better understanding of Islamic law and how it relates to levy demands, as well as pushing for exemptions simultaneously with all parties.

At the operational level, the environment remains inhospitable to humanitarian action, negatively affecting the speed and safety with which humanitarian partners can reach people in need. In 2019,

violence against humanitarian personnel, assets and facilities continued to be the most reported of all access constraints, with this incident type comprising almost half (46 per cent) of all incidents reported so far this year. Of particular concern has been the increase in threats and intimidation against aid workers operating in the health sector in Nangarhar, Kandahar and Kunar provinces – some of which have translated into actual violence – and which have led to the suspension of related programme activities. Although humanitarian access-related challenges are widespread, geographically the highest number of reports come from the central, southern, eastern, northern and western regions, including Kabul (38), Kandahar (38) Nangarhar (34), Balkh (31), Farah (20) - all provinces where a high number of IDPs and aid workers are concentrated, negatively impacting on project implementation. Despite these serious challenges, humanitarians have been able to reach more than 90 per cent of the 401 districts with humanitarian assistance in 2019, demonstrating organisations' commitment to stay and deliver.

Planning for potential peace

Should a lull in hostilities materialise in 2020, this may reduce safety threats, as well as present the potential to deepen humanitarian access to hard-to-reach areas with likely need. In this event, there may be a substantial additional demand for humanitarian action and funding to respond in new locations, including activities which support people to bridge themselves to development assistance. In preparation for such an eventuality, the humanitarian community developed an integrated plan in 2019 that identified priority areas for response where access has previously been limited and where there are willing responders and likely needs. This planning is part of the HRP and will be updated in 2020 to ensure changes in need, access and response are reflected.

In the event of a lull, it is anticipated that significant negotiations would still be required to ensure any high-level agreement translates into access at the field level. In the event of peace talks, it is possible that spoilers may restrict humanitarian access to people in need, as well as beneficiaries' access to services. The Islamic State of Khorasan and other NSAGs would not be covered by a peace agreement between the US and the Taliban and it is expected that civilian casualties and needs would continue to be high, particularly in the east. Peace itself, i.e. an Intra-Afghan agreement, is likely to take much longer to finalise, although tentative steps have begun to explore such discussions.

Humanitarian Access Group

The Humanitarian Access Group (HAG) remains the primary forum in Afghanistan through which operational coordination takes place to analyse and discuss humanitarian access issues. Priority issues for the HAG in 2020 include capacity-building on access negotiations with parties to the conflict on road access, interference in programming, and levy requests, as well as technical support for ongoing efforts to

amend the NGO Law to provide a transparent and simplified process that expedites endorsement of short-term emergency projects. During 2020, the HAG plans to build on the newly created National NGO Access Forum and provide improved capacity to the field through Regional Access Groups.

The JOPs were endorsed by the Humanitarian Country Team in December 2019. The JOPs are designed to reflect humanitarian policies and established practices for interaction with parties to the conflict and other stakeholders by holding the aid community to agreed shared thresholds. The JOPs will form the framework for engagement in bilateral and joint negotiations with authorities and armed groups at local, national and international levels in 2020. They are built around core humanitarian principles, give clarity to acceptable humanitarian action and will be disseminated by the HAG across the field in 2020 with the desired objective of harmonising a consolidated approach to humanitarian action.

In 2019, direct and indirect humanitarian negotiations with parties to the conflict have continued with several successful outcomes. Both government and NSAG representative continue to emphasise their willingness to allow cross-line operations to alleviate human suffering. The HAG continues to support a humanitarian environment that fosters a more open dialogue around engaging with NSAGs for improved humanitarian outcomes. This will be supported through the roll-out of the JOPs, the sharing of best practices regarding communication with NSAGs and clarifying organisational positions on engagement, as well as efforts to build the capacity and confidence of field-based colleagues to engage directly in negotiations. In addition to encouraging principled humanitarian engagement, the HAG will also continue to collect and analyse information on access trends to support evidence-based advocacy with the donor community, humanitarian coordination entities and local authorities. Having conducted a review of the Access

Monitoring and Reporting Framework (AMRF), the HAG will be better positioned in 2020 to provide more nuanced and improved analysis on access-related issues. Civil-Military Coordination continues to be a key enabler for humanitarian access, providing mechanisms for deconfliction for aid workers. Recognising a need for greater understanding and respect for IHL by all parties to the conflict, OCHA and the HAG propose to improve Civil-Military Coordination capacity in the field in 2020.

Operational capacity

In 2019, the number of partners managing or implementing projects across Afghanistan has decreased slightly to 147,* down from 167 in 2018. A number of factors may have contributed to this including the scale-down of the drought response, and increasing insecurity, especially around the time of the presidential election. National NGOs currently make up the largest proportion of humanitarian responders in Afghanistan (72), followed by international NGOs (64), and 11 UN organisations.

Since the end of the drought, there has been a drop in the number of organisations operating in the west of the country from 53 in 2018 to 47 in 2019, although Hirat still remains the province with the highest number of beneficiaries to be assisted overall in 2020. There has also been a decrease in the number of partners operating in the north east (down from 60 in 2018 to 50 in 2019) where there has been increased insecurity in the second half of 2019. A fairly stable partner presence has been maintained in the north, despite high levels of fighting in 2019.

Of the aid workers killed (31) and injured (41) and kidnapped (51) up to the end of October 2019, the highest number of these incidents happened in Kabul (18 people, 15 per cent of total), reflecting the deteriorating security situation and potentially contributing to the marginal reduction in partners present and active in the capital (32 in 2019, down from 38 in 2018). Nangarhar saw the next highest number of deaths, injuries and abductions at

Operational Presence by Sector

SECTOR	NO. OF PARTNERS
Protection	94
FSAC	70
WASH	45
ES-NFI	43
Health	42
Nutrition	35
EiE	17

Operational Presence by Type

TYPE	NO. PARTNERS
NGO	72
INGO	64
UN	11

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14. In the east, the ongoing presence of Daesh/ISK, fighting between NSAGs and high insecurity in the main regional centre of Jalalabad in Nangarhar Province, continue to test the resolve of humanitarian actors operating there. The fact that NGOs are often considered legitimate targets by Daesh/ISK – not because they are NGOs but because they are foreign, including national actors who receive international donor funding – has led to difficult decisions about the sustainability of their operations in the area, at a time when needs and displacement are increasing. Most are staying the course however, with only a marginal reduction in presence year-on-year (61 partners in 2018, down to 59 in 2019). Nangarhar is the province with the second highest number of people to receive assistance in 2020.

There continues to be a well-established and expanding humanitarian presence in the six provinces identified in the HNO as having the highest severity of needs - Farah (13), Ghor (12), Badghis (18), Faryab (19), Hilmand (23) and Uruzgan (18). During 2019 there has been an increase in the number of partners operating in five of these provinces, while the sixth (Uruzgan) has held steady. Importantly there is also an enhanced spread of presence across districts within each of these high-needs provinces ensuring stronger localised coverage. There has been a particularly substantial shift in the pattern of humanitarian presence in Farah where there is now a humanitarian organisation present in every district (in 2018 there were ten districts with no humanitarian presence). Out of all six of these provinces with the most severe needs, only one district in Badghis is now without a humanitarian partner. It is worth noting however, that while the distribution of organisations has significantly improved, the humanitarian presence across these six provinces is still relatively concentrated in the provincial capitals and a few surrounding districts. UNICEF plans to open two new field office in 2020 – one each in Hilmand and Uruzgan - enhancing humanitarian presence and access in these two critical, high-needs locations.

Greater investments in risk management, the development of access and NSAG engagement strategies, the exploration of remote management techniques, as well as contingency planning, will all continue being prioritised in 2020. Given current levels of insecurity, the humanitarian response continues to rely heavily on national NGOs – who comprise about half of all active organisations under the coordinated humanitarian response – such that systematic capacity-building, including trainings and mentoring schemes, will need to be both adequately resourced and regularly undertaken. Indeed, continued innovative approaches which encourage the willingness of partners to not only 'stay and deliver' but also to 'enter and stay' will be required, given that operational capacity and the reach of partners in Afghanistan is closely linked to sustained and unfettered humanitarian access, adequate and predictable resourcing from donors, and the ability to retain necessary staff in areas where the needs are the greatest.

While there is no overall census of female staff and volunteers working for humanitarian organisations in Afghanistan, there is no doubt that women are grossly under-represented in the workforce. This remains a key constraint in terms of the response's operational capacity to assess, understand and respond to the needs and complaints of women and girls. Measures are ongoing to redress this imbalance and recruit more women into humanitarian action include the hiring of husband-and-wife, as well as brother-and-sister teams. UNHAS also offers reduced prices for female national staff travelling on its flights as a way of encouraging managers to involve more women in field work, particularly assessments. A number of NGOs also have hiring policies for national staff that are designed to make it easier for women, who often have not had the same educational opportunities as men, to enter the humanitarian workforce.

** Only 140 participate in regional level Humanitarian Response Teams (HRTs).*

Part 2

Monitoring and Accountability

JALALABAD, EASTERN AFGHANISTAN

October, 2019. IDPs receiving cash assistance in Jalalabad

Photo: OCHA/Fariba Housaini



2.1

Monitoring

Given the uncertainties surrounding the current response environment and humanitarian needs, regular situation monitoring and response temperature checks will be critical to ensuring a relevant, safe, timely and effective assistance in 2020-2021. Indeed, the multi-year HRP has now been revised several times since its inception in response to changed conditions, particularly concerning the drought. This current revision, which is a result of a mid-term HRP review, is also an example of the document's responsiveness to changed operating conditions.

HRP periodic monitoring reports will be published four times per year: Dashboards will be produced at the end of quarter one and quarter three and a full narrative report will be published at the mid-year point. For the first time in 2020, the HRP mid-year monitoring report will be accompanied by an annex that monitors the new needs indicators from the HNO. As in 2019, quarterly reality checks of response progress and initial planning assumptions will be built into this HRP monitoring. This will be accompanied by greater scrutiny and accountability of emergency preparedness, such as the

stockpiling of supplies and monitoring of pipelines through quarterly pipeline snapshots at the national level, providing early warning of looming pipeline breaks. These regular pipeline snapshots were initiated in 2019 and have been warmly received by donors and partners, improving preparedness in the response.

The drought response presented a number of problems for monitoring in 2019 with substantial carry-over funds received and reported in the closing stages of 2018, only able to be spent in 2019, distorting perceptions of remaining financial need under the HRP. To address this in 2020, Clusters have committed to providing a precise figure for their 2019 carry-over in time for the first quarterly monitoring report. Monitoring of cash programming modalities will be streamlined in 2020, following some issues in 2019 which made it difficult to get a clear picture of cash use in country.

The ICCT has committed to holding a monitoring and financial tracking workshop in the first quarter of 2020 to ensure consistency in reporting across sectors and familiarity with processes. One of the issues

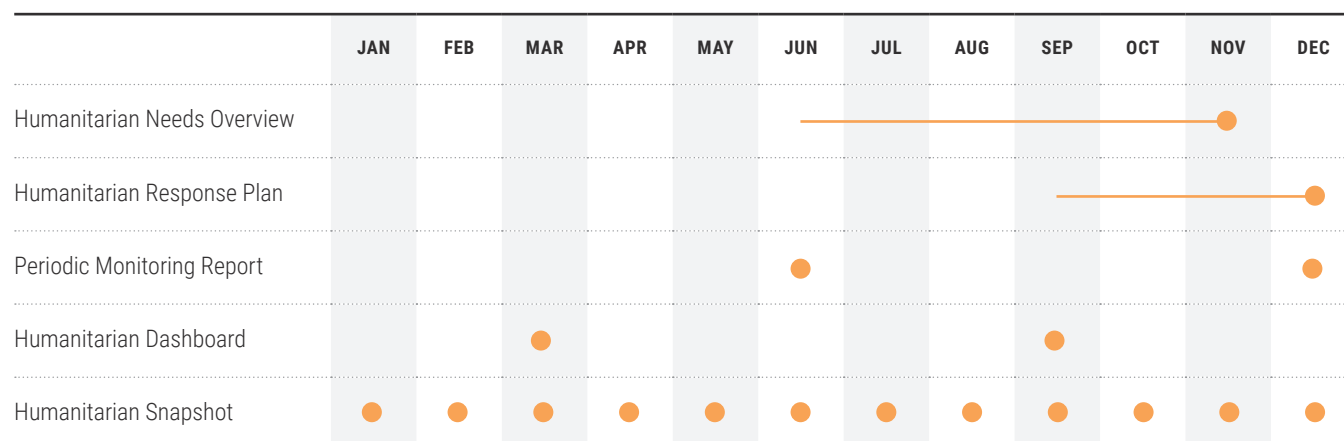
for discussion will be how to better capture coverage, rather than reach in response monitoring. Improvement to monitoring are part of the Humanitarian Country Team's effort to fulfilling its Grand Bargain commitments on harmonising and simplifying reporting.

The ICCT will also continue to monitor the need for thematic emergency preparedness plans at the national level, as was done for the drought and the atypical 2019 floods. An earthquake-specific contingency plan is currently under development and individual regions also continue to develop local preparedness plans for both conflict and disaster.

OCHA has initiated a stocktake of displacement coordination and tracking with relevant partners in light of the expanded definition of humanitarian action to ensure arrangements are fit-for-purpose and the HCT is able to monitor both newly displaced people and vulnerable protracted IDPs.

The HCT will continue to monitor its progress in implementing the prioritised recommendations from the 2019 Peer-2-Peer mission to Afghanistan.

Humanitarian Programme Cycle Timeline



2.2

Collective Accountability

Accountability to Affected Populations (AAP)

In the context of pervasive threats to life, security and well-being and the resulting repeated displacement, the HCT and humanitarian partners recognise the importance of and remain committed to ensuring that women, men and young people are engaged more meaningfully in humanitarian action, guiding the design of the response and providing feedback on its delivery. The dire and protracted conditions demand that humanitarian response operations are accountable to affected people. In Afghanistan, this must be addressed as a matter of urgency and is fully supported by the HCT.

AAP strategy

As it stands, the AAP response in Afghanistan remains limited although there is an encouragingly strong and renewed appetite to turn this around. This situation was noted by the Peer-2-Peer mission in 2019 that identified several serious shortcomings in AAP arrangements and recommended the urgent roll-out of the dormant AAP strategy, 'A Collective Approach to Community Engagement' (CACE), developed with support from OCHA's Regional Office for Asia and the Pacific in March 2019. Following the Peer-2-Peer mission, the HCT committed to investing more in common AAP mechanisms. The commitment to improving collective accountability was also included as a primary operational priority in the HCT Compact and AAP issues feature heavily in the complementary Mutual Accountability Framework developed between Kabul and the field. Operationalising AAP elements of these policy documents will require dedicated resources in 2020 and adjustments to the ways in which humanitarian and development activities are implemented at the local level.

For 2020, a Stand-by Partner has been requested to provide an AAP Specialist to chair a revamped working group that will drive forward the AAP strategy. The HCT will endeavor to ensure that this transitional support will be followed by a longer-term and more sustainable funding solution in-country. The renamed AAP Working Group will build off the work of the former Community Engagement Working Group with new terms of reference and a focus on strengthening response-wide accountability. It will achieve this by involving affected communities in decisions and processes that impact them, and through establishing common, effective communication and feedback channels that engage all parts of a community, especially those who are most vulnerable or marginalised including women and children people with physical disabilities and those with mental health issues.

A core component of the AAP Working Group's new TORs will be to coordinate trainings on AAP for humanitarian partners. The need for guidance and trainings on AAP, particularly at the sub-national level, was repeatedly raised as a concern during numerous field consultations in August 2019. The AAP Specialist will work to ensure that plans to enhance collective accountability dovetail with other ongoing initiatives of the HCT outlined in the Mutual Accountability Framework. Notably, the planned work on Area-Based Response pilots presents a major opportunity to improve and systematise collective communications, feedback and engagement mechanisms at the local level.

Feedback mechanisms

The only common accountability mechanism currently operating in Afghanistan is the Awaaz Afghanistan call centre. After more than a year of operation and more than 91,000 calls, Awaaz is a useful source of information and there is evidence that some partners have adjusted their field implementation arrangements due to feedback from affected people channeled through Awaaz. Data from Awaaz has been used to inform both the 2020 HNO and this update to the HRP. However, in spite of the relatively high number of calls, the 2019 WOA Assessment results showed that 93 per cent of shock-affected people surveyed were still not aware of any feedback or complaint mechanism existing in the country. Of the seven per cent who knew of one, only a quarter were aware of Awaaz. While Awaaz provides an essential and confidential service, particularly important for the reporting of sexual exploitation and abuse and other issues around the diversion of humanitarian assistance, it is just one element of AAP. Many individual agencies have their own well developed and effective systems of communications, community engagement and feedback for their own programmes, to which Awaaz refers its callers, if relevant. These mechanisms, as well as existing structures of community representation, should be leveraged to build a common and cohesive AAP system in Afghanistan, while ensuring the continuation and expansion of response-wide feedback loops such as Awaaz. National organisations, which are the backbone of the Afghanistan response, will be critical drivers of this work at the field level. Finding ways to improve gender balance in field response teams will also improve accountability to women and girls in need.

Results from Awaaz and other individual agencies will be regularly reviewed by the ICCT throughout the year through referrals, regular

presentations and their published snapshots. These trends and results will form part of the mid-year review of both needs and response indicators.

Response preferences of affected people

Views on the response preferences and service access challenges faced by affected people are assessed annually by the multi-sector WOA Assessment – one of the largest needs assessments of its kind in Afghanistan. The second annual multi-sector WOA Assessment was conducted from July to September 2019 under the framework of the ICCT, co-facilitated by REACH, in close collaboration with OCHA. A representative sample of more than 31,000 displaced and shock-affected households was assessed in accessible areas throughout all 34 provinces of Afghanistan, using random cluster sampling. A series of 68 focus group discussion was held with a dedicated focal group discussion for women in every province.

Due to the volatility of the security and environmental situation in Afghanistan, there are multiple areas across the country that remain 'hard-to-reach' and hard to canvass in terms of response preferences. To ensure that humanitarian response planning for 2020 accounts for the needs of these populations, REACH, in coordination with OCHA, the ICCT, and the HAG, conducted an assessment to profile multi- and inter-sectoral needs in prioritised hard-to-reach districts in Afghanistan, designed to complement and align with the WOA Assessment.³⁴ Between July and September 2019, more than 3,100 Key Informant Interviews (KIIs) were conducted in 100 hard-to-reach districts, spread across 23 provinces, giving a stronger voice to these marginalised populations.

Clear messages from the data were a strong preference for cash-based response modalities, the need for more tailored response approaches to vulnerable groups including those with specific needs, and the need to use a variety of communication approaches to

maximise opportunities for responsive information exchange between responders and people in need. Reported barriers to accessing assistance were predominantly related to awareness of eligibility (57 per cent of those reporting access constraints) but also physical issues (lack of access to and high cost of transport, social norms preventing women from travelling alone, security, explosive hazards).

On communication preferences, the assessment results clearly showed that a one-size-fits-all approach to communication should be avoided in the Afghanistan context. In the WOA Assessment, the majority of displaced households reported that their preferred communication modality with aid providers was either via the phone/SMS (49 per cent) or via a community leader (34 per cent). However, these preferences are not static and appear to change over time, by gender and according to geography, suggesting the need for frequent reality checks on the best ways to reach specific beneficiaries in any given location at any given time. For example, in the south east, phone communication is strongly preferred (71 per cent of people), followed by religious or community leaders (25 per cent). The figures are almost completely reversed in the north with 69 per cent preferring to receive information from religious and community leaders compared to 26 per cent by phone. It is likely that the preference against phone communication was driven by mobile service shutdowns in the north during the assessment period, given that preferences for phone communications were much higher there the previous year. This speaks to the volatility of results and the need for constant cross-checking of communication choices by responders. In focus group discussions, women also said they often preferred to share concerns about their needs for humanitarian assistance via letters directed to Directorate of Women's Affairs, as a result of its connections with women's organisations. These nuanced results have been noted by the HCT and ICCT and will guide this Response Plan in 2020.

Protection from Sexual Exploitation and Abuse (PSEA)

Sexual Exploitation and Abuse (SEA) constitutes the most egregious breach of trust between humanitarians and those they serve, and measures must be in place at both the community level (AAP) and organisation level (PSEA) to prevent it, protect affected populations from it and contribute to the design of safer programming. There cannot be a collective approach to accountability unless it is linked with collective PSEA measures. Equally, there cannot be an effective system for preventing SEA without factoring-in the above-mentioned communications preferences and challenges and a commitment to strong information sharing between agencies, Clusters and the AAP Working Group.

In line with the Peer-2-Peer recommendations, the HCT Compact and the AAP Strategy (CACE), the PSEA Taskforce for Afghanistan was re-established in mid-2019 with UNICEF, followed by IRC and UNHCR as co-chairs. The Taskforce meets each month. To date, the Taskforce has developed a work plan, approved by the HCT. The work

plan focuses on five thematic areas: SEA risk identification and risk management; prevention from SEA; complaint reporting and response; enforcement and compliance standards; and PSEA coordination and engagement. Each thematic area has a smaller working group to move the actions forward and ensure progress in 2020. The Taskforce also undertook a capacity mapping exercise in 2019 to identify the key PSEA gaps in the humanitarian community. From this mapping, it was clear that the HCT needs to focus on raising awareness in local communities, making it clear how people can report SEA and strengthening victim assistance. The Taskforce has also drafted guidelines for mainstreaming PSEA across the Clusters and will roll-out training in 2020. The World Food Programme will fund a PSEA coordinator that will help guide the Taskforce in 2020. The Taskforce is providing regular updates to the HCT on progress via scheduled Mandatory Area of Responsibility presentations, ensuring relevant PSEA issues remain high on the national agenda.

Part 3

















Sectoral Objectives and Response

SURKH ROD, EASTERN AFGHANISTAN

November 2019. IDP Children in Surkh Rod area in the eastern province of Nangahar. Photo: OCHA

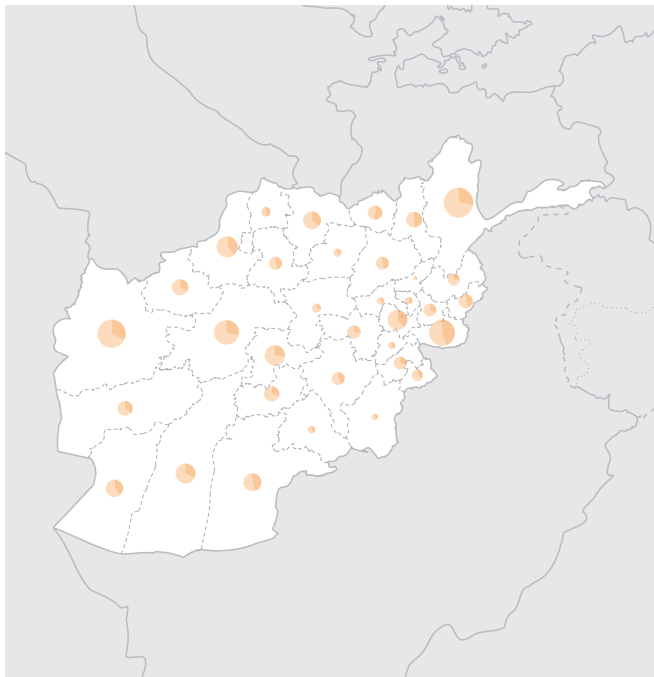


Overview of Sectoral Response

SECTOR	REQUIREMENTS (US\$)	PEOPLE IN NEED	PLANNED REACH	PARTICIPATING ORGANISATIONS
Education in Emergencies	\$66.3 M 	1.7M	0.6 M 	17
Emergency Shelter and NFI	\$85.5 M 	3.7M	1.1 M 	40
Food Security and Agriculture	\$278.1 M 	8.2M	6.7 M 	38
Health	\$72.2 M 	3.7M	2.1 M 	38
Nutrition	\$67.8 M 	3.3M	1.3 M 	37
Protection	\$59.9 M 	7.0M	1.8 M 	26
Water, Sanitation and Hygiene	\$70.9 M 	4.9M	2.0 M 	24
Aviation	\$17.5 M 	-	-	-
Coordination	\$14.4 M 	-	-	-
TOTAL	\$733 M	9.4M	7.1M	

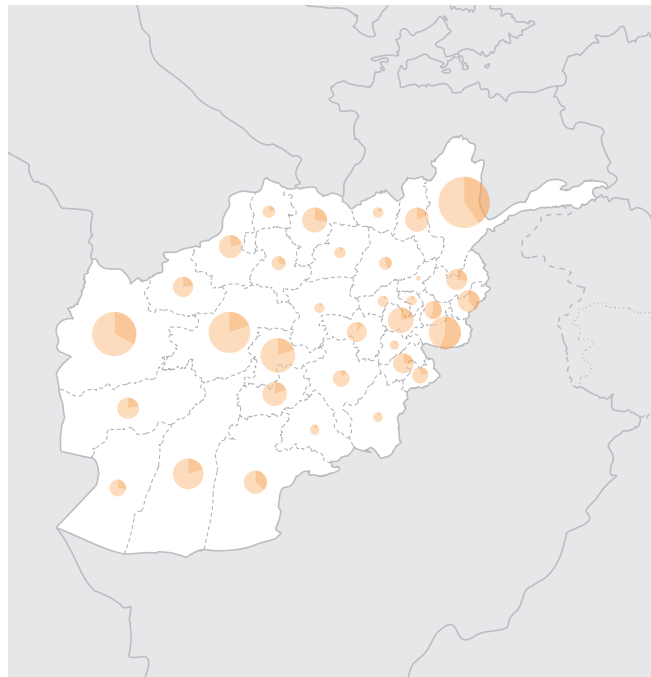
3.1 Education in Emergencies

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
1.7M	0.6M	\$66.3M



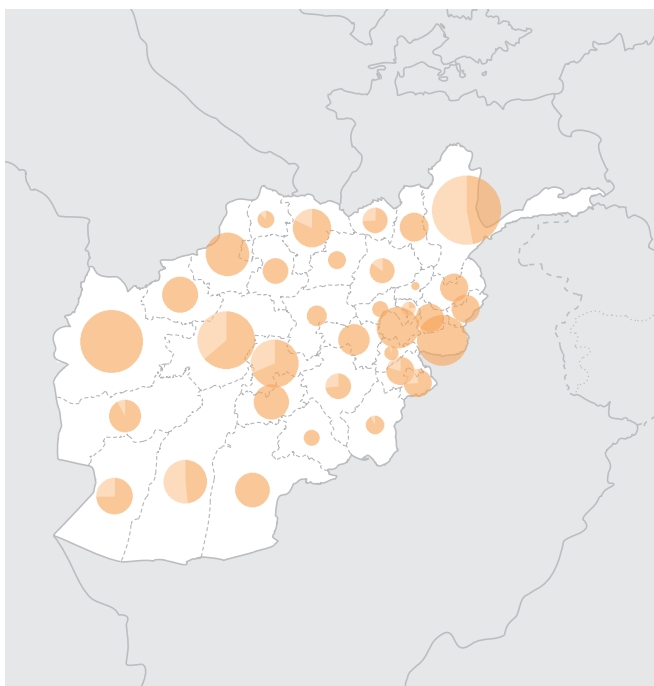
3.2 Emergency Shelter and NFI

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
3.7M	1.1M	\$85.5M



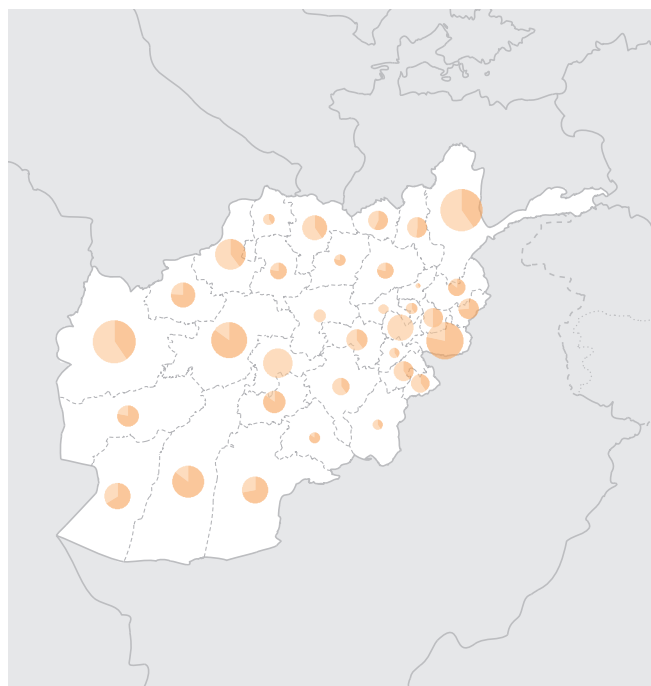
3.3 Food Security and Agriculture

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
8.2M	6.7M	\$278.1M



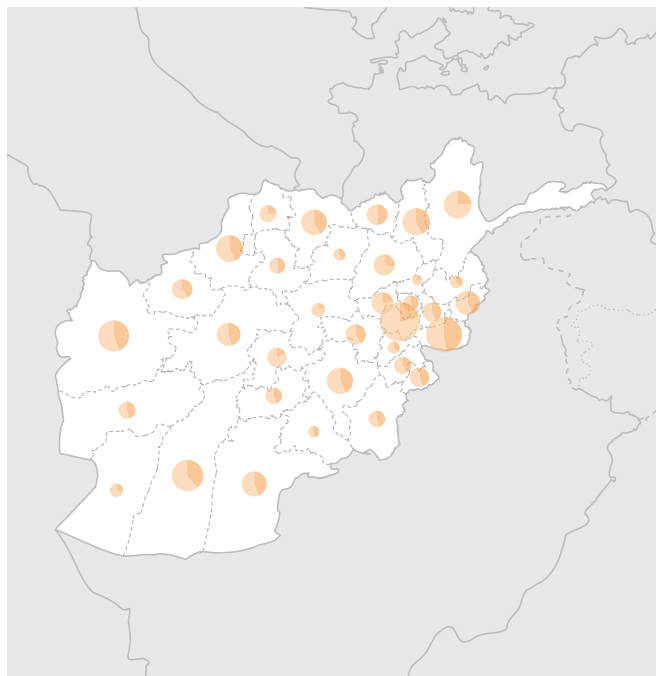
3.4 Health

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
3.7M	2.1M	\$72.2M



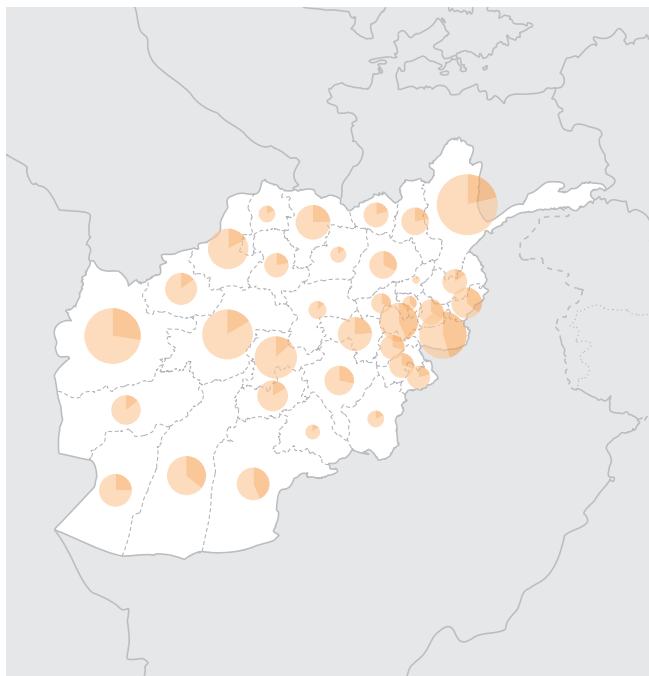
3.5 Nutrition

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
3.3M	1.3M	\$67.8M



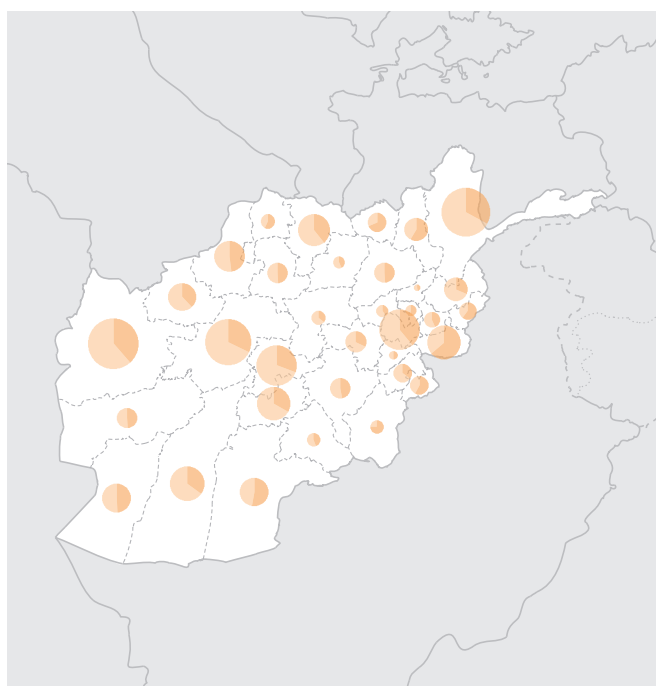
3.6 Protection

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
7M	1.8M	\$59.9M



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
4.9M	2M	\$70.9M



3.1

Education in Emergencies



PEOPLE IN NEED

1.7M

PLANNED REACH

0.6M

REQUIREMENTS (US\$)

\$66.3M

PARTNERS

17

TREND (2017-2021)*



Multi-year strategy

The aim of the Afghanistan Education in Emergencies Working Group (EiEWG) is to ensure that the most vulnerable school-aged children (6-18 years) and their teachers have access to safe, inclusive and quality education in a protected environment. In 2020, the EiEWG will expand its work to support not only shock-affected children but also vulnerable children who have been severely affected by the protracted crisis facing the country.

A key lesson learned during the first two years of the multi-year HRP has been the need to increase the capacity of partners, as well as Provincial Education Directors (PEDs), on emergency education. To address this gap, the EiEWG will make this a priority in 2020, building emergency preparedness and response mechanisms through a series of national and sub-national trainings. Another key lesson learned was the need to further standardise the response. It has been the case that EiE partners apply different approaches, tools, and packages to respond to similar EiE needs, delivering inconsistent results. Drawing from this, the EiEWG will develop a standardised EiE response package including a costing framework, teacher training manual, assessment tools, a complaints/feedback mechanism, monitoring tools and CSSF. This will deliver a standardised response and price for all EiE programmes in 2020.

The EiEWG will make a multi-sector approach to response delivery a requirement for partners, at the same time as forging partnerships with development actors (and leveraging development financing), wherever possible. As part of the EiE standard response, partners are required to implement a minimum package of WASH, Child Protection and winter-sensitive activities. Owing to extensive advocacy by the EiEWG which leveraged the robust, multi-year nature of HRP for pre-financing, Afghanistan was selected to be an ECW multi-year programme funding recipient. This is a three-year programme with pre-committed financial resources amounting to \$45 million that aims to reach 120,000 out-of-school children affected by emergencies each year. From 2020 onwards, such incoming funds from ECW will be reported under the HRP. This strategic partnership will help ensure continuity of response, as well as linking emergency phase first-line response to transitional and more durable solutions. It is envisaged that this will serve as the starting point for an exit strategy for the EiE response in some locations beyond 2020. But importantly, ECW has committed to provide multi-year funding to the education in

emergencies response in Afghanistan, ensuring children are able to access education beyond 2020.

Objectives

Children are out of school for various reasons including the prevalence of direct conflict; damaged and inadequate supply of classrooms; poverty; shortage of teachers (especially female teachers); insufficient relevant learning and teaching resources; lack of inclusive facilities at schools; distance to schools and cultural norms which de-prioritise education especially for girls.

The EiEWG Strategic Response Plan will be implemented under the overarching strategic objectives of the HRP and underpinned by the needs identified in the HNO. In line with the revised scope of humanitarian action in Afghanistan, the response objectives of the EiEWG will be centered on providing access to emergency-affected children, maintaining psychosocial well-being and ensuring their critical early childhood development are not interrupted. Early childhood is a particularly formative phase for the emotional, social and physical growth of young children, directly shaping their overall cognitive development and the adult they will become.

Under SO2 of the HRP, the EiEWG will ensure that school-aged girls and boys affected by emergencies can access, quality basic education. Advocacy around schools as protected spaces and mitigation measures to reduce the risks of violence against children attending school will be a central part of the Working Group's work. Education partners plan to create, conducive, child-friendly and inclusive teaching and learning environments for emergency affected girls and boys who otherwise would be unable to participate in education (particularly girls) through support to community-based education (CBE). These provide a better stepping stone into being absorbed by static hub schools and more formal education.

It is also the goal of the EiEWG to ensure children's ability to form part of resilient communities in the long term. Around 3.7 million children are out of school and a large proportion of these children live in the hard-to-reach areas where the conflict is ongoing. The limited access to education services not only compounds emergency needs but also has a cumulative impact that drives poor service delivery in these areas because children are not finishing their education and entering the workforce with the skills they need. The EiEWG recognises that this cycle needs to be interrupted. Emergency education services may only

* The trend period is shorter for Education because the Working Group was only introduced in 2017



FAIZABAD, NORTH-EASTERN AFGHANISTAN

August 2017. This 7-year-old boy studies in grade 1 in a school in Faizabad, a north-eastern province in Afghanistan. He wants to become a pilot. Photo: UNICEF/UNI205872/Karimi

break the cycle for a short time (3 months to 1 year), but systems-centred services are a stepping stone and it is imperative to link this emergency support to longer-term sustainable schooling, ensuring that education services remain available after conflicts or natural disasters have passed and attendance is maintained.

Under SO3 of the HRP, the EiEWG will aim to improve both the access to the quality of the education provided to vulnerable school-aged children with the goal of improving the continuity of education for emergency-affected girls and boys. The EiEWG will build the quality and the resilience of the education system by continuing the recruitment, training and deployment of teachers, particularly women. Training of School Management Shuras on the importance of education, especially for girls, to increase awareness and skills in relation to gender, disability inclusion and negative socio-cultural practices (such as early or child marriage), is another example of the Working Group's contribution to community resilience building.

Response

In 2020, the EiEWG aims to provide emergency education services for nearly 600,000 children (333,000 girls, 267,000 boys) and build local capacities to prepare for and respond to education emergencies.

Drawing on the WOA Assessment findings, UNICEF's Out of School Children Study and partner assessments, the EiEWG will aim to reach the most vulnerable and conflict-affected school aged IDP children (55

per cent of whom will be girls), returnee and host community children, as well as children affected by protracted crisis. Of the 600,000 children to be reached with assistance, 150,579 are conflict-affected IDP children; 52,669 are children affected by natural disasters; 68,703 are returnee children from Iran and Pakistan; and 327,545 are acutely vulnerable children under IPC 3 and 4, with depleted livelihoods and without access to education. The number of children to be assisted represents 35 per cent of the total number of people in need of emergency education assistance (1.7 million children).

The EiEWG has prioritised emergency education responses in hard-to-reach areas and areas of return. The EiEWG will identify target areas based on the inter-sector severity scale that shows similar severity levels for education and child protection. The EiEWG promotes a greater collaboration between international and national partners and will rely more on local organisations that have increased access in challenging parts of the country, greater community acceptance and existing linkages/partnerships in hard-to-reach areas.

Partners implementing EiE programming will follow a standard package with standard costings aimed at reaching a maximum number of children with quality education. The standard package includes:

- Community Based Classes (CBCs) or Temporary Classrooms (TCs) with a minimum WASH package: The learning space or classroom will often be provided by the community. However,

if there is no space in the community, then the EiEWG will provide Temporary Learning Spaces (TLS) or tents.

- Recruitment, training and deployment of teachers: The EiEWG will intensify efforts to improve the quality and relevance of education by renewing its commitment to teachers, particularly women. Professional development will be provided to new teachers on child-centered, protective and interactive methodologies, classroom management, training on psychosocial needs of the learners and available referral arrangements to detect and refer children in need of psychosocial support, social cohesion as well as peace education.
- Training of School Management Shuras: This intervention strategy will focus on social and behavioral change, including awareness raising and sensitisation of key stakeholders (e.g. teachers, parents, students, key community members and decision makers, religious leaders). School Management Shuras raise awareness regarding the importance and right to education for every child, especially for children with disabilities and girls.
- Distributing teaching and learning materials and winter-sensitive supplies: The EiEWG will support the distribution of key education and lifesaving supplies including student kits, teachers' kits, classrooms kits, recreational learning kits, seating mats, plastic sheets, textbooks, hygiene kits, as well as winter-sensitive kits (heat stoves, coats, socks, etc.).
- Providing water, sanitation, and hygiene (WASH) and psychosocial packages: As part of the minimum EiE standard response, partners are required to integrate the following cross-sectoral elements into their responses - water and gender-segregated latrines; Child Protection activities such as training teachers on basic psychosocial group activities and support; and winter-sensitive activities including the distribution of winter-sensitive kits (heat stoves, coats, socks).
- EiEWG partners are also encouraged to use cash-based modalities for up to 20 per cent of the HRP budget in both 2020 and 2021.

To ensure access to education for children (particularly girls), the EiEWG will use a CBE approach. The CBE is part of the formal education system in Afghanistan offering education services through the establishment of outreach classes within school catchments in hard-to-reach and insecure areas, scattered villages, and under-served pockets of society. CBE is widely recognised as the most effective proven pathway to expanding education access for out of school children in Afghanistan, especially for girls. Various research and programme evaluations have demonstrated that CBE is linked to increased attendance, retention, and learning, as well as a reduction in the gender disparity in enrolment and educational achievement. The social impact of having the opportunity to go to school in one's own or a nearby community, as well as the close contact of families with School Management Shuras, elders, influential decision-makers and teachers leads to a higher demand for access to education, especially for girls.

In early 2020, the EiEWG will study the effectiveness of cash-based assistance piloted as part of an allocation from the AHF in late 2019 to draw lessons and develop a guide on cash activities on EiE. The EiEWG will encourage other partners to pilot similar cash programming in 2020 and will make an evidence-based cash-based intervention plan through 2020 and 2021.

Integrated programming, multi-sectoral responses and improving inter-sector linkages

Using an integrated approach, the EiEWG will work closely with other Clusters and Sub-Clusters, especially Child Protection and WASH, to ensure improved linkages where education will be the entry point for delivering inter-sectoral activities within learning spaces, including training of teachers on psychosocial support, provision of child friendly spaces and referral mechanisms, gender-segregated latrines and hygiene training. The inter-sectoral analysis of the HNO revealed that education needs are aligned with high needs in child protection. Since schools and CBEs provide a forum in which to deliver a child protection response, the EiEWG has revised its new minimum standard package to include Child Protection and WASH activities.

Planned Reach (2020 - 2021)

YEAR	PEOPLE TO BE ASSISTED						TOTAL	REQUIREMENTS US\$
	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.		
2020	1.7M	0.15M	0.07M	0.05M	0.33M	-	0.6M	66.3M
2021	1.5M	0.13M	0.06M	0.04M	0.28M	-	0.5M	65.3M

Links to development programming

The EiEWG will conduct a mapping exercise to identify the emergency supported CBE interventions throughout the country that are supported with emergency funding, with a view to better-linking these existing emergency programmes with ongoing development programmes. The goal is to strengthen the design and delivery of education assistance so that children who are provided with emergency education services have access to longer term opportunities. Furthermore, the children enrolled in CBE or who are out of school ideally need to be transitioned to hub schools, but many children are unable to progress from CBE to formal hub schools due to poor absorption capacity of these hubs schools and insufficient transition-planning. To address this issue, EiEWG will coordinate closely with development actors to ensure this transition from the emergency support interventions to formal education happens and the structural barriers which hamper the improvement of access to quality education are addressed. Furthermore, the EiEWG will actively participate in Development Partner Group meetings to inform decisions around funding and geographic prioritisation.

Cost

In 2020, the EiEWG seeks \$66.3 million to deliver a broad range of education activities including the provision of teaching and learning materials; training of teachers and Shuras; and establishing learning

spaces as per the minimum package of services that includes classroom heating and cooling and minimum WASH services. The EiEWG employs a standard CBE costing framework, with an average cost per child of \$110-\$113 for interventions planned in the 2020 HRP. The cost per child increases as they progress in grade from lower primary to upper primary and secondary, as well as to the Accelerated Learning Programme (ALP), which covers two grades per year. A costing framework specific to EiE has been developed in 2019 and is expected to be endorsed in early 2020.

Monitoring

To improve monitoring of the response in 2020, the EiEWG will focus on collecting data and information for evidence-based decision making and results-based coordination through involvement of key stakeholders in information management; timely sharing of all collected data with EiEWG partners and other stakeholders; and the harmonisation of assessment and reporting tools to ensure comparability of collected data and information. Furthermore, the EiEWG will conduct capacity-building workshops for all new selected EiEWG sub-national focal points, PEDs and NGOs. To better ensure the inclusion of AAP considerations in response decisions, the EiEWG will work to align the varied feedback/complaints mechanisms used by individual organisations into a standardised mechanism.

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3.2

Emergency Shelter and NFI



PEOPLE IN NEED

3.7M

PLANNED REACH

1.1M

REQUIREMENTS (US\$)

\$85.5M

PARTNERS

40

TREND (2015-2021)



Multi-year strategy

In 2018-2019, the ES-NFI response aimed to ensure the immediate survival and well-being of affected families (mostly IDPs); enhance protection of families from various health and protection risks; and improve their ability to access safe and minimum living standards through the provision of emergency shelter and NFI solutions that address their immediate needs. During the first two years of the Plan, emergency shelter assistance was provided to displaced people within an initial period of up to three months and was predominantly oriented towards emergency items such as tents and basic household items. While such support has been vital to saving lives, it has not created opportunities for recovery or facilitated displaced people's reintegration and return. The Cluster has noted that many IDPs remain in a protracted state of displacement lacking access to adequate shelter, unable to contribute to their own recovery and continuing to require costly annual winterisation support, amongst other needs, that remain unaddressed. With 92 per cent of current IDPs not intending to return to their areas of origin in the near future, the ES-NFI Cluster has prioritised its response to align to observe changes in the type of displacement, return intentions and the priority needs of affected people.

Drawing from this re-evaluation and in line with the HCT's course adjustment for humanitarian planning, the ES-NFI Cluster aims to employ a more holistic approach in 2020 and 2021, with life-saving assistance at the onset of an emergency being provided alongside carefully targeted support for improved shelter conditions (via transitional shelters) and an expansion of basic services. Transitional shelter solutions will not only contribute to security, safety, health and well-being, but will also promote recovery among affected people, both displaced and non-displaced. While the unit cost of a transitional shelter is higher than the cost of a tent, it will contribute (in part or in whole) to a more durable shelter solution, which could be the start of a permanent home. It will also provide a household with the flexibility to adapt it according to their preferences, needs, resources, capacity and state of security of tenure. While a tent only lasts between six months to one year before requiring repair or replacement, the transitional shelter approach provides sustainable housing for two to five years, representing a better return on investment and reducing other related needs, such as the requirement for winterisation support. For non-displaced, shock-affected households, who remain in or have

returned to partially damaged homes, transitional shelter solutions will support them to lead their own repair and reconstruction process while the appropriate technical guidance is provided to ensure the reconstructed homes are more resistant to future disasters. Aside from contributing to an overall improved protective environment, this strategy is expected to bridge to a longer-term exit strategy for partners.

Objectives

In line with SO1 of the HRP, the ES-NFI Cluster plans to ensure people who have been directly impacted by new emergencies or crisis (including returnees; those at risk of eviction; and those living in open spaces, makeshift and collective shelters in both accessible and hard-to-reach areas) have access to emergency or transitional shelter and NFI assistance that ensures their privacy and dignity, while mitigating protection and health risks.

Under SO3, the Cluster plans to improve shelters that are in poor condition for all population groups in need in the HNO (including the subset of protracted IDPs). It is envisioned that vulnerable people with insecure tenure will receive short to medium-term support for transitional shelters in the form of shelter upgrades, repairs, construction or rental subsidies. Similar shelter support will be provided to extremely vulnerable host community families in high displacement and return areas.

Response

In 2020, the ES-NFI Cluster aims to support 1.1 million vulnerable people with shelter, NFI and winterisation assistance.

The Cluster will prioritise the provision of timely, targeted and appropriate emergency lifesaving assistance through the distribution and installation of emergency shelter kits for displaced households, as well as the rehabilitation, repair or upgrade of existing shelters that are in poor condition. Standard NFI packages will continue to be distributed where needed. Seasonal household items (such as warm clothing, heating materials and thermal blankets in winter), will also be distributed to sustain lives and reduce the impact of exposure to winter conditions. The Cluster will continue to assist the most vulnerable families with one-off winterisation assistance and at the same time, build resilience through alternative solutions such as passive solarised verandas, where suitable, to minimise



BADGHIS, WESTERN AFGHANISTAN

IDPs living in tents and makeshift shelters at a site in Badghis. Photo: OCHA

the cost of heating and deter people from engaging in hazardous coping mechanisms. In 2020, the Cluster will endeavour to improve its emergency response time by advocating for the establishment of a new pipeline management system. To expedite the delivery during emergencies, the Cluster will also leverage established logistics and supply chain arrangements and pre-positioning of ES-NFI supplies at strategic warehouses across Afghanistan.

While immediate humanitarian assistance remains critical in addressing the shelter needs of affected people, the Cluster will also focus on transitional shelter solutions that help affected households achieve self-reliance. For the first time, the Cluster has included in its response plan a modest range of transitional shelter interventions at the onset of emergencies contributing towards meeting affected household's emergency needs while further rebuilding their resilience from the outset. These activities will include housing repair; housing upgrades and rehabilitation; transitional shelter, rental subsidy and permanent shelter options for those affected. Transitional and permanent shelter support will be considered giving due attention to the phase of displacement, the prevailing security of land tenure; and the contribution (in part or in whole) towards a household's sustainable shelter attainment. Where applicable, implementation of shelter-related projects will be done through owner-driven or neighborhood approaches that encourage community participation and that offer a level of flexibility and choice to beneficiaries. Also contributing to this goal will be complementary technical capacity-building activities aimed at partners, communities and affected households.

At a strategic level, the Cluster will prioritise transitional shelter activities in the east, north east, west, and north where the highest self-reported shelter needs remain (over 70 per cent of IDPs in need in all regions). The Cluster's prioritisation process is also guided by geographic concentration of those with severe or extreme ES-NFI needs. Such assistance will be contingent on the specific needs of the population group, potential vulnerabilities, sustained access, the local context, and weather considerations such as extreme cold or heat. Priority population groups for the Cluster include IDPs, returnees, refugees and vulnerable people with acute needs. The response will be tailored using a multi-sectoral, integrated approach in coordination with the Government, other Clusters, development actors and through engagement with communities.

In view of the development of a National Housing Policy, the Cluster's transitional shelter design is expected to be further reviewed, together with the Government and partners, to ensure a collective and consistent response. The ES-NFI Cluster encourages its partners to comply with pre-agreed technical guidelines and minimum standards in all response activities. All shelter activities will be undertaken in coordination with the Government, incorporating all the relevant Housing, Land and Property (HLP) components, safeguarded by evidence of legal and/or customary ownership and occupancy.

Cash or 'in-kind' ES-NFI assistance will be provided, in line with the Cluster minimum standards. In 2019, cash assistance constituted 25 per cent of the overall ES-NFI response. In 2020, the Cluster will promote the increased use of cash-based response (after determining

whether it is the most effective and efficient modality to support affected households) and aims to increase the cash share to 30 per cent in 2020, and up to 35 per cent in 2021.

Integrated programming/multi-sectoral responses and improving inter-sector linkages

The Cluster will seek to maximise opportunities to respond through area-based and integrated programming approaches that are inclusive of all population groups. The Cluster will promote a response that is shaped by protection considerations, thereby supporting a holistic approach that builds towards a sustainable reduction in needs and vulnerabilities. Complementarity and integration with other Clusters is especially critical for the ES-NFI Cluster. The Cluster will continue to work closely with Protection, FSAC, WASH and Health Clusters during needs assessments; targeting and selection of beneficiaries; coordination and distribution of NFI items; and in the design of the joint winterisation response in 2020.

To address shelter gaps for people with specific needs, the Cluster will prioritise the collection and analysis of sex and age disaggregated data to inform its response. Partners will ensure that assessment teams include women to enable adequate collection of information about the different needs drivers and barriers for women and girls in accessing ES-NFI assistance. In close consultation with the Protection Cluster, ES-NFI will refer cases to HLP actors to address barriers in accessing housing, land and property. The Cluster will also reinforce partners' awareness on GBV-related risks, especially when assessing the needs of women and children. As a pre-condition to evaluating response capacity of partners, the Cluster will make use of the gender with age marker when reviewing project submissions. Where opportunities exist, the Cluster will aim to ensure that short, medium and long-term programming are coherently aligned in order to effectively reduce needs and build resilience.

Links to development programming

Engagement with communities and their governance structures will be reinforced to ensure that services are sustainable beyond the emergency phase and that representatives of parts of communities are involved in the design, delivery and monitoring of services. The Cluster will continue to advocate and coordinate with the Government and development actors, including UN Habitat, for more sustainable shelter solutions for IDPs, returnees and those affected by conflict or natural disasters, largely owing to a staggering majority of those displaced not intending on returning home. This includes empowering communities through access to resilience-building projects such as the Citizens' Charter project. With the development of the National Housing Policy, it is hoped that vulnerable families will have greater access to adequate housing, complemented by other basic services, in line with the land allocation scheme. The Cluster will continue to support relevant Government ministries through capacity-building efforts aimed at enhancing national response capacity through provision of technical advice and support for shelter/settlement planning, preparedness and emergency response. Over time, this is expected to gradually reduce the need for large-scale international humanitarian assistance in the aftermath of conflict and climate-related shocks. The Cluster will also continue advocating for development actors stepping in earlier after an emergency to provide medium and long-term support to people affected by natural disasters, encouraging early recovery and self-reliance.

Cost

In 2020, the ES-NFI Cluster seeks \$85.5 million to support 1.1 million vulnerable affected people with shelter, NFI and winterisation assistance. The average cost per person is \$78. The cost has increased from \$59 in 2019 to \$78 in 2020, due to increased provision of transitional shelter solutions that contributes (in part or in whole) to more durable solutions for affected households. This increase would also address severe or extreme ES-NFI needs which remain especially high, particularly among protracted IDPs who have been displaced between six months to two years (48 per cent) compared to new

Planned Reach (2020 - 2021)

YEAR	PEOPLE TO BE ASSISTED						TOTAL	REQUIREMENTS US\$
	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.		
2020	3.7M	0.07M	0.04M	0.04M	0.90M	-	1.1M	85.5M
2021	3.8M	0.07M	0.04M	0.04M	0.92M	-	1.1M	88.3M

IDPs who had been displaced for a period less than six months (29 per cent). As has been observed, addressing immediate emergency shelter needs while paying sufficient attention to transitional shelter needs has positive protection outcomes for those affected. Aside from contributing to an improved overall protective environment, this approach is also more cost-effective in the long-run and reduces dependency on aid.

Monitoring

Going forward, the Cluster's ability to obtain reliable assessment data – from humanitarian partners and through government line ministries – will remain critical to providing a credible picture of ES-NFI needs. The Cluster will continue to rely on the WOA Assessment and partner assessments. Throughout 2020, the severity of sectoral needs will be regularly monitored by ES-NFI partners to identify any changes and corresponding geographic shifts that may occur and to ensure

awareness among partners on where programme strengthening is required. The Cluster will also undertake sector-specific assessment with a view to provide a more nuanced understanding of the key challenges and coping strategies related to ES-NFI needs in 10 high priority Provinces in Afghanistan. This will also include a rental market assessment in the Eastern Region to inform alternative emergency solutions in urban settlements. The monitoring of activities and stock updates will continue through REPORT HUB and FTS, as well as the incorporation of new assessment data as it becomes available. Impact monitoring will be done through PDM post distribution monitoring and lessons learned exercises that will further inform the Cluster response. Moreover, the Cluster has developed a monitoring framework to track the performance and impact of the Cluster response over the four-year period of the HRP (2018-2021).

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3.3

Food Security and Agriculture



PEOPLE IN NEED

8.2M

PLANNED REACH

6.7M

REQUIREMENTS (US\$)

\$278.1M

PARTNERS

38

TREND (2015-2021)



Multi-year strategy

In line with its three-year strategy (2019-2021), FSAC aims to provide a comprehensive emergency food response to avert the consequences of acute hunger and to provide livelihoods assistance to vulnerable people in the worst-affected provinces who are employing emergency coping mechanisms, helping to mitigate asset depletion and facilitate their recovery. The strategy, initially designed to reduce the flow-on impacts from the 2018 drought across the 22 most affected provinces, promotes timely and integrated responses to ongoing food insecurity.

The response over recent years has shown that an effectively coordinated effort helped reduce mortality, particularly in the west (region worst-affected by the drought) which was prevented from reaching emergency levels of food insecurity (IPC phase 4). A timely and coordinated response by FSAC partners and donors has also resulted in a reduction in the number of provinces with crisis levels of food insecurity (from 27 in 2019 to 21 in 2020). Despite large scale food security and livelihoods planning and response, the number of people facing food insecurity remains elevated because of continued conflict, natural disasters, cross-border movement and limited ability of communities to withstand shocks.

The Cluster recognises that a multi-year strategy can only make a lasting impact if exposure to shocks is minimised or the coping capacity of the vulnerable people is enhanced. Based on this, for 2020 and 2021 FSAC has expanded its vulnerability analysis in line with the HCT's revised view of humanitarian action in the country, and has included urban food insecurity in its response planning. Drawing from responses over past years, the Cluster is also aware that short-term activities (lasting one to two months) have not yielded positive results in terms of alleviating hunger and asset depletion. For this reason, the Cluster has planned for different packages of food and livelihoods response with varying periods of assistance depending on the severity of need.

Objectives

FSAC's overall response objective is to improve food security of households affected by conflict, natural disasters, cross-border movement (returnees and refugees) and people facing multiple shocks falling under IPC Phase 3 and 4 as acutely vulnerable and in need of emergency food and livelihoods assistance.

The Cluster's objectives fall within the umbrella of the HRP's Strategic Objectives. Under SO1 of the HRP, the Cluster aims to ensure continued and regular access to food for acutely food insecure people across the country. In line with SO1 and 3, the Cluster also plans to ensure access to livelihoods protection assistance for shock-affected vulnerable people at risk of hunger and malnutrition. Under SO3 of the HRP, FSAC will strengthen resilience capacity through emergency preparedness, timely assessments and response, as well as enhanced capacity of partners to deliver effective assistance.

Response

Poverty rates in Afghanistan continue to rise as a result of continued conflict, climate change, and the added challenges created by cross-border arrivals on already stretched economies and systems. Around 14.28 million people are estimated to be in crisis or emergency levels of food insecurity (IPC 3 and 4) in the first months of 2020, using Flowminder population projections. The ability of people to cope with the crisis has been eroded after years of being unable to recover from past shocks.

In 2020, FSAC has identified 6.7 million shock-affected, food insecure men, women and children to be assisted via the emergency food and livelihoods response across all 34 provinces of Afghanistan.

The Cluster has identified 5.3 million people to be assisted with life-saving food assistance to support their immediate survival and well-being. This includes 145,000 returnees, 45,000 refugees, 375,000 people displaced by conflict, 175,000 people affected by natural disasters, and 4.5 million people affected by multiple shocks with crisis and emergency levels of food insecurity (IPC 3 and 4). Additionally, 2.4 million people will receive livelihoods protection assistance. This includes 70,000 returnees, 133,000 people affected by natural disasters and 2.2 million people affected by multiple shocks who are also in crisis and emergency levels of food insecurity (IPC 3 and 4). Some 720,000 vulnerable people will receive food and cash assistance to rehabilitate or construct livelihoods assets at the individual and community levels. This is expected to mitigate asset depletion, as well as facilitating dignified living standards and a shorter recovery period. This will also be coupled with resilience-centred system-strengthening efforts.

In addition to emergency food assistance (which makes up the largest proportion of the planned response), assorted crop seeds (wheat,



SURKH ROD, EASTERN AFGHANISTAN

Photo: OCHA/Charlotte Cans

maize, pulses and vegetables), basic tools and fertilisers will be provided to small-scale, vulnerable farmers. Small-scale herders will receive animal feed and disease control support to ensure livestock survival. Backyard poultry; asset creation through cash- and food-for-work; and vocational skills training are also provided to vulnerable families at risk of hunger and malnutrition. In 2020, FSAC has also included two new activities – asset creation through cash- and food-for-work, and off-farm livelihoods support for returnees. For the first time, FSAC has included off-farm livelihood activities such as vocational training for 70,000 returnees from Iran and Pakistan to help build their resilience and chances of recovery. This recognises that humanitarian livelihoods needs exist and must be addressed in urban, as well as rural populations. This is especially important for protracted IDPs, the majority of whom (in excess of 90 per cent) have indicated they don't intend to return to their villages in the immediate future.³⁵ Through asset creation activities, communities' productive assets and structures such as irrigation systems, canals, flood protection schemes, construction of water ponds in drought-prone areas will be constructed or rehabilitated.

Based on an assessment of the concentration of people with acute needs, FSAC partners have identified priority provinces for targeted assistance – Nangarhar, Nimroz, Khost, Paktika, Badakhshan, Ghor, Daykundi, Hirat, Badghis, Faryab, Uruzgan, Nuristan and Kandahar. FSAC partners will use the Cluster-endorsed vulnerability criteria to identify the most vulnerable people facing severe food insecurity. For

IDPs and returnees, the Cluster will take into account a combination of factors including: household food stocks, current income, poor food consumption scores and use of more than one food-based emergency coping strategy.³⁶

FSAC has tailored its response to a range of specific needs accounting for gender, age, disability, households headed by women, and households with specific protection needs. Households with specific protection needs identified and referred by protection agencies will be prioritised for assistance. For livelihoods support, only small-scale farmers and livestock herders who are unable to obtain necessary inputs will be reached to increase their access to food.

The FSAC-led Early Warning Information Working Group will continue to provide information on agroclimatic conditions, crop and livestock diseases and market trends to monitor the food security situation. This will help in better preparation of the response and also facilitate decisions on modality of the response. FSAC partners will continue to explore cash transfers as a priority means of assistance where possible. The number of people in need and planned for reach will most likely decrease slightly in 2021 as the impact of severe drought recedes but this decrease will not be significant due to a range of chronic food insecurity drivers.

In 2019, cash made up 10 per cent of the Cluster's interventions. For 2020, the Cluster has planned to increase its use of cash-based responses to 15 per cent of the Cluster's overall response. A further increase to 20 per cent is planned for 2021.

Integrated programming/multi-sectoral responses and improving inter-sector linkages

FSAC will continue to adopt an integrated response approach in 2020 and beyond, working closely with the Nutrition, WASH, Protection and Health Clusters to achieve collective results where needs overlap. According to the 2019 WoA Assessment, the most common combination of sectoral needs that displaced households face is WASH and food security. Additionally, the assessment confirms that displaced households with food security needs were commonly (in more than a third of the cases) also found to have protection, nutrition and health needs at the same time. The SFSA also confirmed the critical overlapping roles of the Nutrition, WASH, Protection and ES-NFI sectors as part of the assessment. Malnourished women and children identified as being at risk by nutrition partners will receive food and agriculture assistance including livestock support. Additionally, FSAC will also link its activities with the WASH Cluster through cash-for-work and asset creation projects related to water, sanitation, and hygiene. By working closely with the Protection Cluster, FSAC will mainstream protection in all its activities. Additionally, FSAC is committed to contributing to providing a standard integrated programming response package to avoid hunger and malnutrition.

Links to development programming

Throughout 2019, FSAC was working closely with Afghanistan's Ministry of Finance and the World Bank in the design of a prototype that aims to enhance the food and nutrition security of the most vulnerable communities living in water-scarce rural areas. It is expected that a phased approach to operationalising the prototype will begin in 2020. In the mid-to-longer term, this prototype – through the roll-out of its shock-responsive support programme component – is expected to help people minimise risks, recover from shocks, and rebuild resilient livelihoods, and by default, ease the costly financial burden on humanitarian partners.

In the immediate-term, FSAC will continue to work closely with the Government and development partners to leverage available resources

to address acute food insecurity. In 2018, FSAC was able to pool Government wheat stocks to respond the needs of food insecure people in the worst-affected provinces.

Cost

To respond to acute food and livelihoods needs of 6.7 million people across the country, FSAC seeks \$278 million in 2020. Of the total requirement, \$244 million is needed for food support and \$34 million for livelihoods activities. While there has been a considerable devaluation of Afghanistan's currency against the US Dollar, this has not had any notable impact on FSAC's financial requirements, as the Cluster's response packages are primarily designed in US Dollars.

In 2020, the cost of food assistance per beneficiary, per month has decreased from \$20 per person to \$18 per person. Similarly, the cost of livelihoods package per person, per round of assistance has decreased from \$21 to \$19 in 2020. This reduction is mainly as a result of reduced partner implementation costs and price reductions for purchasing food and agriculture inputs in bulk.

Most importantly, the Cluster has been able to substantially increase its planned reach, without significantly increasing its requirements because of a shortening of the duration of assistance, now that the drought has passed. A three-month food basket for vulnerable people under IPC 3 and 4 (half food basket for 3 months) costs substantially less than the exceptional extension of six months food assistance provided during the drought. This has brought the average overall cost-per-beneficiary from \$70 in 2019 to \$41 in 2020.

Monitoring

FSAC will continue to monitor humanitarian assistance delivered to affected people against the HRP targets agreed by all partners. FSAC will collect partner response data on a quarterly basis through the online Report Hub database to measure the progress against objectives and indicators. The results of the analysis will be published on a quarterly basis to reflect gaps in the response. It will also help in avoid duplication of assistance and maximise the response impact.

Planned Reach (2020 - 2021)

YEAR	PEOPLE TO BE ASSISTED						TOTAL	REQUIREMENTS US\$
	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.		
2020	8.2M	0.38M	0.22M	0.17M	5.91M	0.70M	6.7M	278.1M
2021	7.8M	0.38M	0.22M	0.17	5.35M	0.050M	6.2M	259.6M

Additionally, FSAC will also conduct joint field missions to hotspot areas to verify the results of the assessments and to understand key drivers of food insecurity. FSAC partners will complete its seasonal food security assessment, IPC analysis and other ad-hoc assessments to better identify track needs. This will help in providing an evidence-based response that takes full account of emerging needs and vulnerabilities. PDM will also be expanded to 10 per cent of the population reached with assistance to ensure community feedback is captured regarding the quality of the response. PDMs and the IPC analysis will help to track and understand food insecurity throughout the year and will be used during mid-year and annual review of the response.

FSAC will give specific attention to cross-cutting issues such as age, gender, environment, disability, protection mainstreaming and AAP. The Cluster will promote the use of the global Food Security Cluster tool for safe distributions that guides partners to integrate cross-cutting issues, protection and AAP considerations into the delivery of assistance. Through Awaaz, FSAC has received and followed up on food and agriculture-related referral calls in 2019. FSAC will continue to work with Awaaz to ensure communities' concerns are heard and duly responded to in a timely manner.

Contacts

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3.4 Health



PEOPLE IN NEED

3.7M

PLANNED REACH

2.1M

REQUIREMENTS (US\$)

\$72.2M

PARTNERS

38

TREND (2015-2021)



Multi-year strategy

The multi-year humanitarian strategy for the Health Cluster adopts a medium-term planning lens for health actions and seeks to enhance engagement with spheres of influence outside the scope of humanitarian action to find lasting solutions for the people in need. While recognising the need for nexus-conscious programme design, the Health Cluster strategy remains primarily a humanitarian one that is underpinned by adherence to and promotion of IHL, as well as the humanitarian principles of humanity, impartiality, neutrality and independence. In 2020 and 2021, the Health Cluster aims to provide access to quality and affordable, essential and life-saving health services; ensure that vulnerable communities and health facilities are better prepared to respond to emergencies, particularly during conflict; and that vulnerable people in Afghanistan have access to health services through strengthened health coordination, information and health advocacy.

In recent years, conflict has continued to cause huge need for trauma care, while an increasing number of people were unable to access basic health care, partly because of conflict and attacks against health facilities and workers. While the focus on post trauma rehabilitation has been a focus of the Health Cluster since the start of the current HRP (2018), results over the past two years have shown that existing capacity and financial resources for rehabilitation services remain sub-optimal, with only a few partners able to scale-up their ongoing work. At the same time, a considerable portion of Health Cluster funding continues to act as a gap-fill for the Basic Package of Health Services (BPHS) system, the scope of which is far wider than just people in humanitarian need. Given the prevalence of high levels of disability and mental health issues in Afghanistan, the Cluster will continue to increase its focus on expansion of rehabilitation (including provision of assistive devices) and psychosocial support.

The Health Cluster Strategy is aligned with the Ministry of Public Health's National Health Strategy 2016-2020. In order to work more efficiently and to take full advantage of the multi-year approach, the strategy will be implemented at national and local levels addressing immediate gaps in health service provision by ensuring that critical and life-saving health services are delivered to the most vulnerable people.

Objectives

In line with SO1 of the HRP, the objective of the Health Cluster is to respond to immediate health needs in Afghanistan by ensuring access to critical and lifesaving health assistance for all population groups (outlined in the HNO) through health service delivery and health advocacy. In line with SO2, the Health Cluster will continue to advocate against attacks on health facilities which cause massive interruptions to service provision every day and will explore mitigation measures which will make health centres safer places to work and to receive treatment. This will be done in collaboration with Education partners who have a similar IHL-related advocacy and monitoring plans. In line with SO3, the Cluster also plans to strengthen the preparedness and resilience of the health system, and the preparedness of vulnerable communities more broadly, giving them a better chance of recovery. The Cluster also plans to extend a more ambitious programme of health activities aimed at helping people with disabilities to recover, beyond their initial trauma care.

Response

The Health Cluster will employ a three-pronged approach to the design of its response.

Firstly, to ensure the survival and well-being of affected people, the Cluster will provide quality and affordable, essential and life-saving health services to those in need. This includes services related to maternal and child health, reproductive health, healthcare for the elderly and rehabilitation for people with disability. Under this approach, the Health Cluster also aims to expand access to specialised services for conflict-affected populations that aim to safeguard their safety, dignity and overall protection. These specialised services include mental health and psychosocial support (MHPSS); physical rehabilitation services and the provision of assistive devices (such as prosthetics), as well as improving the mobility of health services. Ensuring the mobility of health services is viewed as a critical component of the Health Cluster response because it allows for adaptation to population movement flows and access to new areas through all available response modalities.

The Health Cluster will also support epidemiological surveillance and build capacity to detect, investigate, respond to and report on disease outbreaks. This will be done through expansion and strengthening of early warning systems and support to laboratories with necessary



JALALABAD, EASTERN AFGHANISTAN

October 2019. Pediatric ward, Nangarhar regional hospital Photo: OCHA/Fariba Housaini

equipment to detect epidemic-prone diseases. Investment in these early warning systems will support communities to recover and build their resilience as the number of incidents and the impact of epidemic-prone diseases (driven by unsafe water, poor sanitation and hygiene, overcrowding, low vaccination coverage and other factors) will be reduced.

Secondly, the Health Cluster will ensure that vulnerable communities and health facilities are better prepared to respond to emergencies, particularly during conflict. Priority is given to communities, mostly in hard-to-reach areas, where people are living more than two kilometres from functioning and accessible health facilities and those that are acutely affected by conflict and natural disasters. This involves support to the public health system through the provision of equipment, as well as essential repairs and rehabilitation of health facilities providing specialised care in areas of acute need, as well as facilities that receive referrals from areas of acute need. The resumption of basic health care services will have a substantial impact on the survival of people in need, as well as providing more dignified living standards for those living in the same areas without access to health services.

Thirdly, the Cluster will ensure that vulnerable people in Afghanistan have access to health services through strengthened health coordination, information and health advocacy. This includes supporting improved reporting by health partners into the 4W database; continuous reporting and verification through the Surveillance System of Attacks on Healthcare and conducting

advocacy for the protection of health care staff and patients at health facilities; conducting rapid health assessments in hotspots, as well as ad hoc assessments in newly accessible areas and areas where government control has been restored. This work will further inform ongoing needs analysis and prioritisation of the response. The Cluster will also work to ensure coordination is strengthened within and across hubs, including through joint contingency and preparedness planning for disease outbreaks and any changes to the context.

Health activities that have been prioritised for 2020 will include:

- Provision of essential supplies, equipment, diagnostic tools and life-saving training to doctors, nurses and health professionals working in hospitals and primary healthcare clinics;
- Evidence-based and cost-effective interventions that incorporate resilience-building programmes, including primary to secondary healthcare services;
- Development of health facilities' and personnel's capacities for emergency response; and
- Enhanced advocacy for improved access of beneficiaries to emergency services and life-saving treatment and advocacy around IHL and the protection of health staff and patients at health facilities.

Additionally, the Health Cluster is tasked with strengthening and unifying medical supply chains. This will ensure availability of safe and quality medicines for essential primary health care, trauma and

obstetric care, infectious diseases and chronic conditions. Wherever possible, the Health Cluster will pre-position emergency supply stocks in warehouses and health facilities, guided by contingency planning processes that foresee reduced access and increase in hostilities.

The Cluster will prioritise response in locations where the highest health needs are concentrated. These provinces include Hirat, Baghis, Ghor, Kandahar, Zabul, Uruzgan, Hilmand, Nangarhar, Laghman, Kunduz, Takhar, Nuristan and Kunar provinces. In its response, the Cluster will also prioritise people who face access challenges and those living with physical and mental disability. Given the security environment where breaches of the IHL are commonplace, the Cluster will pay particular attention to the safety and protection of health workers and facilities providing healthcare. The Cluster will rely on Ministry of Public Health (MOPH) data on the concentration of people living further than two hours away from a functional health facility to prioritise response planning. Conflict and natural disaster-affected areas are determined by Health Emergency Risk Assessment 2019.

In 2020, Health Cluster partners will not use cash as a modality in the delivery of health assistance as this is considered an unsuitable for a service-based response, but partners will consider cash options for covering the cost of transportation where feasible. This is responsive to the results of the WOA Assessment and other studies which have shown that transport is a major barrier to health access.

Integrated programming/multi-sectoral responses and improving inter-sector linkages

As in past years, the Health Cluster will continue its collaboration with other sectors during both the planning and implementation stages of the emergency response. For example, the Health Cluster will collaborate with the Protection Cluster to ensure effective implementation of MHPSS. In addition, an integrated response to GBV will be coordinated with the Protection Cluster (GBV Sub-Cluster), as GBV encompasses protection, psychosocial and medical components. Regarding GBV the Health Cluster will focus more on the medical aspects of the issue at the health facility level.

The Cluster will also build nutrition actors' capacity to screen and refer severely malnourished children with medical complications. Additionally, Health and Nutrition will jointly follow the 'Health Service Delivery in Emergencies Framework' developed by MOPH.

In collaboration with the WASH Cluster, the Health Cluster will introduce minimum WASH requirements during the assessment and rehabilitation of health facilities. Additionally, the two Clusters will use joint information, education and communication interventions related to hygiene behaviours. Health also supports in the planning of the country's Winterisation Strategy as the implications of poor shelter in the winter months are related to the immediate health and physical well-being of affected people.

The Health Cluster will also collaborate on the Area-Based Response pilots planned for 2020 with a particular focus on exploring the potential benefits of this model for Polio eradication efforts.

Links to development programming

The lack of access to essential health services for vulnerable groups in Afghanistan is the result of multi-dimensional challenges affecting the availability, accessibility, affordability, acceptability and quality of the health system. Such a complex environment requires a multi-faceted approach over the immediate, medium and long term. Humanitarian and development interventions need to occur simultaneously (and not only in a sequential manner) in order to be effective. Where opportunities exist, the Health Cluster will aim to ensure that humanitarian and development programming is coherently aligned to provide more durable and sustainable assistance to vulnerable groups, in order to more effectively reduce needs and vulnerability and build resilience.

The three areas where development resources could be pulled-in to ameliorate humanitarian needs is in the capacity-building of health workers; contributing to a sustainable supply of lifesaving health medicines and supplies; and improving the functionality of health facilities. The chronic protection crisis in Afghanistan is the main driver of humanitarian needs and requires political action outside

Planned Reach (2020 - 2021)

YEAR	PEOPLE TO BE ASSISTED							REQUIREMENTS US\$
	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	TOTAL	
2020	3.7M	0.08M	0.09M	0.31M	1.54M	0.005M	2.1M	72.2M
2021	4.1M	0.09M	0.10M	0.38M	2.00M	0.003M	2.6M	87.3M

the scope of humanitarian programming. This requires development of health and other systems under the broader umbrella of political solutions, reducing the underlying vulnerabilities that drive need. The Health Cluster will continue to advocate for such solutions in 2020.

Cost

In 2020, the Health Cluster seeks \$72.2 million to respond to acute health needs in the country. Costs for post-trauma rehabilitation and mental health services, both of which provide longer term solutions for those affected, are by their very nature costlier than health consultations in emergencies. The Cluster also aims to reach more people living in conflict-affected and natural disaster-affected areas with limited access to essential health services. While the 2019 Hard-to-Reach Assessment found that Health was the primary need reported by key informants across all types of hard-to-reach districts and the 2019 WOA Assessment showed that households in shock-affected areas were also significantly more likely to have health needs than displaced people in general. However, there is little capacity for the health system to rapidly respond to and manage health-related crises in these areas. The cost-per-beneficiary has not changed from 2018-2019 to 2020 – \$35 per person – however the increased planned reach, particularly acutely vulnerable people that require access to health services, has driven higher overall requirements for health response in 2020.

Response monitoring is recognised as an integral part of the delivery of humanitarian health assistance. The main goals of response monitoring for the Health Cluster, particularly in the context of a multi-year response timeframe, are to make adjustments in the delivery of health assistance as required, and to improve accountability of the response, both to affected people as well as to other stakeholders, including donors. Multi-year response monitoring will be implemented as per pre-established HRP response monitoring processes, with project-level monitoring and collective analysis done by all partners at the national and regional cluster levels. The results will inform the development of a set of regular monitoring products that will be published throughout the calendar year. Despite the longstanding experience of the Health Cluster partners in Afghanistan, it is expected that multi-year monitoring will present new challenges. Therefore, continued liaison with the donor community and operational agencies at the local, regional and global levels will be pursued to identify resources and capabilities for monitoring and impact evaluation, as well as learning from other countries' emerging experiences.

In line with the Grand Bargain commitment to harmonise and simplify reporting requirements, the delivery of humanitarian assistance within the Health Cluster will be tracked through the Response Planning and Monitoring Module (RPM), designed by OCHA. The innovative tool presents data sets disaggregated by sex, age and/or geographical area, and is available to the public.

Monitoring

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3.5

Nutrition



PEOPLE IN NEED

3.3M

PLANNED REACH

1.3M

REQUIREMENTS (US\$)

\$67.8M

PARTNERS

37

TREND (2015-2021)



Multi-year strategy

In 2020 and 2021, the Nutrition Cluster aims to conduct a range of activities that address the needs of acutely malnourished and undernourished people in Afghanistan, at the same time as supporting system-strengthening and resilience-building. In 2020, the number of acutely malnourished children increased by about 20 per cent compared to 2019 – continuing a trend of year on year increases also seen in 2018 and 2019. Despite a significant increase in the Nutrition Cluster's capacity to respond in 2019, with 1300 malnutrition treatment facilities in 2019 compared to 950 in 2018, persistent underfunding has limited the Cluster's capacity to adequately respond to rising needs. In 2019, Nutrition Cluster partners were only able to reach about a third of the people in need, primarily due to funding shortfalls. The multi-year Response Plan has unfortunately not been successful in attracting predictable multi-year funding for the Cluster.

Drawing on lessons learned from the nutrition response in first two years of the current HRP (2018-2019), the Nutrition Cluster has observed that regular nutrition responses were not adequately addressing needs across the country, with more people slipping into a state of acute malnutrition year after year. It has become evident that continued effort is required to reach a higher proportion of people in need through emergency nutrition services, in collaboration with development actors, to ultimately shrink acute needs and contribute to improved survival and well-being of children and women. Therefore, the Nutrition Cluster strategy for 2020 encompasses activities that aim to address acute needs, while at the same time supporting system-strengthening and resilience building. In 2020 the Nutrition Cluster aims to ensure timely access to the full package of life-saving emergency nutrition services for nutritionally vulnerable and acutely malnourished children under five and PLW in provinces with emergency levels of malnutrition. In addition, the Nutrition Cluster, in collaboration with development actors, will work to increase the resilience of vulnerable groups to shocks and threats that affect their nutritional status.

Objectives

Guided by the nutrition needs outlined in the HNO and the overall Strategic Objectives of the HRP, the Nutrition Cluster has laid out two sectoral objectives aimed at improving the survival of children and PLW through the provision of lifesaving nutrition services and boosting

the resilience of vulnerable people through availability of strengthened nutrition and health systems.

Under SO1 of the HRP, the Cluster aims to improve equitable access to timely and quality lifesaving curative and preventative nutrition services for vulnerable people through systematic identification, referral and treatment of acutely malnourished people, micronutrient supplementation, blanket supplementary feeding and optimal maternal nutrition.

Under SO3 of the HRP, the Cluster plans to strengthen systems, capacity, partnerships and coordination to increase the resilience of vulnerable people to shocks and threats that affect their nutritional status. The Cluster also plans to address a deterioration in acute malnutrition through prevention-oriented services such as counselling to mothers on optimal care practices.

Response

The Cluster has identified children under five and PLW already suffering from acute malnutrition as the priority groups to be reached through its 2020 response. Additionally, vulnerable children and PLW at heightened risk of malnutrition and mortality among returnee, refugee, natural disaster-affected communities and IDPs have been prioritised for assistance. For 2020, the planned priority emergency nutrition response activities include outpatient and inpatient treatment of Severe Acute Malnutrition (SAM); case management of Moderate Acute Malnutrition (MAM) for children aged 6-59 months; targeted supplementary feeding for undernourished PLW (MUAC <230mm); emergency blanket supplementary feeding (BSF) for children aged between 6 and 23 months; provision of infant and young child feeding practices in emergency support (IYCF-E) for mothers and children among emergency-affected populations; and the provision of micronutrient supplements to children aged between six and 59 months among emergency-affected populations.

This year, the Cluster will put more focus towards strengthening referrals between various components of emergency nutrition services, ensuring a continuum of care for those with acute malnutrition. Unlike previous years, the Cluster's humanitarian response will include system-strengthening and resilience-focused activities such as capacity development of frontline nutrition workers, promotion of a risk-informed approach to programming (emergency preparedness planning), and promotion of maternal and child caring practices.



BAMYAN, CENTRAL AFGHANISTAN

August 2019. A girl getting screened for malnutrition at a Medair-supported project in Bamyan. Photo: OCHA/Fariba Housaini

In its geographic prioritisation, the Cluster used thresholds of 10 per cent Global Acute Malnutrition (GAM) and above; areas where over 70 per cent of PLW are nutritionally at risk; and areas where children are amongst shock-affected population groups (returnees, refugees, natural disaster-affected communities, and IDPs). Based on these parameters, the Cluster has identified 25 priority provinces for nutrition responses in 2020. These include Kapisa, Wardak, Nangarhar, Laghman, Bamyan, Paktika, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Samangan, Balkh, Sar-e-Pul, Ghor, Daykundi, Uruzgan, Zabul, Jawzjan, Faryab, Hilmand, Badghis, Hirat, and Farah.

Based on the people in need outlined in the HNO, the Cluster has identified the number of people to be assisted with emergency nutrition response depending on their severity of needs and the Cluster's capacity to respond. Sixty per cent of children with SAM are targeted for outpatient treatment and 10 per cent of those SAM cases are expected to need inpatient care. Thirty-five per cent of MAM children under five and under-nourished PLW are expected to be supported with Targeted Supplementary Feeding (TSF). In addition, more than 70 per cent of children and PLW affected by rapid-onset crises are targeted for emergency nutrition services such as IYCF-E, micronutrient supplementation and BSF.

SAM and MAM treatment services will be provided for 12 months. Emergency nutrition services (IYCF-E, BSF programme and micronutrient supplementation) for people affected by rapid-onset

crises (conflict, natural disasters, and cross-border movements) are planned for an initial phase of three to six months. Thereafter, these groups will receive assistance through the BPHS.

In Afghanistan, chronic poverty-induced vulnerability and under-nutrition overlap. Acute emergency needs must be addressed while building resilience and sustaining gains achieved from development programming. In line with the HRP SO3 for 2020, the Nutrition Cluster will address the needs of 'borderline' cases of acute malnutrition through prevention-oriented services such as counselling to mothers of children with borderline MUAC measurements on optimal care practices. This approach has potential to reduce the risk of rapid deterioration of the nutritional status of children with MUAC results of 12.5-13.5cm. The ongoing scale-up of Integrated Management of Acute Malnutrition (IMAM) services through de-centralised service delivery mechanisms such as Basic Health Centres (BHCs) and Sub Health Centres (SHCs); the roll out of the nutrition counsellors' package (with a new cadre of nutrition workers assigned to health facilities); as well as capacity development on monitoring and reporting, are also expected to enable wider coverage of treatment and preventive services in 2020 through until 2021.

Nutrition services will be provided via 'in-kind' modalities in 2020. However, the Nutrition Cluster will continue exploring the possibility of employing cash as an alternative and complementary modality of assistance. Drawing from experiences in nutrition-sensitive cash

programming in global humanitarian emergencies, the Nutrition Cluster will adopt cash modalities wherever applicable over subsequent years of the HRP. In the meantime, nutrition in emergency services will be coordinated with multi-purpose cash transfers during the first phases of rapid-onset emergencies. Where food assistance is provided via cash transfers, social and behavioural change communications activities on appropriate feeding will be implemented to influence the expenditure choices of families towards nutritious foods to young children and PLW.

Integrated programming/multi-sectoral responses and improving inter-sector linkages

Nutrition Cluster partners will continue to engage with other nutrition-sensitive sectors (WASH, Health, Food Security and Agriculture, and Education) to maximise optimal nutritional outcomes. Emergency nutrition services are delivered either through existing health facilities or through the emergency mobile teams. The mobile nutrition teams in hard-to-reach areas have expanded their purpose to serve as 'Nutrition +' mobile teams which integrate essential child health care services such as immunisation and integrated management of childhood illnesses and maternal care services. At the health facility level, health workers provide both health and nutrition services for children and PLW including growth monitoring and promotion. Acutely malnourished children with medical complications are referred to higher level health facilities for better diagnosis and treatment. Where funding allows, Nutrition Cluster partners provide WASH emergency hygiene kits to acutely malnourished children and their caregivers and ensure minimum WASH facilities are functional at nutrition service centers. The Nutrition Cluster relies on health and nutrition personnel and volunteers to provide messages and health education sessions on appropriate nutrition and health practices both at the facility and community levels. The Cluster further works with FSAC to identify areas with high food insecurity and subsequently targets its BSF programmes as a top-up to ongoing emergency food distributions.

Links to development programming

Malnutrition is a multi-causal problem which requires an integrated,

holistic programming approach for effective results. Therefore, the package of emergency nutrition interventions is designed in a way that takes advantage of and is complementary to ongoing, longer-term health and nutrition service delivery mechanisms. BPHS and EPHS partners are contracted by the Ministry of Public Health through a multi-donor development trust fund of the SEHATMANDI project. These partners are responsible for providing primary and secondary health care services including nutrition services before, during and after an emergency. The Nutrition Cluster collaborates with BPHS and EPHS partners to build their capacity to respond during emergencies by providing essential nutrition supplies training to health workers and monitoring support of emergency nutrition programmes.

Analysis of past years' responses shows that more than half of all children with acute malnutrition induced by chronic deprivation and under-development who live in areas that are not prioritised are simply left out of assistance. The needs of these children living in provinces below emergency thresholds equally deserve life-saving nutrition services and the Cluster promotes that these be met through investments by development actors.

Cost

The Nutrition Cluster seeks \$67 million to reach about 1.3 million people with nutrition services in 2020. The planned reach and financial requirement for 2021 is expected to be the same as 2020. While the number of people to be assisted with nutrition services has almost doubled from 2018 to 2020 (0.7 million people in 2018 to 1.3 million in 2020), but at the same time, the financial requirements for the Cluster only marginally increased (\$67 million in 2020, up from \$63.4 million in 2019). This is due to a decline in the cost-per-beneficiary since 2018 – \$89 per person in 2018 to \$60 per person in 2019 to about \$52 per person in 2020. The reduction is attributed to a price drop for ready-to-use supplementary food commodities in 2020. In addition, the capacity development support planned to be provided to BPHS implementing partners on integrated management of acute malnutrition and other emergency nutrition activities is relatively inexpensive and has helped reduce the overall cost of service provision.

Planned Reach (2020 - 2021)

YEAR	PEOPLE TO BE ASSISTED						TOTAL	REQUIREMENTS US\$
	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.		
2020	3.3M	0.13M	0.07M	0.05M	0.99M	0.012M	1.3M	67.8M
2021	3.3M	0.14M	0.07M	0.05M	1.01M	0.012M	1.3M	67.9M

Monitoring

Nutrition Cluster partners conform to a national monitoring framework. There are agreed cluster reporting templates through which all partners including UNICEF, WFP, WHO and their counterparts implementing IMAM through fixed health facilities, SHCs and mobile teams will report to Public Nutrition Directorate (PND) of the MoPH and the Nutrition Cluster on monthly basis. All partner data is captured in a national nutrition programme database including results, partner performance and supply usage as part of the nutrition information system for the country. The performance of the treatment programme will be assessed using standard performance outcome indicators including cure, default and death rates in accordance with SPHERE standards. In 2020, the Nutrition Cluster will strengthen the existing

system of online reporting by incorporating components which include supply monitoring and reporting on accountability to affected people.

The Nutrition Cluster will conduct project coordination meetings with all stakeholders in general, and with pooled fund recipient partners in particular, on an ad hoc basis to discuss progress with project implementation, to identify problems, and to take corrective measures to ensure efficiency. The Nutrition Cluster will also conduct joint monitoring with relevant stakeholders such as WFP, PND/MoPH, UNICEF, WHO and NGOs in the priority provinces. The sub-national cluster coordinators and provincial UNICEF-contracted third party field monitors (extenders), in their role as cluster focal points, support partners in field monitoring visits.

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3.6

Protection



PEOPLE IN NEED

7.0M

PLANNED REACH

1.8M

REQUIREMENTS (US\$)

\$59.9M

PARTNERS

26

TREND (2015-2021)



Multi-year strategy

The Protection Cluster aims to reduce people's exposure to physical and psychological violence and abuse, and pursue dignified solutions to address the adverse consequences of the prolonged conflict through strengthened respect for IHL and IHRL.

Given the centrality of protection in the humanitarian response, the Protection Cluster will continue to advocate for multi-year funding on behalf of its partners, and stronger protection integration in the activities of other sectors and in the Government's response.

With conflict continuing for four decades, the protection environment in Afghanistan continues to deteriorate. People are left in protracted displacement situations and are increasingly being forced to resort to negative coping mechanisms as their savings and other financial sources are depleted. Historical planning and response parameters for Afghanistan meant that the full scope of the protection crisis facing the country was not reflected. The application of a broader, revised definition of humanitarian action has allowed the Cluster, for the first time in 2020, to present a more accurate reflection of the protection needs in the country. In 2020 and 2021, Protection partners will expand their activities to a broader section of society with the inclusion of a new population group in the HNO – those who are acutely vulnerable owing to the cumulative impact of past shocks. In the remaining years of the HRP, the Cluster will also aim to provide enhanced access to basic services, increase capacities and support resilience measures to prevent and mitigate protection threats.

Objectives

As a direct response to the ongoing conflict, protection threats in Afghanistan continue to intensify in scale and scope, and civilians have been exposed to recurring shocks for four decades. Armed conflict and disasters severely affect the civilian population, where children, women, people with disability, and other vulnerable people are exposed to various protection risks, including violence, exploitation, abuse and neglect. They are also psychologically affected by the impact of conflict, displacement and the presence of explosive hazards. In 2020, the objectives of the Protection Cluster and the activities within the HRP directly relate to the aforementioned needs.

In line with SO1, Mine Action aims to protect the lives of civilians from the threats posed by explosive hazards, in particular VOIEDs

and Explosive Remnants of War (ERW), through the provision of land clearance, risk education and Explosive Ordnance Disposal (EOD) activities.

In line with the SO2 of the HRP, the Cluster plans to reduce the affected communities' exposure to protection threats; address protection concerns and risks; and support in building resilience in communities and individuals.

More specifically, the Sub-Clusters of the Protection Cluster have the following objectives:

- **Child Protection:** To ensure that girls and boys affected by humanitarian impact of the crisis (including IDPs) receive integrated and appropriate child protection emergency services including psychosocial and case management support.
- **Gender-Based Violence (GBV):** To expand improved access to quality GBV services so as to protect women, girls, boys and men (across the population groups of the HNO) from GBV risks and negative consequences (including health and psychological impacts).
- **Housing Land and Property (HLP):** To strengthen the HLP rights of vulnerable people, IDPs and returnees, and promote women's access to secure HLP rights.
- **Mine Action:** In addition to protecting the lives of civilians from the threats posed by explosive hazards, in particular VOIEDs and ERW, through the provision of land clearance, risk education and EOD activities, Mine Action plans to ensure that mine and ERW victims' rights are advocated for and their needs are embedded in response activities.

Response

In 2020, the Protection Cluster plans to assist 1.8 million people with a wide-ranging mix of protection services.

Based on the current and projected protection analysis, vulnerable people with humanitarian needs will continue to be considered a priority group for protection response, given the multi-faceted nature of their protection needs. The Cluster will also give close attention to the special needs of returnees. The Cluster will be triaging response priorities based on vulnerability characteristics and will consider the



SURKH ROD, EASTERN AFGHANISTAN

November 2019: This girl and her mother were displaced by conflict from Khogyani to the Surkh Rod area in the eastern province of Nangarhar. Her father was killed in the conflict and she does not go to school as she supports her family. They are being assisted with relief items by IRC, through a project supported by the AHF. Photo: OCHA/Charlotte Cans

special needs of women, children, people with disability, minorities and others – those with special medical conditions and mental health issues, as well as households headed by women, the elderly and children.

Priority geographic areas for the protection response are based on where the highest needs are identified (including hard-to-reach areas where critical protection concerns exist) and areas where a large concentration of returnees remain. In 2020 and 2021, the Cluster will prioritise response in Kabul, Nangarhar, Kunar, Laghman, Ghazni, Zabul, Kandahar, Hilmand, Uruzgan, Farah, Hirat, Badghis, Ghor, Faryab, Sar-e Pul, Balkh, Kunduz, Faryab, Baghlan and Balkh provinces.

In its response during the past years of the multi-year HRP, the Protection Cluster has had limited engagement with cash programming, mostly in the form of cash grant-based assistance for refugees and returnees. In 2020-2021, the Cluster, together with the relevant Sub-Clusters, will work with ICCT colleagues and the Cash and Voucher Working Group to identify and address protection risks in cash programming. The Cluster commits to provide training to partners on protection guidance in cash use. Within its response, the Protection Cluster itself will mostly deliver in-kind assistance. This is particularly important in the case of distributions of dignity kits, which will remain in-kind, due to their purpose and cultural sensitivities.

In 2020 and 2021, the Cluster will focus on the following overarching activities:

- Protection monitoring and protection risk analysis (including incident monitoring) to inform response (expansion of protection services through referrals to specialised service providers) and evidence-based protection response and advocacy initiatives.
- Humanitarian negotiation, engagement and capacity-building activities for local and national authorities, and conflict-affected communities (with a focus on hard-to-reach areas) to enhance Protection of Civilians, and respect for IHL and IHRL (including enhanced protection of education and healthcare facilities and reduced use IEDs of improvised explosive devices).
- Community-based protection activities aimed at risk mitigation and resilience building.
- Emergency-based protection response activities (cash and in-kind) with a focus on vulnerable individuals, communities and people with specific needs, as well as support to other Clusters on the safe use of cash and appropriate mitigation measures where risks arise.
- Durable solutions activities (focused on community-based protection systems, awareness raising, and capacity-building) using an area and community-based approach.

Sub-Sector Child Protection

CHILDREN IN NEED	PLANNED REACH	REQUIREMENTS
1M	698k	\$5.6M

The Child Protection Sub-Cluster will continue response to and enhance activities aimed at mitigating the risk associated with children being separated from their families; children being recruited by parties to the ongoing armed conflict; and families engaging in negative coping mechanisms such as child marriage, child labour and unsafe, irregular migration due to the crisis. The response will include:

- Identification and family tracing and reunification of unaccompanied minors and separated children; provision of psychological first aid and community-based psychosocial support; case management and referral services, provision of life-saving support such as critical household items to children due to displacement and other natural disasters.
- Strengthening of community structures to enhance a protective environment for children. This includes capacity-building of key actors at national and sub-national levels.
- Provision of risk education to children in and out of school to enhance their protection against Explosive Ordinance (EXO) and ERW.
- Raising community awareness on general child protection issues and advocating for implementation of the new Child's Rights Protection Law to make sure that children are protected from violence, abuse, exploitation and neglect.
- Targeted awareness raising campaigns about the use of negative coping mechanisms that continue to pose significant protection risks to children; such as early and forced marriages, child labor and involvement and use of children in armed groups.

Sub-Sector Gender-Based Violence

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
3.6M	839k	\$24.5M

In 2020 and 2021, the GBV Sub-Cluster's response will focus on the provision of blanket psychosocial, health and legal services to IDPs, returnees, vulnerable people in need of humanitarian assistance, and host communities in areas of displacement and areas of origin. The GBV Sub-Cluster will continue to support multi-sectoral, survivor-centered GBV services, including psychosocial support, and community mobilisation as a prevention measure. Main activities include:

- Legal, safety, health and psychosocial assistance for at-risk IDP, returnee and non-displaced shock-affected GBV survivors through a multi-sector approach.
- GBV-focused community dialogues that involve all subsets of each community – women, girls, men, boys, community elders, religious and community leaders on how to prevent and respond to GBV.
- Distribution of dignity kits to women and girls.

Planned Reach (2020 - 2021)

YEAR	PEOPLE TO BE ASSISTED						TOTAL	REQUIREMENTS US\$
	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.		
2020	7.0M	0.17M	0.21M	0.03M	1.43M	-	1.8M	59.9M
2021	5.6M	0.17	0.13M	0.03M	1.09M	-	1.4M	50.3M

Sub-Sector Housing, Land and Property

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
3.5M	235k	\$4.1M

In 2020 and 2021, HLP goals and activities will include

- Provision of emergency legal support and advocacy for communities under immediate threat of eviction
- Finding durable solutions for protracted IDP and returnee communities by supporting integrated responses, which incorporate legal support and investments in infrastructure, services and livelihoods. This entails more robust HLP-centred data collection and needs assessments of protracted IDP and returnee settlements across the country; provision of legal support to residents to strengthen their HLP rights (both through formal and informal systems) and their ability to acquire improved tenure and identity documents. This durable solutions component will also support inter-cluster responses to upgrade housing, local infrastructure, key services, and livelihoods in partnership with community groups and local authorities.
- Improved access to land and housing for IDPs and returnees by supporting land allocation schemes. Through technical support to the Government in the implementation of regulations and procedures to identify and make State land available for allocation to IDPs, returnees and other vulnerable groups. Partners will also deliver awareness raising campaigns on land allocation schemes, application processes and eligibility requirements.
- Gender mainstreaming across all aspects of the HLP rights response.

Sub-Sector Mine Action

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS
2.5M	887k	\$6.7M

The Mine Action response prioritises efforts to address threats posed by VOIEDs and ERW - the devices responsible for 99 per cent of civilian landmine casualties in 2018 (with a similar trends visible for 2019) – through land release, including clearance, surveys, EOD and EORE activities. In addition, Mine Action will advocate for the rights of mine and ERW victims and work with partners to ensure their needs are considered in response activities.

Integrated programming/multi-sectoral responses and improving inter-sector linkages

Protection considerations will be reflected throughout all sectors of the humanitarian response at different levels. While all humanitarian actors involved in the response will be supported to ensure they fulfil their obligations on safe programming (do no harm, conflict sensitivity, accountability, participation, etc.), specific protection components will be integrated into multi-sectoral responses to achieve broader protective outcomes. In order to mitigate obstacles and risks associated with the implementation of sensitive stand-alone protection activities, the Protection Cluster will be strengthening collaboration with other humanitarian actors to integrate protection components into their work. This is expected to improve access, increase community acceptance and outreach. The Protection Cluster will also continue to provide guidance on how other sectoral work can be improved to better contribute to protection outcomes, and how to increase accountability of all humanitarian action.

As such, field protection staff with complementary competences (e.g. protection monitors, psychosocial support counsellors, case managers) will be integrated into emergency assessment and response teams (especially ES-NFI, Health, Nutrition, WASH), which will allow timely and conflict-sensitive identification and referral of protection cases. Moreover, protection advocacy and community-based engagement and response will be integrated into health and education responses with specific reference to IHL violations, especially attacks against health and education facilities, personnel and civilians accessing those services, as per the previously outlined common strategy in 2018. Mine Action will also work closer together with the Health Cluster to ensure that mine and ERW victim's needs are considered in response activities.

Links to development programming

In 2020 and beyond, community-based protection programming, awareness raising, and capacity-building will ensure that communities have a strong foundation moving towards recovery and resilience. Protection and access to rights are the fundamental building blocks in any recovery activities, and without these, the ground on which any long-term programme is laid, remains fragile. Any development intervention which follows or runs parallel to the humanitarian phase should be underpinned with a solid protection framework and the Protection Cluster stands ready to provide advice to development actors on risks and mitigation strategies.

While the Cluster will continue to be mainly focused on humanitarian protection to address the most acute protection issues with the above-mentioned focus on community-based programmes aimed at kick-starting recovery, it will be crucial to closely work with development actors to facilitate the transition towards peace-building, durable solutions and development. Poverty, socio-economic and

ethnic discrimination, and lack of access to basic services will have to be structurally addressed through development funding, while humanitarian protection should be better bridged to development through the provision of durable solutions aimed at ending the disadvantageous effects of displacement.

In particular, peace and reconciliation will need to be built through human rights-focused engagement, the implementation of the rule of law, expansion of services for facilitation of durable solutions and social cohesion. From this perspective, a political solution to the ongoing conflict; the establishment of appropriate transitional justice mechanisms (peace and reconciliation, prosecution of criminal cases, etc.); expansion of public services including Family Protection Centres (FPC), the strengthening of child protection systems, creation of job opportunities; the establishment and expansion of government safety nets for particularly vulnerable groups; involvement of development actors in indemnifying land cleared from explosive hazards that is safe for rapid development and infrastructure projects, and investment in projects aiming at ensuring stability, such as those focused on legal crop production, and sustainable housing solutions should be collective priorities for development actors in close collaboration with humanitarian protection organisations.

Cost

In 2019, the average cost-per-beneficiary was \$30.18, down from \$39.60 in 2018. The reduction is attributed to better targeting of activities as well as the overall decrease in the number of conflict IDPs and refugee returnees that were assisted. For 2020, the overall Protection requirement of \$60 million was calculated taking the unit cost of each activity planned by the Sub-Clusters, and of the general protection activities, multiplied by the number of people targeted by each activity. The average cost-per-beneficiary in 2020 is \$33.59. The increase compared to 2019 is due to the expected cost of clearance of VOIEDs. In 2019, VOIEDs made up 53 per cent of mine and ERW related casualties in the country and it is in this area that the biggest capacity gap currently remains. Added activities under GBV have also contributed to this marginal increase.

Monitoring

The Cluster will ensure regular periodic monitoring by Cluster and Sub-Cluster members at sub-national and national levels through reporting, third-party monitoring visits, and field missions. Protection response monitoring systems produce qualitative and quantitative data and information related to protection response 's planned versus actual outputs and outcomes, defined within projects and against the Protection Cluster's indicators. For example, the Child Protection Sub-Cluster will capture the child protection situation on the ground through regular rapid assessments, and use of systems and databases, such as the Monitoring and Reporting Mechanism on Grave Violations database.

Accountability to Affected Populations is an integral component of protection programming. Response gaps, and feedback from individuals and community recommendations and feedback are also captured in regular monitoring of data and analysis reports that Awaaz is producing on a monthly basis. The Cluster will continue to work closely with Awaaz and other individual agency AAP mechanisms to ensure beneficiary feedback and participation systems are in place, are working effectively and are inclusive of age, gender and disability considerations. In addition, the Cluster will continue its strong participation in the PSEA Taskforce, and support its partners with capacity-building on integrating effective AAP mechanisms into their response.

All Mine Action activities in Afghanistan are monitored by the national Mine Action authority (Directorate of Mine Action Coordination – DMAC) through event and time-bound reporting, data collection via the Information Management System for Mine Action (IMSMA) and quality assurance visits. In addition, UNMAS monitors activities through reporting, third-party monitoring visits, and field missions. Communities provide input and feedback through the Awaaz and DMAC hotlines. Child Protection will ensure regular periodic monitoring by Child Protection Sub-Cluster members at sub-national and national levels.

Contacts

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3.7

Water, Sanitation and Hygiene



PEOPLE IN NEED

4.9M

PLANNED REACH

2.0M

REQUIREMENTS (US\$)

\$70.9M

PARTNERS

24

TREND (2015-2021)



Multi-year strategy

The WASH Cluster aims to ensure the provision of safe water and access to sanitation and hygiene to people with critical needs. In line with the revised scope of humanitarian action for Afghanistan for 2020-2021 and the broader SDG framework, the multi-year plan for the Cluster will also focus on building partnerships between humanitarian and development actors to work towards the overall goal of meeting the basic WASH needs of the most vulnerable people affected by conflict and natural disasters who are living in temporary shelters and in the most inaccessible, insecure, rural and geographically remote parts of the country. Via this process, Cluster partners will collectively contribute to building the capacity of IDPs, host communities and returnees through the sharing of risk reduction techniques to augment their coping capacity and ability to meet their WASH needs.

In 2018 and 2019, the multi-year strategy of the WASH Cluster provided good continuity to planning of the humanitarian response with no observed interruptions in implementation. Due to the interconnectedness of activities across the past two years of the multi-year HRP, it was possible to rapidly programme substantial late funding from donors at the end of 2018 - \$10 million – into early 2019. While a multi-year strategy might have averted further planning delays, the Cluster has still not been fully successful in raising all necessary funds as projected in the HRP. The Cluster is of the view that further advocacy with donor partners is required around the importance of WASH activities to the health and dignity of vulnerable people.

At the operational level, WASH partners will collaborate with local

communities and leaders, as well as government line departments, to identify and prioritise both the immediate and medium-term needs of affected people through their increased participation in the project design, implementation and post-implementation phases of the response. It is expected that a common framework will further be developed between humanitarian and development partners to outline collective targeting criteria of areas with poor WASH service availability.

Objectives

In line with SO1 and SO3, the WASH Cluster plans to provide timely access to a sufficient quantity of safe drinking water; provide adequate and gender-sensitive sanitation facilities; and promote and expand appropriate hygiene practices.

In line with SO3 of the HRP, the Cluster will ensure strengthened WASH systems and infrastructure are in place to extend sustainable water and sanitation options to those with limited access, in turn allowing their recovery and ability to cope with shocks.

Response

Through its response, the WASH Cluster plans to reduce the burden of preventable communicable diseases and the well-being of people. It aims to extend sustainable access to water and sanitation to the most disadvantaged and vulnerable groups suffering from the effects of the protracted crisis and natural disasters, in turn supporting their access to improved and dignified living conditions.

Planned Reach (2020 - 2021)

PEOPLE TO BE ASSISTED								
YEAR	PEOPLE IN NEED	DISPLACED PEOPLE	RETURNEES	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	TOTAL	REQUIREMENTS US\$
2020	4.9M	0.41M	0.21M	0.14M	1.19M	0.04M	2.0M	70.9M
2021	4.3M	0.41M	0.21M	0.14M	1.02M	0.04M	1.8M	65.1M



KABUL, CENTRAL AFGHANISTAN

August 2019. Children wash their hands at a high school in Kabul, the capital of Afghanistan. Photo: UNICEF/UN0339982/Frank Dejo

The Cluster will prioritise responses in Badghis, Hirat, Faryab, Zabul, Badakhshan, Nimroz, Kunduz and Jawzjan provinces where WASH needs are the highest. The Cluster's activities will particularly address residual WASH needs generated by the 2018 drought in the west – Badghis, Ghor and Hirat provinces. The Cluster will use WASH severity of needs criteria to identify people to be assisted with a WASH response in these areas. While the majority of IDPs displaced by the drought have now returned to their place of origin, they continue to have high WASH needs as the WASH facilities in their home villages are either damaged or dysfunctional. The 2019 WOA Assessment shows that IDPs who returned to their homes in Badghis had the highest proportion of households with unmet WASH needs. In 2020, the WASH Cluster plans to establish and rehabilitate durable WASH facilities that will benefit some 140,000 IDPs who returned to areas of origin. Critical WASH services in these provinces will be prioritised drawing on findings from Household Emergency Assessment Tool (HEAT) and other participatory tools so that communities can continue to self-manage and maintain these new facilities and access to water does not become a potential driver of re-displacement.

The WASH Cluster will reassess the functionality in border (from Pakistan and Iran) crossing points for returnees to Hirat and Nangahar provinces. The WASH Cluster will improve these borders facilities and offer hygiene kits and essential supplies to approximately 210,000 people in coordination with protection partners. These are

new activities for the Cluster partners in 2020. The Cluster will also upgrade existing infrastructure in priority informal settlement sites (where many returnees reside) or install new infrastructure to expand capacity to cope with new arrivals.

In line with revised view of humanitarian action in Afghanistan, the Cluster will additionally support the improvement of existing dysfunctional and damaged WASH facilities in hard-to-reach areas and areas negatively affected by protracted crisis. In these areas, many people do not have access to water within 0.5km radius (as per SPHERE standards) or are living with unimproved sanitation facilities. This year, the Cluster will support families who are in a state of protracted need, characterised by chronic poverty and high indebtedness, and who are unable to buy essential hygiene supplies. These essential services are expected to reduce high prevalence of Acute Watery Diarrhoea that is currently affecting some 37 per cent of IDP families with children under five.³⁷

Integrated programming/multi-sectoral responses and improving inter-sector linkages

WASH services are essential in schools, health facilities, nutrition centres, therapeutic feeding centres so as to improve the quality and success of education, health and nutrition services. WASH services are required in health facilities as well as stabilisation and therapeutic feeding centres to offer quality care to patients, reduce disease and

avoidable morbidity and mortality associated with poor water and hygiene. Considering the cross cutting nature of WASH services to multiple sectors, an inter-sector strategy will be developed to ensure such integration is established in a strategic manner. The WASH Cluster will plan to kick-start and drive this strategy both at national and sub-national levels with the Nutrition Cluster, focusing on areas of collaboration where there is a high prevalence of SAM. The Cluster will aim to extend WASH assistance to those affected households in an effort to prevent diarrheal diseases associated with a lack of access to WASH services. Furthermore, the WASH Cluster will closely work with the Protection Cluster and GBV Sub Cluster to develop a common framework for partners to ensure construction of water and sanitation facilities is tailored to ensure access for people with disability, children and the elderly and is sensitive to GBV risks faced by women and girls.

Links to development programming

Collaboration between humanitarian and development partners is now a prerequisite, in light of the revised parameters for humanitarian action in Afghanistan. This requires high-level advocacy with the Government and development partners to open the way for joint assessments; identification of priority needs; and joint planning processes across the country. The extension of durable-type WASH solutions in the place of origin will provide a learning opportunity on how to address the water and sanitation issues facing those in protracted displacement. The Cluster advocates for strong, integrated multi-sector action and a common platform for joint planning to address immediate survival needs and create a stepping stone

for sustained livelihood opportunities in the long term. Collective efforts and sharing of successful results by both humanitarian and development partners could create momentum to invest in and scale-up durable WASH infrastructure. This is expected to significantly strengthen communities' coping capacity to withstand with any rapid-onset shocks – including natural disasters and disease outbreaks.

Cost

The WASH Cluster seeks \$71 million to support 2 million people with WASH services in 2020. The cost-per-beneficiary for 2020 (\$36) is slightly higher because emergency services are being extended to areas that are hard-to-reach and because of the inclusion of costlier but more sustainable durable WASH infrastructure provision in the Cluster's activities.

Monitoring

Throughout the humanitarian cycle, WASH partners will undertake routine needs assessments and multi-sector needs assessments through which data on access to functional water sources, improved sanitation facilities and access to hygiene products will be obtained. To the extent possible WASH will also use HEAT data from ERM partners to monitor WASH needs. Changes in emergency context (conflict pattern, new shocks) will be monitored through OCHA reports and reports from Cluster zonal focal points and partners.

Contacts

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Part 4

Annexes

JALALABAD, EASTERN AFGHANISTAN

October 2019. IDPs receive cash assistance to help them get through the winter in Jalalabad city. Photo: OCHA/Fariba Housaini



4.1

Costing Methodology and Sectoral Activity Costing

Afghanistan's HRP is costed on an activity basis by Clusters. Each Cluster produces a cost-per-beneficiary estimate, which combines the costs associated with in-kind supplies, cash provision (where appropriate), and costs associated with the physical delivery of assistance (logistics, staff and other overheads). These are outlined in the table below. Overall, Afghanistan has one of the lowest costs-per-beneficiary in the world at \$103 in 2020 and \$108 in 2021.

In 2020, the HRP has substantially increased planned reach (up 58 per cent on 2019) with only a modest (20 per cent) increase in costs. The key driver of this modest ask is that the additional reach is mostly driven by the Food Security and Agriculture Cluster where cost-per-beneficiary has dropped substantially from 2019 due to a reduced duration of assistance with the passing of the drought. During the drought, beneficiaries received food for six months or more due to the exceptional duress families were suffering and their inability to independently recover until conditions improved. Now that the drought has passed, this is reverting to the normal duration of food assistance

which is three months, drastically reducing the cost per person, compared to 2019. Nutrition supplies have also reduced in price over the past year.

At the same time, the ask of some Clusters has increased significantly due to the inclusion of a broader range of costlier durable solutions-type assistance, which will save funds and help people recover more quickly in the long term. This is particularly true in terms of shelter responses which are shifting towards transitional shelter over emergency tents. Similarly, more expensive but durable WASH activities are planned such as the building of more flood-resilient water and sanitation infrastructure in disaster-prone areas. The Health Cluster has also included an expanded suite of trauma care activities, and system-strengthening work for delivery of life-saving health and nutrition services.

In such a volatile operating environment, humanitarian organisations working in Afghanistan carry heavy indirect financial costs to provide security for their staff, partners and premises.

Average Cost-per-Beneficiary (US\$)

SECTOR	2018	2019	2020	2021
Education in Emergencies	\$76	\$97	\$111	\$128
Emergency Shelter and NFI	\$74	\$59	\$81	\$82
Food Security and Livelihoods	\$60	\$71	\$41	\$42
Health	\$27	\$34	\$34	\$34
Nutrition	\$83	\$60	\$54	\$53
Protection	\$65	\$33	\$34	\$35
Water, Sanitation and Hygiene	\$24	\$28	\$36	\$36
OVERALL	\$115	\$136	\$103	\$108

Sectoral Activities and Costing

Education in Emergencies

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
Student kits	600,000	\$10	\$6,000,000	567,481	\$10.5	\$5,958,549
Classroom kits	17,143	\$150	\$ 2,571,429	16,213.74	\$157.5	\$2,553,664
Teachers' kits	17,500	\$35	\$ 612,500	16,214	\$36.75	\$595,855
Text book packs	600,000	\$5	\$3,000,000	567,481	\$5.25	\$2,979,274
Classroom heating and cooling	17,143	\$75	\$1,285,714	16,214	\$78.75	\$1,276,832
Shura trainings	17,143	\$140	\$2,400,000	16,214	\$147	\$2,383,420
Teacher incentives	17,500	\$1,000	\$17,500,000	16,214	\$1,050	\$17,024,426
Teacher trainings	17,500	\$200	\$3,500,000	16,214	\$210	\$3,404,885
Drinking water and hand washing in schools	17,143	\$740	\$12,685,714	16,214	\$777	\$12,598,075
Establishment of TLCs/tents	1,000	\$1,400	\$ 1,400,000	1,000	\$1470	\$1,470,000
Operational and overhead costs			\$15,300,000			\$15,073,494
Total	0.6M	\$111	\$66.3M	0.5M	\$128	\$65.3M

Emergency Shelter and NFI

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
NFI for IDPs, returnees, shock-affected and vulnerable people	728,457	\$137	\$14,204,906	761,674	\$137	\$14,852,649
Emergency shelter (tent & two tarpaulins) for IDPs, returnees and shock-affected people	45,281	\$500	\$3,234,372	46,187	\$500	\$3,299,059
Cash for rent for IDPs, returnees and shock-affected people	55,344	\$259	\$2,045,740	56,451	\$259	\$2,086,655

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
Winterisation assistance for IDPs, returnees, shock-affected and vulnerable people	709,774	\$260	\$26,363,049	742,140	\$260	\$27,565,204
Shelter repair and reconstruction assistance to shock-affected people	37,297	\$455	\$2,424,317	37,297	\$455	\$2,424,317
Transitional shelter support (two-room shelter) for IDPs and returnees	55,072	\$1,625	\$12,784,537	56,173	\$1,625	\$13,040,227
Transitional shelter support (shelter improvement/upgrade) for vulnerable people	438,786	\$390	\$24,446,654	450,019	\$390	\$25,072,488
Total	1.1M	\$81	\$85.5M	1.1M	\$82	\$88.3M

Food Security and Agriculture

ACTIVITY/OUTPUT	2020				2021			
	PLANNED REACH	UNIT COST (US\$)	DURATION OF ASSISTANCE	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	DURATION OF ASSISTANCE	TOTAL ACTIVITY COST (US\$)
Food assistance to IDPs & people affected by nat. disasters	545,000	\$18	3 months	\$29,430,000	545,000	\$18	3 months	\$29,430,000
Food assistance to returnees	219,625	\$18	4 months	\$15,813,000	221,675	\$18	4 months	\$15,960,600
Food assistance to refugees	70,000	\$18	6 months	\$7,560,000	50,000	\$18	6 months	\$5,400,000
Food assistance to vulnerable people (IPC phases 3 & 4)	4,481,100	\$10	3 months	\$127,711,350	4,000,000	\$10	3 months	\$114,000,000
Livelihoods assistance to people affected by nat. disasters	132,866	\$19	1 month	\$2,524,454	130,000	\$19	1 month	\$2,470,000
Livelihoods assist. to returnees	70,000	\$35	1 month	\$2,450,000				
	500,000	\$18	6 months	\$54,000,000	500,000	\$18	6 months	\$54,000,000
Livelihoods assistance to vulnerable people (IPC phases 3 & 4)	100,000	\$10	6 months	\$5,700,000	100,000	\$10	6 months	\$5,700,000
	120,000	\$10	3 months	\$3,420,000	120,000	\$10	3 months	\$3,420,000
	1,510,387	\$19	1 month	\$28,697,353	1,500,000	\$19	1 month	\$28,500,000
Cost of assessment -SFSA 2020				\$200,000				\$200,000
Coordination - FSAC				\$550,000				\$550,000
Total	6.7M	\$41		\$278.1M	6.2M	\$42		\$259.6M

Health

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
Establish trauma care facilities in conflict-affected provinces; provide physical rehabilitation, equipment, training & HR support	288,077	\$45	12,963,465	320,000	\$45	\$14,400,000
Improve blood banks at district level, incl. equipment & training	8,745	\$55	480,975	10,000	\$55	\$550,000
Establish FATPs in high-risk priority districts; provide equipment and train staff	254,654	\$45	11,459,430	290,000	\$45	\$13,050,000
Provide equipment, infrastructure and HR support in physiotherapy, rehabilitation and prosthesis for war-related trauma	12,934	\$55	711,370	16,000	\$55	\$ 880,000
Provide psychosocial support for shock-affected people	250,000	\$15	3,750,000	280,000	\$15	\$4,200,000
Support existing health facilities in high-risk & under-served areas; establish new PHC centres & deploy mobile health teams	1,543,011	\$25	38,575,275	2,000,000	\$25	\$50,000,000
Procure emergency trauma kits	80	\$11,845	947,600	80	\$11,845	\$947,600
Procure basic interagency emergency health kits	800	\$621	\$397,612	800	\$621	\$397,612
Procure supplementary interagency emergency health kits	80	\$7,116	\$569,280	80	\$7,116	\$569,280
Procure cholera & pneumonia kits	40	\$4,656	\$186,240	40	\$4,656	\$186,240
Improve hospital waste management and infection control	10	\$40,000	\$400,000	10	\$40,000	\$400,000
Fill vaccination gaps for U5 children	50,000	\$15	\$750,000	50,000	\$15	\$750,000
Prevent, monitor and respond to public health outbreaks	50,000	\$20	\$1,000,000	50,000	\$20	\$1,000,000
Total	2.1M	\$34	\$72.2M	2.6M	\$34	\$87.3M

Nutrition

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
Outpatient treatment of SAM (U5 children)	294,435	\$100	\$ 29,443,500	301,501	\$100	\$30,150,100
Inpatient treatment of SAM (U5 children)	29,444	\$100	\$2,944,400	30,150	\$100	\$ 3,015,000
Treatment of MAM (children 6-59 months)	423,874	\$34	\$14,411,716	434,057	\$34	\$14,757,938
Tragated supplementary feeding programmes for PLW	149,608	\$68	\$10,173,344	153,471	\$ 68	\$10,436,028

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
Blanket supplementary seeding programme (BSFP) for children in emergencies	119,000	\$30	\$3,570,000	119,000	\$30	\$3,570,000
BSFP for PLW affected by emergency	56,000	\$37	\$2,072,000	56,000	\$37	\$2,072,000
Micronutrient supplementation to U5 children in emergencies	153,835	\$2	\$307,670	153,835	\$2	\$307,670
Infant and young child feeding services in emergencies (IYCF-E)	82,250	\$10	\$822,500	82,250	\$10	\$822,500
Training for service providers on maternal and child care	1300	\$125	\$162,500			
Provincial integrated SMART nutrition surveys	20	\$190,00	\$380,000	20	\$19,000	\$380,000
Rapid nutrition assessments in new emergencies	10	\$9,000	\$90,000	10	\$9,000	\$90,000
Cluster coordination at national and sub-national levels			\$700,000			\$700,000
Counseling on maternal health and child care for mothers of at-risk U5 children	151,964	\$10	\$1,519,640	155,611	\$10	\$1,556,110
Total	1.3M	\$54	\$67.8M	1.3M	\$53	\$67.9M

Protection

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
MA: Mine risk education	239,016	\$2	\$478,032	193,227	\$2	\$386,454
MA: Mine clearance	164,016	\$35	\$5,740,560	125,138	\$35	\$4,379,843
MA: EOD & Survey	239,016	\$2	\$478,032	188,458	\$2	\$376,916
GBV: Assistance to GBV survivors and at-risk people through multi-sectoral response (legal, safety, health and psychosocial)	821,360	\$14	\$11,499,040	664,010	\$14	\$9,296,133
GBV: Community dialogues to prevent and respond to GBV	533,214	\$4	\$1,866,249	431,065	\$4	\$1,724,258
GBV: Dignity kits for GBV survivors	443,910	\$25	\$11,097,750	358,869	\$25	\$8,971,720
CP: Psychosocial support for children	65,961	\$80	\$4,221,506	53,325	\$80	\$4,265,974
CP: Community-based awareness on child protection	38,335	\$15	\$460,017	30,991	\$15	\$464,863
CP: Case management and referrals for at-risk children	5,277	\$100	\$422,151	4,266	\$100	\$426,597

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
CP: Trainings for child protection specialists on child protection standards	300	\$500	\$150,000	300	\$500	\$150,000
CP: Victim assistance for children in conflict	1,529	\$150	\$183,503	1,206	\$150	\$180,860
CP: Advocacy and response to child recruitment	1,042	\$150	\$124,982	821	\$150	\$123,182
HLP: Information sharing on HLP, durable solutions, legal identity	172,575	\$8	\$1,380,607	173,045	\$8	\$1,384,358
HLP: Counselling on HLP, legal identity	23,010	\$13	\$299,131	23,073	\$13	\$299,944
HLP: Legal assistance on HLP & legal identity	69,030	\$26	\$1,794,789	69,218	\$26	\$1,799,666
HLP: Capacity-building of duty-bearers	15,340	\$33	\$506,222	15,382	\$33	\$507,598
HLP: Land identification & allocation	1,000	\$80	\$80,000	1,003	\$80	\$80,218
GP: Protection assistance for people with specific needs or heightened vulnerability	9,870	\$300	\$2,960,932	7,979	\$300	\$2,393,697
GP: Protection monitoring, sensitisation and advocacy	117,125	\$20	\$2,342,494	94,687	\$20	\$1,893,735
GP: Community-based protection-related activities	693,789	\$20	\$13,875,779	560,878	\$20	\$11,217,553
Total	1.8M	\$34	\$59.9M	1.4M	\$35	\$50.3M

Water, Sanitation and Hygiene

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
Safe drinking water, including water trucking, hand pump & well construction and water purification	801,270	\$18	\$14,422,860	802,809	\$18	\$14,450,562
Gender appropriate emergency latrine and bathroom facilities	310,410	\$14	\$4,345,740	311,006	\$14	\$4,354,084
Hygiene promotion	1,991,231	\$4	\$6,969,309	1,823,707	\$4	\$6,382,975
Pre-positioning of stocks	569,881	\$6	\$3,419,286	570,975	\$6	\$3,425,850

ACTIVITY/OUTPUT	2020			2021		
	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)	PLANNED REACH	UNIT COST (US\$)	TOTAL ACTIVITY COST (US\$)
WASH in temporary learning centres, child-friendly spaces and schools	31,500	\$32	\$1,008,000	31,560	\$32	\$1,009,920
WASH in health facilities and child-feeding centres	118,598	\$12	\$1,363,877	118,826	\$12	\$1,366,499
Rapid needs assessments	896,054	\$2	\$1,344,081	897,781	\$2	\$1,346,672
In-depth needs assessments	358,421	\$3	\$896,053	359,096	\$3	\$897,740
Human resources for a dedicated cluster coordinator, co-coordinator and IMO	1	\$200,000	\$200,000	1	\$200,000	\$200,000
Human resources for a dedicated national co-lead from MRRD	1	\$20,000	\$20,000	1	\$20,000	\$20,000
Follow up workshops with MRRD/partners on operationalisation of the National WASH in Emergency Guidelines and EPR	1	\$20,000	\$20,000	1	\$20,000	\$20,000
Regional workshops for contingency planning and risk analysis	4	\$5,000	\$20,000	3	\$5,000	\$15,000
Provision of safe drinking water through rehabilitation, upgrade or extension of water supply infrastructure	1,189,961	\$25	\$29,749,025	1,020,898	\$25	\$25,522,450
Provision of improved sanitation facilities; improvement of existing community facilities	396,654	\$18	\$7,139,772	340,299	\$18	\$6,125,382
Total	2M	\$36	\$70.9M	1.4M	\$36	\$65.1M



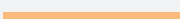





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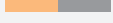
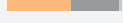


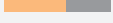
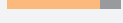

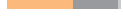
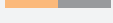
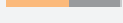


Participating Organisations

SECTOR	PARTICIPATING ORGANISATIONS	COUNT
Education in Emergencies	ACTED, AVEC, BEST, BRAC, COAR, IRC, IRW, NRC, OHW, RETI, SCI, SVA, TLO, WADAN, WCC, WVI and ZOA	17
Emergency Shelter and NFI	AAH, ACTED, ADA, AFGHANAID, ANDMA, ARCS, BDN, BVWO, CARE, COAR, CORDAID, CRDSA, CWW, DHSA, DRC, HRDO, HRHHAC, IMC, IOM, IRC, ME, MRRD, NCRO, NERDO, NPO/RRAA, NRC, OHW, ORD, OXFAM, PIN, PU-AMI, RAA, SCI, SC-USA, SHPOUL, UNHCR, UNICEF, WAW, WHH and ZOA	40
Food Security and Livelihoods	AAH, ACTED, ADA, AFGHANAID, ANCC, AOAD, APA, CAHPO, CARE, CG, CHA, COAR, CRDSA, CRS, CWSA, CWW, DRC, FAO, FGA, HRDA, IRC, MEDAIR, NAC, NCRO, NPO/RRAA, NRC, OHW, OXFAM, RI, SCI, SFL, SHPOUL, SI, WFP, WHH, WSTA, WVI and ZOA	38
Health	AADA, ACF, ACTD, ACTED, ADAA, AHAD, AHDS, AHEAD, AKHS, BARAN, BDN, BRAC, CHA, CORDAID, DAO, DRC, EMERGENCY, HADAAF, HEWAD, HI, HN-TPO, IMC, INTERSOS, IOM, JACK, JOHANNITER, KAF, MA, MEDAIR, MOVE, MRCA, NAC, NRC, OHPM, OHW, ORCD, OXFAM, PU-AMI, RI, SAF, SCA, SDO, SDO IOM, SHDP, SI, SM, TDH, UNFPA, UNHCR, UNICEF, WVI and YHDO	38
Nutrition	AADA, AAH, ACF, AFC, AHDS, AHEAD, AKF, AKHS, AYSO, BARAN, BDN, BRAC, CAF, CHA, HEWAD, HNTPO, INTERSOS, JACK, MEDAIR, MMRCA, MOPH, MOVE, MRCA, MSF, OCE, OCEI, OHPM, ORCD, SAF, SCA, SDO, SHDP, UNICEF, WFP, WHO, WVI and YHDO	37
Protection	AADA, AAH, ACTED, ADA, APA, ASCHIANA, AYSO, CRDSA, DRC, HN-TPO, HRDA, IMC, INTERSOS, IOM, NCRO, OHW, ORD, OXFAM, PU-AMI, SC-USA, TABISH, UNFPA, UNHCR, WAW, WCC, WC-UK and ZOA	26
Water, Sanitation and Hygiene	AAH, ACTED, ADA, APA, CAID, CARE, CARITAS-G, COAR, CORDAID, DACAAR, HAPA, INTERSOS, IRC, MEDAIR, MERCY CORPS, NPO/RRAA, NRC, ORD, OXFAM, RCDC, RI, UNICEF, WVI and ZOA	24









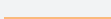
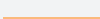


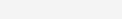
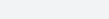


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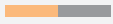
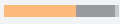



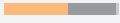


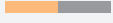
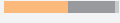


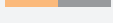





Planning Figures by Sector

SECTOR	PEOPLE IN NEED 2020	PLANNED REACH 2020	REQUIREMENTS 2020 (US\$)	PLANNED REACH 2021	REQUIREMENTS 2021 (US\$)
Education in Emergencies	1.7 M	599 k 	\$66.3 M 	510 k	\$65.3 M
Emergency Shelter and NFI	3.7 M	1.1 M 	\$85.5 M 	1.1 M	\$88.3 M
Food Security and Agriculture	8.2 M	6.7 M 	\$278.1 M 	6.2 M	\$259.6 M
Health	3.7 M	2.1 M 	\$72.2 M 	2.6 M	\$87.3 M
Nutrition	3.3 M	1.3 M 	\$67.8 M 	1.3 M	\$67.9 M
Protection	7 M	1.8 M 	\$59.9 M 	1.4 M	\$50.3 M
Water, Sanitation and Hygiene	4.9 M	2.0 M 	\$70.9 M 	1.8 M	\$65.1 M
Total	9.4 M	7.1 M	\$733 M	6.6M	\$716 M

BY SEX (%) FEMALE / MALE	BY AGE (%) CHILDREN / ADULTS / ELDERS	WITH DISABILITY	IDPS	RETURNEES	SHOCK- AFFECTED	VUL. PEOPLE	REFUGEES
56 / 44 	100 / 0 / 0 	66 k	66 k	69 k	53 k	328 k	-
49 / 51 	55 / 42 / 3 	116 k	116 k	40 k	42 k	901 k	-
49 / 51 	55 / 42 / 3 	742 k	742 k	220 k	170 k	5.9 M	70 k
48 / 52 	55 / 42 / 3 	232 k	232 k	86 k	314 k	1.5 M	5 k
58 / 42 	82 / 18 / 0 	138 k	138 k	65 k	52 k	994 k	12 k
42 / 58 	62 / 36 / 2 	196 k	196 k	206 k	34 k	1.4 M	-
49 / 51 	56 / 41 / 3 	219 k	219 k	212 k	144 k	1.2 M	40 k
49 / 51 	55 / 42 / 3 	782 k	405 k	234 k	458 k	5.9 M	70 k

5.5 Planning Figures by Region

REGION	PEOPLE IN NEED 2020	PLANNED REACH 2020	REQUIREMENTS 2020 (US\$)	PLANNED REACH 2021	REQUIREMENTS 2021 (US\$)
Capital	1.1 M	720 k 	\$74.2 M 	0.65M	\$71.0 M
Central Highland	556 k	406 k 	\$41.8 M 	0.37M	\$39.9 M
Eastern	1.2 M	1.1 M 	\$112.8 M 	1.02M	\$110.5 M
North Eastern	1.6 M	889 k 	\$91.6 M 	0.84M	\$90.8 M
Northern	1.1 M	929 k 	\$95.7 M 	0.87M	\$93.9 M
South Eastern	679 k	444 k 	\$45.8 M 	0.41M	\$44.0 M
Southern	1.3 M	1.0 M 	\$106.5 M 	0.91M	\$98.5 M
Western	2.1 M	1.7 M 	\$178.6 M 	1.55M	\$167.6 M
Total	9.4 M	7.1 M	\$733 M	6.6M	\$716 M

BY SEX (%) FEMALE / MALE	BY AGE (%) CHILDREN / ADULTS / ELDERLY	WITH DISABILITY	IDPS	RETURNEES	SHOCK- AFFECTED	VUL. PEOPLE	REFUGEES
49 / 51 	55 / 42 / 3 	79 k	21 k	53 k	50 k	621 k	0.3 k
49 / 51 	54 / 42 / 3 	45 k	4 k	3 k	3 k	397 k	-
49 / 51 	55 / 43 / 2 	120 k	93 k	56 k	106 k	864 k	-
48 / 52 	55 / 42 / 3 	98 k	104 k	44 k	88 k	670 k	-
49 / 51 	55 / 42 / 3 	102 k	85 k	27 k	127 k	742 k	-
49 / 51 	56 / 41 / 2 	49 k	32 k	8 k	50 k	311 k	70 k
48 / 52 	55 / 44 / 2 	114 k	25 k	108 k	136 k	786 k	-
48 / 52 	54 / 43 / 3 	191 k	42 k	74 k	115 k	1,6 M	-
49 / 51 	55 / 42 / 3 	782 k	405 k	234 k	458 k	5.9 M	70 k

5.6

What if We Fail to Respond?

Failure to meet the needs of the 7.1 million vulnerable and shock-affected people identified for support in 2020 could have catastrophic consequences not only for these people as individuals but also in terms of the country's development on the whole. Timely delivery of safe, appropriate and cost-effective assistance is critical to ensuring people's well-being and survival, providing safe and dignified living conditions, reducing protection threats and supporting resilience and recovery. Humanitarians have demonstrated their commitment to these goals through their sustained presence in-country despite security risks but they can only continue this work with early and generous support from donors. The stakes for Afghanistan could not be higher. Failure to act on urgent humanitarian needs risks the erosion of decades of hard-fought development gains, which have started to improve millions of lives. Failure to invest in alleviating humanitarian needs also has implications for peace-building efforts by increasing tensions as stressed, impoverished communities compete for scarce resources.

Education

When education is interrupted or denied, children's safety and mental health are placed at grave risk. Their cognitive development will be impaired with irreversible consequences for their mental capacity and future prospects. In the long term, this limits their earning potential and economic contribution, as well as their quality of life.

Schools and community-based education schemes are a cost-effective and efficient means of providing children with physical and psychosocial protection. School-aged children who have access to education are less vulnerable to recruitment by parties of conflict, trafficking, and abusive work. Education also brings a sense of normalcy that helps children cope with the effects of crisis and trauma. Missing-out on the critical early childhood benefits of school (a formative phase for the emotional, social and physical growth of young children) undermines cognitive development. Afghanistan's labour market already suffers from a work force that is poorly educated, informal and lacking the requisite skills to develop their career further.³⁸ For a child, it is estimated that poor pre-primary and primary education could reduce their adult income by as much as a quarter.³⁹

ES-NFI

Without shelter support, the health, safety and dignity of millions of people will remain under threat.

Failure to improve the availability of safe shelter and essential household items means that people will be left to live in open spaces risking their lives and health through exposure to harsh weather conditions. It would also mean that people are forced to live with limited or no privacy and in conditions that lack dignity, exposing vulnerable people – women, children, people with disability and the elderly – to protection risks. This is particularly concerning for IDPs, two-thirds of whom currently reside in non-permanent shelters.⁴⁰ Furthermore, failure to invest in transitional shelter would have ongoing financial implications for the humanitarian response in Afghanistan. A one-off additional investment of \$19 per person to provide transitional shelter solutions (lasting two to five years) would save spending of \$59 every year for each emergency shelter beneficiary.

Food and Livelihoods

Without timely access to food, people not only risk hunger and malnutrition but will also be pushed to employ negative coping mechanisms which often have serious protection implications for children such as forced labour and early marriage.

Each passing day without delivering food aid has human and cost implications for families that are struggling to cope with the cumulative impact of four decades of war and uncertainty. Where there is no general food support, acute malnutrition soars. Providing food assistance with supplementation is cheaper than responding to severe acute malnutrition – a life-threatening condition requiring additional specialised nutrition commodities and medicines to avert high child mortality.

The consequences of failure to act on malnutrition are often far reaching with the risk of life-long cognitive impairments for those affected. Furthermore, where access to food is not guaranteed, families are more likely to keep their children out of school due to the expense, send them to work or forcibly marry them to reduce food consumption costs.⁴¹ With so many people (59 per cent of the population) in either borderline or poor food consumption, two-thirds of whom are already resorting to negative food-based coping strategies, investment in food support is essential.

Health

People will die from traumatic injuries and suffer with permanent disability if emergency health services are not extended by humanitarians to those who require them. Without such health services, wide-spread disease outbreaks may not be prevented, detected contained, causing avoidable suffering, sickness and death, especially among vulnerable children.

Inability to provide the planned post-trauma rehabilitation services would mean that nearly half of all trauma patients

will be left with life-altering permanent disability and no ongoing support. With one in three people, mostly in hard-to-reach areas, unable to access a functioning health centre close to their home, the risk of death and disease is already unacceptably high and the health system has become reliant on humanitarian support to keep people alive. In light of the enormous needs and sustained pressures generated by decades of conflict and under-investment, the fragile health system has little capacity to cope independently if humanitarian support is not forthcoming. If health actors are unable to respond with timely health care, some 820,000 children (including newborns) in 2020 will miss the critical window for routine immunisation that protects them from deadly disease.

Nutrition

Without a timely humanitarian response, children with severe acute malnutrition (SAM) are at a nine times higher risk of dying than their healthy peers and also face a high chance of stunting which impairs growth and can cause life-long cognitive deficits.

About 2.5 million acutely malnourished children under the age of five years require timely life-saving treatment in Afghanistan. Yet, only a third of acutely malnourished children have access to treatment services. Without timely treatment, as many as half of children with SAM may die. Children⁴² suffering from prolonged under-nutrition who do survive often become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. In the long-term, failure to act on these needs will impact on their ability to attend school and get a job. Studies⁴³ estimate that under-nourished children are at risk of losing more than 10 per cent of their lifetime earning potential, creating huge implications for national productivity. For those suffering as a result of stunting, estimates suggest their adult earning capacity may be reduced by as much as 22 per cent.⁴⁴ In

addition, women of reproductive age and adolescent girls affected by under-nutrition suffer adverse effects on their own health, as well as later on the birth outcome of infants. Without assistance, the 560,000 PLW that are under-nourished may have children who are pre-disposed to low birth weight, short stature, have low resistance to infections, and high risk of disease and mortality, placing further burden on the overstretched health system.

Protection

Without a comprehensive package of protection services, hundreds more people (especially children) are likely to die from landmines each year and millions will suffer protection violations with ongoing impact on their safety, dignity and mental well-being.

Without life-saving mine and ERW mapping, clearance, risk awareness and disposal activities, loss of life from explosive hazards will increase, affecting children (who make up three quarters of all ERW casualties), in particular. More children will be exposed to violence, separation from their families, risks of recruitment by parties to the conflict, severe psychosocial distress, child labor, early and forced marriages (especially girls), denial of education opportunities and sexual exploitation. Women will continue to be exposed to GBV and will be unable to access support and legal assistance. The estimated 3.5 million people with insecure land tenure and at risk of forced eviction will continue to live in limbo without access to their housing, land and property rights and unable to support their own recovery from conflict and natural disaster.

WASH

If adequate WASH assistance is not provided, millions will be deprived of the safe water they need for their survival and will be susceptible to preventable disease outbreaks associated with poor sanitation and hygiene conditions if adequate WASH assistance is not provided.

This is particularly concerning for displaced households, 57 per cent⁴⁵ of whom reportedly have insufficient or barely enough water to survive and more than two thirds of whom have no access to hygiene materials. This provides ripe ground for deadly epidemics. Lessons learned from the post-earthquake cholera response in Haiti shows that for every dollar invested in improving access to water, sanitation and hygiene, the economic rate of return regained in extra time that can be spent at work and school, in time saved at home by not traveling far to haul water, in increased productivity and in reduced health costs would be as much as \$8.⁴⁶

PSEA

Without a robust system to protect people from and promote awareness of sexual exploitation and abuse, the humanitarian community and donors leave millions of beneficiaries at risk and fail to hold themselves accountable to affected people.

Not extending appropriate capacity at the community and agency levels to raise awareness on SEA, establish clear reporting mechanisms and strengthening of victim assistance, means humanitarian partners have failed in their mandate to protect the people they aim to assist.

5.7

How to Contribute

Contribute to the HRP

To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organisations participating to the plan, please visit:

afg.humanitarianresponse.info

Emergency Response Fund (CERF)

The CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

cerf.un.org/donate

Contribute through Afghanistan Humanitarian Fund (AHF)

The AHF is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator. Find out more about CBPFs and how to make a contribution by visiting: For information about the AHF, please contact:

www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf/

For information about the AHF, please contact:

ahf-afg@un.org

In-kind relief

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the supplies that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

Registering and recognising your contributions

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding, and to expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at

fts.unocha.org

5.8

Logframe⁴⁷

Strategic Objective 1: Lives are saved in the areas of highest need

1.1	ES-NFI	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages are protected from risks through safe emergency shelter and NFI support which reduce the likelihood of disease and death	Proportion of IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages receiving shelter assistance who express satisfaction about this support	Total:	98%	32%	98%	PDM
			Boys:	32%	30%	32%	
			Girls:	29%	19%	29%	
			Men:	18%	19%	18%	
			Women:	19%	100%	19%	
OUTPUTS	Necessary ES-NFI assistance is provided to affected communities and people in a timely manner	# of people receiving emergency shelter assistance, including through cash-for-rent support	Total:	38,406	576,728	588,262	ReportHub
			Boys:	11,002	164,846	168,142	
			Girls:	11,040	152,646	155,699	
			Men:	7,431	129,767	132,362	
			Women:	8,933	129,469	132,059	
	# of people receiving the winterisation standard package for insulation	Total:	45,857	708,087	740,376	ReportHub	
		Boys:	11,526	200,130	209,255		
		Girls:	12,165	186,101	194,587		
		Men:	11,094	161,108	168,455		
		Women:	11,072	160,749	168,079		
	# of people receiving basic household items / NFI to meet their immediate needs	Total:	442,583	723,605	756,601	ReportHub	
		Boys:	133,025	206,486	215,902		
		Girls:	120,042	189,290	197,921		
		Men:	95,008	165,363	172,903		
		Women:	94,508	162,466	169,875		
Shelter materials and maintenance tool kits provided to affected communities and people in a timely manner	# of people whose shelter was upgraded, allowing for safer and more dignified living conditions	Total:	11,280	476,083	487,316	ReportHub	
		Boys:	3,216	133,584	136,735		
		Girls:	3,325	124,601	127,541		
		Men:	2,245	109,043	111,616		
		Women:	2,494	108,856	111,424		
ACTIVITIES	1. Distribution to and installation of emergency shelter kits for displaced households						
	2. Rehabilitation, repair or upgrade of existing shelters that are in poor conditions						
	3. Distribution of standard NFI packages and seasonal household items (such as warm clothing, heating materials and thermal blankets in winter)						
	4. Provision of a one-off winterisation assistance package						
	5. Advocacy for the establishment of a pipeline system to improve emergency response time						

1.2	FSAC	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Shock-affected (IDP, returnee, refugee, natural disaster and people under IPC 3 and 4) women, men and children of all ages have a minimum household food consumption score above 42.5	% of households with acceptable food consumption	Total:	81%	90%	92%	SFSA, SMART survey and PDM reports of partners.
	Necessary food assistance is provided to affected households in a timely manner	# Shock-affected and vulnerable people (IDP, returnee, refugee, natural disaster-affected and people under IPC 3 and 4) of all ages who receive adequate food/cash responses, in a timely manner	Total: Boys: Girls: Men: Women:	3,252,427 910,680 845,631 748,058 748,058	5,315,725 1,719,209 1,588,980 1,368,422 1,359,113	5,536,675 1,550,269 1,439,536 1,273,435 1,273,435	Quarterly reports of partners
OUTPUTS		# of affected people receiving in-kind food assistance	Total: Boys: Girls: Men: Women:	2,768,841 775,275 719,899 636,833 636,833	4,518,366 1,265,143 1,174,775 1,039,224 1,039,224	4,429,340 1,240,215 1,151,628 1,018,748 1,018,748	Quarterly reports of partners
		# of affected people receiving cash transfers for food	Total: Boys: Girls: Men: Women:	483,586 135,404 125,732 111,225 111,225	905,359 253,500 235,393 208,233 208,233	1,107,335 310,054 287,907 254,687 254,687	Quarterly reports of partners
ACTIVITIES		# of calls related to food assistance responded to and resolved within a week	Total:	45	75	75	AWAZ monthly, quarterly and annual report
	1. Timely provision of (in-kind) food assistance to meet the immediate survival needs of people 2. Timely provision of (cash) food assistance to meet the immediate survival needs of people 3. Provision of information on agroclimatic conditions, crop and livestock diseases and market trends to monitor the food security situation and guide response preparedness and facilitate decision on response modality						
1.3	HEALTH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	People suffering from conflict related trauma injuries receive life-saving treatment within the province where the injury was sustained	% of victims who receive life-saving trauma care within the province where the injury was sustained	Total:	45%	45%	45%	ReportHub data
	People suffering from conflict related trauma injuries receive life-saving treatment within the province where the injury was sustained	# of trauma cases treated within 24 hours	Total: Boys: Girls: Men: Women:	106,000 10,000 6,000 50,000 40,000	120,000 12,000 8,000 55,000 45,000	120,000 12,000 8,000 55,000 45,000	ReportHub data
OUTPUTS		# of trauma cases treated through FATPs (m/w/b/g)	Total: Boys: Girls: Men: Women:	119,000 12,000 8,000 55,000 44,000	135,000 15,000 10,000 60,000 50,000	135,000 15,000 10,000 60,000 50,000	ReportHub data

1.4	HEALTH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	People exposed to GBV, experiencing mental health or psychosocial issues, and pregnant women in conflict areas receive appropriate, professional support	# of health facilities providing clinical management of rape (CMR) to survivors	Total:	15	20	30	HMIS data
	People with mental health and psychosocial problems access appropriate, focused care	# of women, men, girls and boys who receive focused psychosocial and psychological care	Total: Boys: Girls: Men: Women:	83,000 10,000 8,000 25,000 40,000	89,000 12,000 9,000 26,000 42,000	100,000 15,000 10,000 30,000 45,000	ReportHub data
OUTPUTS	# of women provided with antenatal care in high-risk provinces	# of women provided with antenatal care in high-risk provinces	Women:	30,000	35,000	45,000	ReportHub data
	# of women, men, girls and boys who receive focused psychosocial and psychological care	# of women, men, girls and boys who receive clinical management of mental, neurological or substance use disorders through medical services (primary, secondary or tertiary health care)	Total: Boys: Girls: Men: Women:	6,000 500 500 2,000 3,000	7,200 600 600 2,500 3,500	8,400 700 700 3,000 4,000	ReportHub data
ACTIVITIES	1. Provision of out-patient care and consultations						
	2. Provision of major and minor surgeries						
	3. Establishment of FATPs, stabilisation of FATP services and referral of patients in conflict-affected areas						
	4. Provision of mental health and psychosocial support						
	5. Extension of mobile health services						
	6. Provision of antenatal care by trained personnel						
	7. Provision of health services to GBV survivors and training of health personnel on GBV response						
	8. Provision of essential supplies, equipment, diagnostic tools and life-saving training to doctors, nurses and health professionals working in hospitals and primary healthcare clinics						
	9. Advocacy for improved access of beneficiaries to emergency services and life-saving treatment						
1.5	NUTRITION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Decline in GAM among IDP, returnee, refugee and non-displaced, conflict-affected children under 5 (g/b) and a decline in PLW suffering from acute malnutrition	# of IDP, returnee, refugee and non-displaced children under five with SAM who are cured	Total: Boys: Girls:	238,000 107,100 130,900	294,435 112,621 181,814	301,501 115,324 186,177	Nutrition online database
	Decline in GAM among IDP, returnee, refugee and non-displaced, conflict-affected children under 5 (g/b) and a decline in PLW suffering from acute malnutrition	# of IDP, returnee, refugee and non-displaced children under five with MAM who are cured	Total: Boys: Girls:	209,300 93,800 115,500	423,874 143,057 280,817	434,057 146,494 287,563	Nutrition online database
OUTPUTS	More boys and girls (6-59 months) with SAM and MAM are enrolled in therapeutic feeding programmes	# of boys and girls (6-59 months) with SAM and MAM enrolled in therapeutic feeding programmes	Total: Boys: Girls:	579,000 260,000 319,000	718,309 323,239 395,070	735,558 331,001 404,557	Nutrition online database
	More PLW are enrolled in targeted supplementary feeding programmes (TSFP)	# of PLW with acute malnutrition enrolled in TSFP	Women:	110,000	149,608	153,471	Nutrition online database

OUTPUT		# of BPHS clinics supplied with ready to- use therapeutic foods (RUTF) over 12 months	Total:	1,308	1,368	1,400	Nutrition online database
ACTIVITIES	1. Provision of out-patient and in-patient treatment of SAM children under five 2. Treatment of MAM children under between 6 and 59 months 3. Provision of targeted supplementary feeding for PLW 4. Provision of emergency blanket supplementary feeding for children aged between 6 and 23 months 5. Provision of micronutrient supplements to children aged between 6 and 59 months among shock-affected populations						
1.7	PROTECTION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Civilian casualties from explosive devices (ERW, VOIEDs, and anti-personnel & anti-tank mines) are reduced	% reduction in civilian casualties from explosive devices compared to the same time last year	Total:	1,057	5-10%	5-10%	1. Information Management System for Mine Action (IMSMA) database 2. UNAMA Reports on Protection of Civilians in Armed Conflict
	Land is cleared of known explosive hazards	# of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards	Total: Boys: Girls: Men: Women:	N/A	164,016 46,021 42,926 37,567 37,502	164,016 46,021 42,926 37,567 37,502	Information Management System for Mine Action (IMSMA) database
OUTPUTS	Behavioural change focused Explosive Ordnance Risk Education (EORE) programmes are provided to vulnerable people (IDPs, returnees, refugees and vulnerable people with humanitarian needs)	# of vulnerable people receiving EORE	Total: Boys: Girls: Men: Women:	N/A	239,016 70,021 65,426 51,067 52,502	239,016 70,021 65,426 51,067 52,502	Information Management System for Mine Action (IMSMA) database
	Conflict-affected people (people living in communities that have been affected by armed conflict in six months prior to the assessment) benefit from Explosive Ordnance Disposal and survey activities	# of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities	Total: Boys: Girls: Men: Women:	N/A	239,016 70,021 65,426 51,067 52,502	239,016 70,021 65,426 51,067 52,502	Information Management System for Mine Action (IMSMA) database
ACTIVITIES	1. Provision of land clearance 2. Provision of explosive ordnance disposal activities 3. Expansion of Mine Risk Education						

1.8	WASH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Affected people have access to the water, sanitation and hygiene services, facilities and supplies they need	# of affected people receiving water, sanitation and hygiene assistance as per Cluster standard	Total:	1,306,108	1,991,231	1,823,707	WASH partners reports/ Cluster reports
			Boys:	403,171	584,279	535,123	
			Girls:	367,190	533,429	488,552	
			Men:	269,689	438,702	401,793	
			Women:	266,058	434,821	398,239	
OUTPUTS	Conflict-affected, IDPs and returnees have access to sanitation services and facilities they need	# of affected people with access to functioning and gender-segregated sanitation facilities	Total:	250,000	707,064	647,576	WASH partners reports/ Cluster reports
			Boys:	77,376	209,847	192,192	
			Girls:	71,092	189,128	173,216	
			Men:	50,574	155,811	142,702	
			Women:	50,958	152,278	139,466	
	Necessary hygiene assistance and supplies are provided to conflict-affected, IDPs and returnees in a timely manner	# of affected people receiving hygiene supplies and promotion as per Cluster standard	Total:	1,306,108	1,725,403	1,580,241	WASH partners reports/ Cluster reports
			Boys:	403,171	507,030	464,373	
			Girls:	367,190	461,273	422,465	
			Men:	269,689	381,126	349,061	
			Women:	266,058	375,974	344,342	
	Conflict-affected, IDPs and returnees have access to safe water supply services and facilities they need	# of affected people with access to safe water supply services and facilities	Total:	1,100,000	1,991,231	1,823,707	WASH partners reports/ Cluster reports
			Boys:	339,551	584,279	535,123	
			Girls:	309,246	533,429	488,552	
			Men:	227,131	438,702	401,793	
			Women:	224,072	434,821	398,239	
Natural disaster-affected and displaced people are provided with the WASH support they need	# of natural disaster-affected people receiving WASH assistance	Total:	560,078	144,000	144,000	WASH partners reports/ Cluster reports	
		Boys:	169,525	40,405	40,405		
		Girls:	158,540	37,688	37,688		
		Men:	115,931	32,982	32,982		
		Women:	116,082	32,925	32,925		
1.9	WASH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	WASH assistance is delivered to women, men, boys and girls living in hard-to-reach areas	# of hard-to-reach districts where underserved people have received WASH assistance	Total:	68	80	80	WASH partner's reports/ Cluster reports
OUTPUT	The humanitarian system facilitates a timely and effective response to people in need	# of underserved people in hard-to-reach districts receiving WASH assistance	Total:	250,000	1,000,000	1,000,000	WASH partner's reports/ Cluster reports
			Boys:	78,251	313,000	313,000	
			Girls:	73,936	296,000	296,000	
			Men:	47,485	190,000	190,000	
			Women:	50,328	201,000	201,000	
ACTIVITIES	1. Provision of safe drinking water by tankering, rehabilitation of existing water systems or installation of new infrastructure						
	2. Provision of emergency sanitation facilities (with focus on sex-segregated and protection sensitive models)						
	3. Supply of water treatment chemicals and training on their use						
	4. Hygiene promotion with particular focus on densely populated sites / settlements						
	5. Improvement of water and sanitation facilities, and distribution of hygiene kits and essential supplies at border crossing points (Iran and Pakistan)						

1.1	COORDINATION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	The coordination structure is fit-for-purpose and facilitates a timely and effective response to people in need	# of HCT Compact progress updates delivered to the HCT	Total:	4	4	4	
	The coordination structure is fit-for-purpose and facilitates a timely and effective response to people in need	# of ICCT updates delivered to the HCT	Total:	5	12	12	
OUTPUTS		# of joint ICCT-HCT meetings held	Total:	4	4	4	
		# of mandatory area of responsibility presentations to the HCT	Total:	14	48	48	
		# of ICCT updates delivered to the HCT	Total:	14	12	12	
		# of ICCT field trips	Total:	2	4	4	
	Decision-makers have access to robust and rigorous data on internal and cross-border population movements, needs, response and gaps enabling them to make informed funding and programme decisions	# of rapid (HEAT) assessments completed in relation to displaced populations	Total:	320	320	320	
	Decision-makers have access to robust and rigorous data on internal and cross-border population movements, needs, response and gaps enabling them to make informed funding and programme decisions	# of sector-specific and inter-sectoral needs assessments completed	Total:	56	60	60	
	Decision-makers have access to robust and rigorous data on internal and cross-border population movements, needs, response and gaps enabling them to make informed funding and programme decisions	# of households assessed as part of the annual WoA Assessment	Total:	31,114	30,000	30,000	
ACTIVITIES	1. Scheduling regular joint ICCT-HCT meetings 2. Planning regular ICCT field missions 3. Setting up forward HCT calendars that include Mandatory Areas of Responsibility and Cluster Updates and preparing Clusters for strategic presentation delivery 4. Supporting the design of multi-sectoral and inter-agency needs assessments 5. Tracking progress against the HCT Compact and driving initiatives aimed at fulfilling HCT commitments						

Strategic Objective 2: Protection violations are reduced and respect for International Humanitarian Law is increased

2.1	EDUCATION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	School-aged girls and boys affected by emergencies have access to quality, basic education in a safe learning environment	# of school-aged girls and boys affected by emergencies have been approved with access to quality, basic education	Total:	168,569	617,000	583,695	4Ws, field monitoring visits
			Boys:	74,297	266,723	226,992	
			Girls:	94,272	332,777	340,489	
			Men:	-	7,000	6,485	
			Women:	-	10,500	9,729	
OUTPUT	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of TLS (CBE with minimum WASH package, ALC, TLS) established and maintained)	Total:	5,808	17,113	16,214	4Ws, field monitoring visits

OUTPUT	# of school-aged children (b/g) benefiting from teaching and learning materials (student kits, teaching kits, classroom kits)	Total:	329,353	617,000	583,695	4Ws, field monitoring visits
		Boys:	172,470	266,723	226,992	
		Girls:	156,883	332,777	340,489	
		Men:	-	7,000	6,485	
		Women:	-	10,500	9,729	
ACTIVITIES	1. Establishment of Community Based Classes (CBCs), Temporary Classrooms (TCs) or Temporary Learning Spaces (TLS) with a minimum WASH package					
	2. Distribution of teaching and learning materials and winter-sensitive supplies					
	3. Provision of water and gender-segregated latrines in schools / learning spaces					
	4. Training teachers on basic psychosocial group activities and support					

2.2	PROTECTION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Impact of armed conflict and natural disasters on civilians and civilian facilities is reduced	% of surveyed population reporting a feeling of safety and dignity	Total:	80%	85%	90%	WoA Assessment, Protection monitoring reports
	Humanitarian negotiation and advocacy initiatives are conducted with parties to the conflict in order to enhance the level of respect for IHL and IHRL	# of conflict-affected schools that have been re-opened following a military presence, as a result of protection negotiation and advocacy	Total:	300	100	100	MRM reports, UNAMA reports, PIMS and Protection monitoring reports, confirmation letters from PED/DED
OUTPUTS	Enhanced protection analysis of the environment	# of people reached through protection monitoring	Total:	97,726	117,125	94,687	Protection monitoring reports
			Boys:	16,797	20,132	16,275	
			Girls:	16,994	20,368	16,466	
			Men:	35,367	42,387	34,267	
			Women:	28,567	34,238	27,679	
		# of protection monitoring reports circulated for protection advocacy and programme response	Total:	10	24	24	Monitoring reports, confirmation emails to Protection Cluster
INDIVIDUALS WITH SPECIFIC NEEDS OR HEIGHTENED VULNERABILITY ARE REACHED WITH PROTECTION-ORIENTED DIRECT OR REFERRAL ASSISTANCE	# of people who were provided with direct and referral assistance	Total:	5,515	9,870	7,979	Coded referral matrix, monthly reporting on ReportHub	
		Boys:	305	546	442		
		Girls:	233	418	338		
		Men:	1,816	3,250	2,627		
		Women:	3,160	5,656	4,572		
		1. Undertaking regular protection monitoring (including incidence monitoring)					
2. Advocacy with and sensitisation of authorities; community leaders, humanitarian actors and parties to the conflict on IHL, with focus on protection of civilians, schools and health facilities							
3. Carrying out deeper protection analysis (including risk analysis) within the broader frame of political, socio-economic and humanitarian environment							
4. Provision of protection referral services							

2.3	PROTECTION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	An appropriate coordinated response provides necessary protection assistance to affected communities and people, including children, in a timely manner	# of at-risk IDP, returnee and non-displaced conflict or natural-disaster-affected GBV survivors receiving multi-sectoral assistance (psychosocial, legal, safety, health and dignity kits)	Total:	85,476	821,360	564,424	GBV IMS quarterly reports, Activity reports, WFHS reports, dignity kit distribution reports
			Boys:	2,439	5,385	2,962	
			Girls:	14,505	320,538	192,323	
			Men:	6,408	9,752	4,876	
			Women:	62,124	485,685	364,264	

	Increased community awareness of and capacity to respond to GBV	# of community members mobilised through community dialogues to prevent and respond to GBV	Total:	572,792	533,214	368,302	Community dialogue agency activity reports
			Boys:	107,936	13,463	7,404	
			Girls:	75,169	160,269	96,162	
			Men:	107,367	19,503	9,752	
			Women:	282,320	339,979	254,985	
OUTPUTS	Boys and girls affected by humanitarian crises are provided with psychosocial support and structured play through child-friendly spaces in order to acquire the basic social and communication skills they need	# of targeted girls and boys benefiting from age- and gender-sensitive psychosocial support activities	Total:	105,709	300,000	250,000	CFS attendance records and activity reports
			Boys:	47,140	105,000	85,000	
			Girls:	38,569	95,000	80,000	
			Men:	12,000	55,000	45,000	
			Women:	8,000	45,000	40,000	
	Boys and girls affected by humanitarian crises benefit from age and gender-sensitive case management services	# of targeted girls and boys benefiting from age- and gender-sensitive case-management services	Total:	10,571	20,000	15,000	Case management records
			Boys:	4,714	6,750	5,250	
			Girls:	3,857	6,250	4,750	
			Men:	1,200	3,750	2,750	
			Women:	800	3,250	2,250	
ACTIVITIES	1. Provision of legal, safety, health and psychosocial assistance for at-risk IDP, returnee and non-displaced shock-affected GBV survivors						
	2.Extension of GBV-focused community dialogues that involve all subsets of each community – women, girls, men, boys, community elders, religious and community leaders on how to prevent and respond to GBV						
	3. Distribution of dignity kits to women and girls						
2.4	PROTECTION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Displaced communities are able to claim HLP rights and/or possess HLP documents	% of people who report possessing a security of tenure document for their house/land/property	Total:	80%	70%	75%	Quartely outcome surveys; beneficiary feedback and reporting
	Displaced communities are able to claim HLP rights and/or possess HLP documents	% of people who received HLP support (awareness raising, advocacy and legal counselling) who then went on to access land, security of tenure, adequate housing or HLP documentation, in line with their legal rights	Total:	74%	60%	65%	Quartely outcome surveys; beneficiary feedback and reporting
OUTPUTS		# of individuals receiving information on HLP rights	Total:	60,000	75,000	90,000	Case files
			Men:	35,000	45,000	50,000	Cases database
			Women:	25,000	30,000	40,000	Photos
		# of individuals receiving counselling and/or legal assistance on HLP rights	Total:	6,000	10,000	11,500	Case files
			Men:	3,600	5,200	6,000	Cases database
			Women:	2,400	4,800	5,500	
		# of government, humanitarian and other partners receiving training and/or technical support on HLP	Total:	3,000	2,500	1,700	Attendance sheets
			Men:	1,800	1,600	1,200	Training reports
			Women:	1,200	900	500	Photos
ACTIVITIES	1. Provision of emergency legal support and advocacy for communities under immediate threat of eviction						
	2. Technical support to the Government in the implementation of regulations and procedures to identify and make state land available for allocation to IDPs, returnees and other vulnerable groups.						
	3. Conducting awareness raising campaigns on land allocation schemes, application processes and eligibility requirements.						

Strategic Objective 3: Vulnerable people are supported to build their resilience

3.1	ES-NFI	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Vulnerable IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages are protected from the elements through provision of transitional shelter aimed at building their resilience and preventing recovering communities from slipping back into humanitarian need.	Proportion of IDP, returnee and non-displaced conflict-affected women, men and children of all ages receiving shelter assistance who express satisfaction about this support	Total:	98%	100%	100%	PDM
	Transitional shelter support is provided to affected communities and people in a timely manner	# of people receiving support to construct transitional shelters	Total: Boys: Girls: Men: Women:	21,001 6,625 5,613 4,614 4,148	55,072 17,146 15,154 11,542 11,231	56,173 17,489 15,457 11,772 11,455	ReportHub
ACTIVITIES	Provision of transitional shelters, rental subsidies and permanent shelters (following due consideration of the security of land tenure, vulnerability and contribution towards a household's recovery)						
3.2	EDUCATION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTPUT	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of Teachers (f/m) recruited	Total: Men: Women:	5,979 3,230 2,749	17,500 7,000 10,500	16,214 6,485 9,729	4Ws, field Monitoring visits
	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of Teachers (f/m) trained on standardised Teacher training manual including PSS.	Total: Men: Women:	7,942 3,914 4,028	17,500 7,000 10,500	16,214 6,485 9,729	4Ws, field Monitoring visits
	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of community members (including school management shuras) sensitised on the importance of EIE	Total: Men: Women:	20,885 9,404 11,481	85,715 51,429 34,286	81,069 48,641 32,428	4Ws, field Monitoring visits
ACTIVITIES	1. Recruitment, training and deployment of teachers, particularly women. 2. Provision of professional development training on child-centered, protective and interactive methodologies, classroom management, training on psychosocial needs of the learners and available referral arrangements to detect and refer children in need of psychosocial support, social cohesion as well as peace education 3. Training of School Management Shuras and other community members and awareness raising on the importance and right to education for every child, especially for children with disability and girls"						
3.3	FSAC	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition	Percentage of the targeted people reporting increase in food production or income	Total:	0	80%	80%	PDM reports of partners

OUTPUTS	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition	# Shock-affected and vulnerable people (conflict IDPs, returnee, natural disaster-affected and targeted IPC 3 and 4) women, men and children of all ages who receiving timely livelihoods assistance	Total: 1,386,893 Boys: 388,330 Girls: 360,592 Men: 318,985 Women: 318,985	1,713,253 479,711 445,446 394,048 394,048	1,630,000 456,400 423,800 374,900 374,900	Quarterly reports of partners
	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition	# of women, men and children assisted through livelihoods asset creation/rehabilitation activities.	Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0	720,000 201,600 187,200 165,600 165,600	720,000 201,600 187,200 165,600 165,600	Quarterly reports of partners
	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition	# of women, men and children receiving livelihoods assistance in-kind	Total: 1,295,838 Boys: 362,835 Girls: 336,918 Men: 298,043 Women: 298,043	2,068,265 579,114 537,749 475,701 475,701	1,880,000 526,400 488,800 432,400 432,400	Quarterly reports of partners
	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition	# of women, men and children receiving livelihoods assistance in cash	Total: 91,055 Boys: 25,495 Girls: 23,674 Men: 20,943 Women: 20,943	364,988 102,197 94,897 83,947 83,947	470,000 131,600 122,200 108,100 108,100	Quarterly reports of partners

ACTIVITIES	1. Provision of food/cash assistance to rehabilitate or construct livelihoods and mitigate asset depletion
	2. Provision of assorted crop seeds (wheat, maize, pulses and vegetables), basic tools and fertilisers to small-scale vulnerable farmers
	3. Extension of animal feed and disease control support to ensure livestock survival
	4. Provision of backyard poultry, asset creation (through cash- and food-for-work); and vocational skills training to vulnerable families at risk of hunger
	5. Through asset creation activities, construct or rehabilitate communities' productive assets and structures such as irrigation systems, canals, flood protection schemes, and water ponds in drought- prone areas
	6. Provision of off-farm livelihoods support for returnees (such as vocational training)

3.4	HEALTH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTPUTS	Additional FATPs are accessible to treat people with traumatic injuries	# of new FATPs established in high-risk provinces	Total:	28	35	50	HMIS data
	Health staff can provide services according to the national GBV protocol	# of health staff trained on national GBV protocol	Total:	4,600	4,800	50,00	Cluster data on training
			Men:	800	800	800	
			Women:	3,800	4,000	4,200	
	People living in hard to reach area with access to health care	% of people living in hard to reach district who is 2 hr away from access to health services	Total:	30%	35%	40%	HMIS data
	Female health staff are available in health facilities	%of health facilities with female health staff	Total:	40%	45%	50%	HMIS data
	People receive post trauma rehabilitative care	# or people receive rehabilitative care from conflict related traumatic injuries	Total:	3,600	4,500	5,600	ReportHub
			Boys:	200	300	350	
			Girls:	100	200	250	
			Men:	2,500	3,000	3,500	
			Women:	800	1,000	1,500	

ACTIVITIES	1. Provision of post-trauma physical rehabilitation services and assistive devices (such as prosthetics)						
	2. Expansion of primary health care in hard-to-reach districts						
	3. Establishment of additional FATPs, stabilisation of FATP services and referral of patients in high-risk provinces						
	4.Training of health personnel on GBV protocol						
3.5	NUTRITION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	More PLW are received quality Infant and Young Child Feeding services in Emergency (IYCF-E) services.	# of IDP, returnee, refugee and nondisplaced PLW received Infant and Young Child Feeding services in emergency (IYCF-E)	Women:	71,546	82,250	82,250	Nutrition online database
OUTPUT	Service providers trained on promotion of maternal and child caring practices.	# of service providers trained on promotion of maternal and child caring parctices	Total:	150	1,300	0	Training report
			Men:	45	650	0	
			Women:	105	650	0	
ACTIVITIES	1. Provision of infant and young child feeding practices in emergency support (IYCF-E) for mothers and children among emergency-affected populations						
2. Capacity-building of frontline nutrition workers							
3.6	PROTECTION	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Community-based protection systems are strengthened to reduce community vulnerabilities	# of communities living in strengthened protection environment	Total:	100	120	120	Community Based Protection reports, PDM reports
OUTPUT	Community-based Protection Initiatives (including DRR) are conducted with affected communities to prevent and mitigate the effect of armed conflict and/or natural disasters	# of people benefiting from Community-Based Protection initiatives	Total:	535,763	693,789	560,878	Community Based protection reports, PDM reports, Monthly reporting ReportHub
			Boys:	132,634	171,755	138,852	
			Girls:	144,131	186,643	150,887	
			Men:	111,718	144,670	116,955	
			Women:	147,280	190,721	154,184	
ACTIVITY	1. Provision of community-based protection assistance						
3.7	WASH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Vulnerable people have access to safe drinking water as a result of resilient activities.	Proportion of people gaining access to safe drinking water as a result of resilience assistance/ Activities	Total:	0%	100%	100%	Monthly reports (ReportHub)
OUTPUT	Improved availability of sustainable safe water supply facilities	# of vulnerable people having access to at least 15l/per day of safe drinking water	Total:	0	1,189,961	1,020,898	Monthly reports (ReportHub)
			Boys:	0	333,189	285,851	
			Girls:	0	309,390	265,433	
			Men:	0	273,691	234,807	
			Women:	0	273,691	234,807	

OUTPUT	increased availability of sustainable sanitation facilities	# of vulnerable people having access to improved sanitation facilities	Total:	0	396,654	340,299	Monthly reports (ReportHub)
			Boys:	0	111,063	95,284	
			Girls:	0	103,130	88,478	
			Men:	0	91,230	78,269	
			Women:	0	91,230	78,269	
3.8	WASH	INDICATORS		BASELINE	TARGET 2020	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	WASH assistance is delivered to women, men, boys and girls living in hard-to-reach areas	# of hard-to-reach districts where underserved people have received WASH assistance	Total:	68	80	80	WASH partner's reports/ Cluster reports
OUTPUT	The humanitarian system facilitates a timely and effective response to people in need	# of underserved people in hard-to-reach districts receiving WASH assistance	Total:	250,000	1,000,000	1,000,000	WASH partner's reports/ Cluster reports
			Boys:	78,251	313,000	313,000	
			Girls:	73,936	296,000	296,000	
			Men:	47,485	190,000	190,000	
			Women:	50,328	201,000	201,000	
ACTIVITIES	1. Establishment and rehabilitation of durable WASH facilities for vulnerable people and in areas of origin						
	2. Upgrade of existing water infrastructure in priority informal settlement sites and installation of new infrastructure to expand capacity to cope with new returnee arrivals						
	3. Provision of safe drinking water by tankering, rehabilitation of existing water systems or installation of new infrastructure for underserved people in hard-to-reach districts						

Acronyms

AAP	Accountability to Affected Populations	IMSMA	Information Management System for Mine Action
ALP	Accelerated Learning Programme	IOM	international Organisation for Migration
ALCS	Afghanistan Living Conditions Survey	IPC	Integrated Food Security Phase Classification
AWD	Acute Watery Diarrhoea	ISSS	Inter-Sector Severity Scale
BPHS	Basic Package of Health Services	KII	Key Informant Interview
BHCs	Basic Health Centres	LCSI	Livelihoods Coping Strategy Index
CBC	Community Based Class	MHPSS	mental health and psychosocial support
CBE	Community Based Education	MoE	Ministry of Education
CSSF	Comprehensive School Safety Framework	MoPH	Ministry of Public Health
DHS	Demographic and Health Survey	MRRD	Ministry of Rural Rehabilitation and Development
DMAC	Directorate of Mine Action Coordination	MUAC	Mid-Upper Arm Circumference
DTM	Displacement Tracking Matrix	NFI	Non-Food Items
EIE	Education in Emergencies	NGO	Non-Governmental Organisation
EIEWG	Education in Emergencies Working Group	NSAG	Non-State Armed Groups
ECW	Education Cannot Wait	OCHA	Office for the Coordination of Humanitarian Affairs
ERW	Explosive Remnants of War	PACAP	Protection Assessment of Conflict-Affected Populations
EXO	Explosive Ordnance	PDM	Post-distribution monitoring
ESNFI	Emergency Shelter and Non-Food Items	PiN	People in Need
FATP	First Aid Trauma Post	PLW	Pregnant and Lactating Women
FSAC	Food Security and Agriculture Cluster	PND	Public Nutrition Directorate
FTS	Financial Tracking Service	RPM	Response Planning and Monitoring Module
GAM	Global Acute Malnutrition	SADD	Sex and Age Disaggregated Data
GBV	Gender Based Violence	SAM	Severe Acute Malnutrition
HAG	Humanitarian Access Group	SFSA	Seasonal Food Security Assessment
HEAT	Household Emergency Assessment Tool	SHC	Sub Health Centre
HCT	Humanitarian Country Team	SOP	Standard Operating Procedure
HH	Household	TC	Temporary Classroom
HLP	Housing Land and Property	TLS	Temporary Learning Space
HMIS	Health Management Information System	UN	United Nations
HNO	Humanitarian Needs Overview	UNAMA	United Nations Assistance Mission in Afghanistan
HPC	Humanitarian Programme Cycle	UNHCR	United Nations High Commissioner for Refugees
HRP	Humanitarian Response Plan	UNICEF	United Nations Children's Fund
HTR	Hard-to-reach	UNMAS	United Nations Mine Action Service
ICCT	Inter-Cluster Coordination Team	VOIED	Victim Operated Improvised Explosive Device
ICRC	International Committee of the Red Cross	WASH	Water Sanitation and Hygiene
IDP	Internally Displaced Person	WFP	World Food Programme
IED	Improvised Explosive Devices	WHO	World Health Organisation
IHL	International Humanitarian Law	WoA	Whole of Afghanistan (Assessment)
IHRL	International Human Rights Law		
IMAM	Integrated management of acute malnutrition		

End Notes

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- 19 2020 Global Humanitarian Overview, https://reliefweb.int/sites/reliefweb.int/files/resources/GHO-2020_v8.8.pdf
- 20 UN Common Guidance on Helping Build Resilient Societies, version of 12 December 2018
- 21 25 provinces in emergency level of acute malnutrition are Kapisa, Wardak, Nangarhar, Laghman, Bamyan, Paktika, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Samangan, Balkh, Sar-e-Pul, Ghor, Daykundi, Urozgan, Zabul, Jawzjan, Faryab, Hilmand, Badghis, Hirat and Farah
- 22 REACH Initiative, WOA Assessment, 2019
- 23 <https://www.humanitarianresponse.info/en/operations/afghanistan/document/eiweg-attacks-education-advocacy-brief-july-2019>
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- 34 The 100 districts were selected based on criteria developed within the HAG to distinguish hard-to-reach districts based on a number of dimensions, including physical access constraints, complexity of actors, and conflict intensity.
- 35 REACH Initiative, WOA Assessment, 2019
- 36 Based on the rCSI
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- 45 Ibid
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- 47 *Multipurpose cash has not been included in the logframe in 2020. However, all Clusters have committed to a half-yearly review by the CVWG to assess their progress and decision-making processes around cash, with a view to identifying opportunities for potential expansion within their programming and planning for multi-purpose cash programmes.*

