

HUMANITARIAN RESPONSE PLAN

AFGHANISTAN

2018-2021

HUMANITARIAN
PROGRAMME CYCLE

2021

ISSUED JANUARY 2021



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Photo: Jim Huylenbroek

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HIRAT, AFGHANISTAN

In response to the COVID-19 pandemic in Afghanistan, IOM partnered with the Hirat Provincial Public Health Directorate to deploy Rapid Response Teams and social mobilisers to provide COVID-19 awareness messaging in schools when classes resumed in September 2020. Teams are also responsible for carrying out COVID screening and sample collection.

Photo: IOM

Foreword

When the first edition of this multi-year Humanitarian Response Plan (HRP) was published four years ago, it envisaged a very different and much improved situation for the people of Afghanistan by 2021, with humanitarian needs declining as people rebuilt their lives and began their recovery. Sadly, however, a deadly combination of COVID-19, surging conflict and a hostile climate have left that promise far out of reach. The trajectory of needs and scale of response over the life of this HRP paint a shocking picture of escalating suffering, hunger and danger.

We go into 2021, with 18.4 million people in humanitarian need – nearly half the population. There are nearly six times the number of people needing humanitarian assistance in 2021 compared to four years ago when this multi-year HRP was first developed. The health and socio-economic impacts of the COVID-19 pandemic have seen the number of people in need almost double in the past year alone, with food insecurity soaring as people's livelihoods were lost and their limited financial reserves were depleted. Afghanistan now has the second highest number of people in emergency food insecurity in the world, while nearly one in two children under-five will face acute malnutrition in 2021. While enduringly resilient, people are increasingly desperate, resorting to debt and other more dangerous coping mechanisms to survive including marrying off their young daughters and sending their children to work. Against this backdrop of acute poverty, there are now 30.5 million people who require social assistance from the Government and development actors to help them cope and prevent them slipping into worse humanitarian need.

Over the course of the multi-year HRP, the humanitarian community has proven its capacity to scale-up to meet new needs, initially caused by the 2018-2019 drought and now COVID-19 coupled with

escalating conflict. I am proud to say that despite the logistical challenges created by COVID-19 and the worsening security environment, humanitarian organisations have proven their commitment to stay and deliver, complementing the efforts of the Government, and actually increasing their footprint to provide assistance in 99 per cent of districts in 2020. Non-Government Organisations (NGOs) are the backbone of this response and I see a strong and vibrant role for NGOs and the civil society sector in expanding this reach even further.

In 2021, humanitarian organisations have an ambitious plan to reach 15.7 million people with life-saving assistance. This is up from a target of 2.3 million people four years ago. The 2021 HRP requires \$1.3 billion and people's survival depends on the 162 dedicated humanitarian organisations operating in Afghanistan receiving sufficient financial resources to deliver a response on this scale. The consequences of late or inadequate funding are very real. Significant unmet needs in 2020 due to funding shortfalls and the acute focus on COVID-19, as well as the slow rollout of complementary development assistance, have all been factors in the worsening outlook for 2021.

While we have made significant strides in working more collaboratively with development actors in 2020 using a COVID-19 lens to produce a common needs analysis, the situation demands that we do more in 2021 to ensure our programme delivery is also complementary across the humanitarian-development spectrum. I look forward to seeing the outcomes from the Inter-Cluster Coordination Team's (ICCT's) work in this regard in 2021, with a particular focus on more integrated humanitarian action and agreement on common outcomes with development actors for people in long-term displacement, especially in urban areas and addressing the socio-economic impact of COVID-19. Initiatives like these are critical to

supporting the kind of recovery originally envisaged at the start of this multi-year HRP.

The Humanitarian Country Team (HCT) and the ICCT are committed to applying a strong gender and protection lens to their work in 2021, acknowledging the disproportionate impacts of the conflict and the pandemic on women, children and people with disability. Given the scale of vulnerability in Afghanistan, this effort will be guided by a range of both new and well-established technical working groups focused on gender, disability inclusion, gender-based violence (GBV), child protection, accountability to affected people (AAP) and protection from sexual exploitation and abuse (PSEA). Increasingly we also are working to address these protection and accountability issues in a more unified and coordinated way with development colleagues which will ensure more effective action. Sustained humanitarian access to people in need, free from interference by parties to conflict, will continue to be challenging in 2021, and our negotiations will be guided by the Joint Operating Principles (JOPS) with support from the Humanitarian Access Group (HAG).

Despite this bleak outlook, there is still cause for hope with the start of intra-Afghan negotiations. After enduring decades of war, people are mentally exhausted and hungry for peace, yearning for an

end to civilian deaths and suffering. A permanent ceasefire or a persistent reduction in violence would provide the opportunity for humanitarians to carry out comprehensive assessments in hard-to-reach (HTR) areas to gain a deeper understanding of existing needs. Credible needs assessments are the critical first step in any response to ensure the right beneficiaries are supported with the right assistance.

Until this much hoped for peace becomes a reality, the humanitarian community stands beside the people of Afghanistan during what surely must be one of the country's difficult periods. Given the sheer scale of needs, we all must do more, stretch higher and do better to deliver life-saving assistance to those who need it most. I urge donors to show solidarity, give early and give generously to humanitarian organisations at this pivotal moment, helping us to reduce immediate suffering but also set people on the so far elusive road to recovery. I am confident that all our investments and efforts will contribute to rebuilding and changing lives of the people we assist.



Parvathy Ramaswami
Afghanistan Humanitarian Coordinator a.i

Response Plan Overview

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
18.4M	15.7M	\$1.3B	162

The 2021 update to the Afghanistan multi-year HRP (2018-2021) requests US\$1.3 billion to reach 15.7 million people in need of life-saving humanitarian support due to the consequences of decades of conflict, recurrent natural disasters, lack of recovery from past crises and the added health and socio-economic strain of the COVID-19 pandemic. The increase in planned reach is largely driven by the sharp increase in the number of people in acute food insecurity that require support and ongoing health needs as a result of COVID-19.

The response strategy in 2021 follows the revised scope of humanitarian action agreed at the end of 2019, allowing for the provision of life-saving humanitarian assistance to those immediately affected by shocks as well as those who are

vulnerable due to past crises whose needs remain acute. With COVID-19 exposing deep economic challenges for those in informal employment, the 2021 response will have a more intense focus on urban areas compared to past years. A hybrid approach is employed in this multi-year HRP using most elements of the enhanced planning approach but combining these with the core features of the original plan. The response will aim to address the needs of people facing acute vulnerabilities such as extreme household debt; mental and physical disability; the use of dangerous negative coping strategies; returnees; refugees; and those living in households headed by women, children or the elderly, whose positions in society put them at a disadvantage.

COVID-19 responses have been mainstreamed through the overall response, along with protection considerations. Most of the critical recovery or system-strengthening activities that were paused or scaled-down in 2020 will be resumed in 2021. In

HIRAT, AFGHANISTAN

A health worker at the border between Afghanistan and Iran where hundreds of thousands of Afghan returnees came home in 2020. Photo: OCHA/Linda Tom

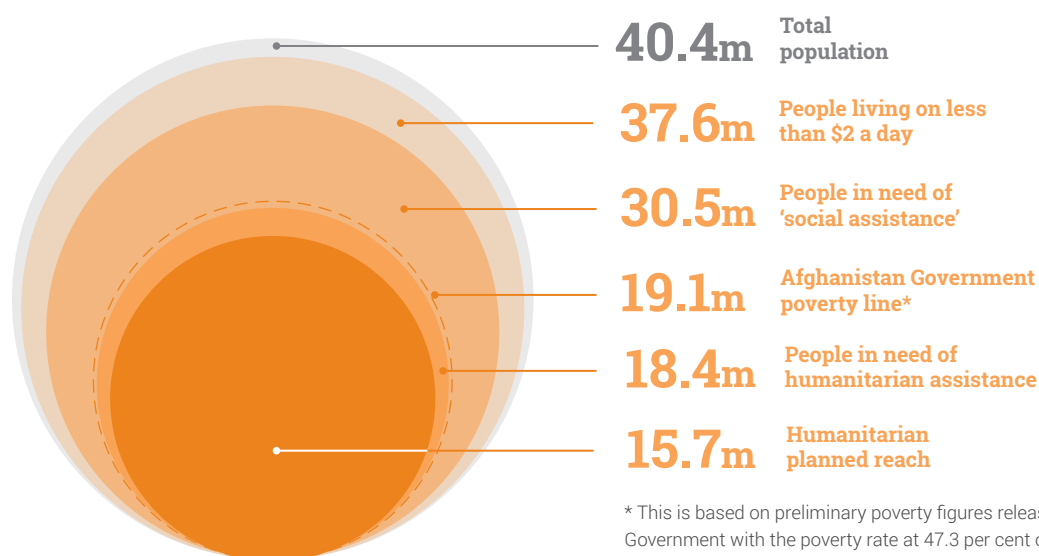


2020, humanitarian partners demonstrated their capacity to rapidly scale-up response and adopt a series of flexible needs assessment and response delivery approaches – through mobile teams and more cash-based assistance – and these will mostly continue in 2021 due to the ongoing threat from the pandemic. 162 organisations who delivered services in 99 per cent of districts across the country in 2020, are primed to deliver a well-coordinated life-saving response in the most difficult of circumstances in 2021. Having recently assessed their capacity, a significant number of these organisations have indicated they have the scope to further expand their operations with added funding.

The response will also continue to emphasise the importance of expanding AAP work, reinforcing PSEA, preventing and responding to GBV and strengthening gender, mental health and disability inclusion. Humanitarian systems will be strengthened through dedicated technical working groups on these and other themes. To deepen access in all areas of the country and enable humanitarian organisations to deliver meaningful and needs-based response, harmonised operation and negotiation approaches will be guided by the JOPs, with support from the HAG. The response is designed according to an increasingly challenging security outlook as the peace talks continue, parties attempt to strengthen negotiating positions and international military forces drawdown.

Similar to 2020, enhanced collaboration will be forged with development actors in both common needs analysis as well as identifying common outcomes, where possible, to ensure people get the right assistance at the right time and are supported on the road to recovery. The World Bank, the Asian Development Bank (ADB), UNDP, UNICEF, WFP, FAO and ILO, as well as OCHA and the ICCT have again worked together to draw common planning parameters to identify people with chronic needs who will require some form of social assistance to weather the socio-economic impact of the pandemic. In 2021, a rigorous and targeted approach was employed to reflect the multiple layers of vulnerability, poverty, and food insecurity experienced by households in Afghanistan. Based on this analysis, some 76 per cent of the population or 30.5 million people (in stress, crisis and emergency levels of food insecurity – Integrated Food Security Phase Classification (IPC) phases 2+ – are in need of some form of social assistance to avoid falling into more acute state of need, threatening their wellbeing. This work is designed to demonstrate the reality that humanitarian aid is just one part of a broader package of assistance that is required from the Government and development actors to support the country's most vulnerable. See page 19 for more details on the alignment between humanitarian and development planning processes.

Common Needs Analysis 2021



* This is based on preliminary poverty figures released in late 2020 by the Government with the poverty rate at 47.3 per cent of the population. This may change slightly when official Government figures are finalised.

Crisis Context and Impact

Political, socio-cultural, demographic and economic profile

The people of Afghanistan enter 2021 facing an uncertain political situation but also with hope for change after 40 years of war. The start of Intra-Afghan peace talks in the second half of 2020 presents the possibility of a new chapter for Afghanistan. However, while parties are working towards lasting peace, immediate efforts by the Taliban to secure a strengthened position from which to negotiate continue to drive local violence and have displaced thousands more people from their homes. Conflict continues to be a daily, terrifying risk for civilians across the country and is a significant barrier to the rollout of national programmes by the Government, given that Non-State Armed Groups (NSAGs) control so much territory. Spoiler attacks by other NSAGs, including the Islamic State of Khorasan (ISK) also continue to present a major risk in 2021 and are a cause of widespread fear in the community. 2020 was a psychological rollercoaster for many civilians, with periods of improved security and hope around the peace talks, followed by periods of intense violence and underlying fear over COVID-19. This pattern seems set to continue in 2021 with implications for service delivery.

Social, health and economic impacts from the COVID-19 pandemic continue to be felt across all demographic groups and are undermining the coping capacity of an already vulnerable population. The dramatic contraction of the country's burgeoning economy, loss of informal livelihoods and household debt are pushing all population groups to adopt dangerous coping strategies, placing women and children at increased risk. COVID-19 resulted in an estimated 5.5–7.4 per cent contraction in the economy in 2020,¹ a significant spike in food prices² and reduced income for 59 per cent of households.³ Higher prices combined with lower incomes have driven unsustainable levels of household debt. Almost

one in five displaced households in the most recent Whole of Afghanistan (WoA) Assessment were found to have taken on catastrophic levels of debt, mainly to cover immediate food, healthcare and shelter related needs.⁴ Even with one per cent real GDP growth forecast in 2021, recovery from the economic impact of the COVID-19 pandemic is expected to be an uphill struggle for years to come.⁵

Regional economic declines will continue to have a significant impact on Afghanistan's economy over the year ahead. Nearly 866,000 undocumented people returned from Iran and Pakistan in 2020, making it the largest ever return year on record for undocumented Afghan migrants. One hundred per cent of those returning are now considered to be in need of humanitarian assistance – up from just 20 per cent in 2019.

Afghanistan's population is estimated to be 40.4m in 2021,⁶ of whom 51 per cent are men and 49 per cent are women. A staggering 47 per cent of the population are under 15 years old, giving Afghanistan one of the highest youth populations in the world. With a projected population growth rate of 2.3 per cent per annum,⁷ one of the steepest in the region, the country's financially-dependent youth population is set to grow even further.

Population growth, internal displacement and higher-than-usual rates of cross-border return are contributing to increased strain on limited resources, livelihood opportunities and basic services. It is estimated that almost 4.8 million people who have fled their homes since 2012 remain internally displaced.⁸ Almost half (47 per cent) of those displaced longer-term⁹ indicate that they never intend to return to their areas of origin, making their recovery and prosperity a significant challenge for the country over the years ahead.

Security environment

Widespread, sporadic conflict continues to inflict physical trauma and mental distress on the people of Afghanistan. WHO notes that decades of conflict have left an estimated 800,000 Afghans with a range of severe disabilities.¹⁰ This is only a portion of people with disabilities overall. According to a study commissioned by the EU, approximately half of the population in Afghanistan experiences depression, anxiety or post-traumatic stress due to violence.¹¹ Afghanistan is ranked as the least peaceful country in the world in the Global Peace Index and the conflict remains one of the deadliest for civilians by global measures.¹² Despite three temporary ceasefires in 2020,¹³ a significant reduction in the number of civilians injured due to attacks by NSAGs and a drop in the number of airstrikes carried out by international military forces over recent years, the continued use of improvised explosive devices (IEDs), asymmetric attacks, targeted killings and attacks on schools and hospitals have been devastating for the people of Afghanistan. Health facilities and workers continue to suffer harm from attacks, as well as acts of intimidation by parties to the conflict, even as there is heightened need for their services due to COVID-19.

The stated unwillingness of the Taliban to agree to a ceasefire at this early stage of the peace talks, the accelerated withdrawal of international military forces, the transition of Afghanistan Local police (ALP) forces, and unclear intentions of other NSAGs (primarily ISK), indicate a strong potential for deterioration of an already highly dynamic security situation during 2021.

Women and children continue to bear the brunt of the conflict and accounted for 44 per cent of all civilian casualties in the first three quarters of 2020. For the fifth year in a row Afghanistan was listed as the deadliest conflict for children.¹⁴ Pervasive disregard for International Humanitarian Law (IHL) by all parties to the conflict continues to characterise the conduct of hostilities in Afghanistan and the landscape in which humanitarian workers are attempting to reach people in need. Afghanistan remains one of the top five most dangerous countries in which to be an aid worker.¹⁵

While humanitarian workers remain committed to the delivery of assistance to all people with demonstrated humanitarian need and have stayed and delivered during the COVID-19 pandemic, frequent threats and attacks on protected personnel, attempts to interfere in operations, including by illegal levies, and other access constraints, regularly delay assistance and prolong the suffering of vulnerable people.

The economic impact of COVID-19 is also translating into increased criminal activity particularly in Afghanistan's major centres.¹⁶ This increases fear among civilians and acts as yet another constraint on people's free movement around their cities to access services and attend school.

Existing legal and policy frameworks

The lack of government-issued identification documents continues to be a limiting factor for many of people in Afghanistan in terms of their access to services. According to 2020 WoA data, 87 per cent of displaced households reported that some members were missing or had never had a Tazkera or identification documents. More than 40 per cent of displaced households reported that no women in the household had a Tazkera. While the lack of civil documentation has ramifications for all population groups, it is particularly challenging for Internally Displaced Persons (IDPs) and returnees who are unable to access the limited government services that do exist without being able to prove their identities. For example, women require both a Tazkera and a marriage certificate to secure Housing Land and Property (HLP) rights. Women are also at particular risk of inheritance problems when they lack proper documentation. Lack of documentation also presents challenges to accessing health care (although not a legal requirement), the formal education system, statutory justice systems, and the attainment of credit from banking institutions. Finally, the lack of a Tazkera can impede freedom of movement as it stops people securing a passport and thus limits their ability to formally migrate from the country.¹⁷

Accessing legal, documented housing arrangements is a challenge for 51 per cent of displaced households

surveyed as part of the WoA assessment.¹⁸ This is a particularly serious issue for those living in informal settlements¹⁹ where people lack land tenure, reducing their access to essential services and placing them at constant threat of eviction.²⁰ Unequal access to land is also a major contributor to gender inequality in Afghanistan. Current estimates indicate that less than five per cent of land tenure or ownership documents include the name of a female family member.²¹ Women's relationship to land in Afghanistan is typically secondary – through her relationship with a male owner. Consequently, this lack of land rights constitutes a major cause of gender-based asset inequality, particularly given that land is often a household's most valuable asset.

Despite efforts to improve transparency and root out corruption in both the public and private sector, corruption continues to plague the country. In a recent perception survey, 95 per cent of people said they view corruption as a major problem for Afghanistan as a whole, and 85 per cent perceive it as a problem in their daily life.²²

At the time of publication, the Government of Afghanistan is in the process of revising the country's existing NGO law with grave implications for operational independence if the current draft proceeds. The current draft law outlines new powers for the Government to determine NGOs' organisational structure, hiring practices, policies, financial decisions and assets, threatening humanitarian principles. While NGOs recognise the benefits of having a clear NGO Law in place that facilitates their work in line with international best practice, such legislation must ultimately be enabling, allowing NGOs to serve the people of Afghanistan according to their core operating principles of transparency, independence, impartiality, and neutrality.

Lack of progress in passing proposed legislation on asylum in has left refugees in Afghanistan without the necessary legal documentation to move freely throughout the country, work in the formal sector, pursue higher education, or enter into contracts,

leaving them dependent on humanitarian assistance and remittances to meet basic needs.

Infrastructure and technology

Challenges stemming from under-investment in basic infrastructure continue to hamper quality of life and access to services throughout Afghanistan. The mid-2020 Seasonal Food Security Assessment (SFSA) found the majority (73 per cent) of the population living in rural areas still lacks access to safe drinking water, sanitation, and hygiene services. In some of these rural areas, open defecation is as much as seven times more common than in urban areas.²³ Meanwhile, 45 per cent of people in rural areas are without access to improved family latrines²⁴ and collecting water takes three times as long.

Despite considerable additional health investment and heightened need due to the pandemic, households continue to struggle to access health facilities, not only because there are not enough centres across the country but also because of the cost and dangers involved in reaching these centres, some of which are forced to close because of violence. A third (36 per cent) of all displaced households report having no access to trauma care.

Shelter needs for displaced households remain critical with 28 per cent reporting that they live in shelters that are either significantly damaged or destroyed.²⁵ According to the WoA Assessment, the need for emergency and transitional shelter is reported to be the highest among refugees (50 per cent), followed by non-recent IDPs (37 per cent), recent IDPs (36 per cent), cross border returnees (30 per cent) and acutely vulnerable people (21 per cent).

People's vulnerability due to the pandemic has become heightened due to poor infrastructure, particularly in the more than 1,148 informal settlements which are characterised by crowded living conditions, low availability of water, sanitation and hygiene (WASH) infrastructure, and limited access to health, social and economic services.²⁶

The physical environment and lack of transport and communications infrastructure remain a challenge in Afghanistan, with road access impeded by conflict, poor road conditions and natural hazards, including seasonal flooding and heavy snowfall. Recent HTR areas analysis has indicated that just over 200 of Afghanistan's 402 districts have phone coverage throughout the district,²⁷ with partners reporting of 34 districts with no phone coverage at all. Even in districts where phone coverage is available, interruptions are frequent, with only 222 districts having network connection throughout the day. Where cellular networks exist, only 41 per cent of displaced households report owning a sim card. Access to mobile phone service remains uneven with 62 per cent of households headed by women reporting that they do not own a sim card, something that has a range of flow-on implications including limiting access to mobile banking and feedback mechanisms.²⁸

The picture regarding access to electricity across Afghanistan is mixed. The United States International Development Agency (USAID) estimates that only 30 per cent of Afghans have access to electricity,²⁹ while figures from Afghanistan Integrity Watch suggest it may be closer to 65 per cent.³⁰ Either way, sustained and reliable access to electricity is an ongoing issue for many Afghans. Electricity supplies were especially unreliable in 2020, including in Kabul, due to supply issues.

Environmental profile

While conflict and insecurity remain the primary drivers of displacement, natural disasters, climate change and other environmental risks remain recurrent disruptors, frequently contributing to displacement and heightened vulnerability. Afghanistan has an Inform Risk Index of 8.1, the second highest country out of the 191 profiled. At the same time, the Notre Dame Global Adaptation Index ranks it as the 11th least-prepared country against climatic shocks and the 10th most vulnerable country in the world to climate change.³¹

While the number of disaster-affected people was lower in 2020 compared to previous years, the immediate climate outlook demands ongoing vigilance. A global La Niña event has been declared and regional climatic outlooks indicating 'rainfall departure' from Afghanistan, Iran and other Central Asian countries until early 2021 suggest the country should expect below-average precipitation and above-average temperatures between October 2020 and February 2021.³² This may mean there is a reduction in water availability for the winter wheat crop cycle (cultivation in spring); a reduction in rangeland production negatively affecting livestock; and higher risk of avalanches (in the highlands) and other types of hazards associated with warmer temperatures during winter.³³ With the country still recovering from the 2018-2019 drought and now COVID-19, and already serious levels of food insecurity and malnutrition, this kind of climate shock could have far-reaching consequences if it materialises as forecast.

With its location in a seismically active region, Afghanistan remains highly susceptible to catastrophic damage due to earthquakes – particularly across a number of densely populated urban areas along the Chaman, Hari Rud, Central Badakhshan, and Darvaz faults. Each of these faults is capable of producing 7 or 8 Magnitude earthquakes. In the last 10 years, more than 7,000 people have lost their lives because of earthquakes in Afghanistan, with an average of 560 fatalities per year.³⁴ A contingency plan developed by the ICCT in late 2020 estimates that if an earthquake of 7.6 magnitude were to strike the seismically risky area between Kabul and Jalalabad, up to 7 million people would be impacted in the areas of worst shaking, with three million of the most vulnerable people being in need of humanitarian assistance.³⁵

Given the convergence of heightened climate risks, food insecurity, poor national preparedness and susceptibility to damage due to earthquakes, the IASC Asia-Pacific Regional Directors have agreed that Afghanistan is now the most at-risk country in the region and should be upgraded as a global concern.

Response by Strategic Objective

As Afghanistan is in the last year of its multi-year HRP, the three strategic objectives (SOs) remain unchanged and continue to reflect the expanded scope of action adopted by the HCT in late 2019. These encompass the humanitarian conditions elaborated in the Humanitarian Needs Overview (HNO). It should be noted that multiple consequences are addressed under each objective and are thus overlapping. This HRP continues to employ a hybrid approach in its structure retaining the core elements of the original multi-year plan and combining these with aspects of the enhanced planning approach launched in 2020 where appropriate. As this is the final year of the multi-year HRP 2018-2021, it is anticipated that the HCT will consider changes to the overall design and duration of the next HRP during the year, with revised objectives that are more closely aligned with the enhanced approach.

SO 1: Lives are saved in the areas highest need

This strategic objective is focused on the provision of urgent, emergency assistance to ensure people's survival and prevent mortality. This objective combines life-saving responses to all kinds of shock under a single category (disaster, COVID-19 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 also fall under this objective. This strategic objective is concerned with addressing critical problems related to **physical and mental wellbeing and living standards**.

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

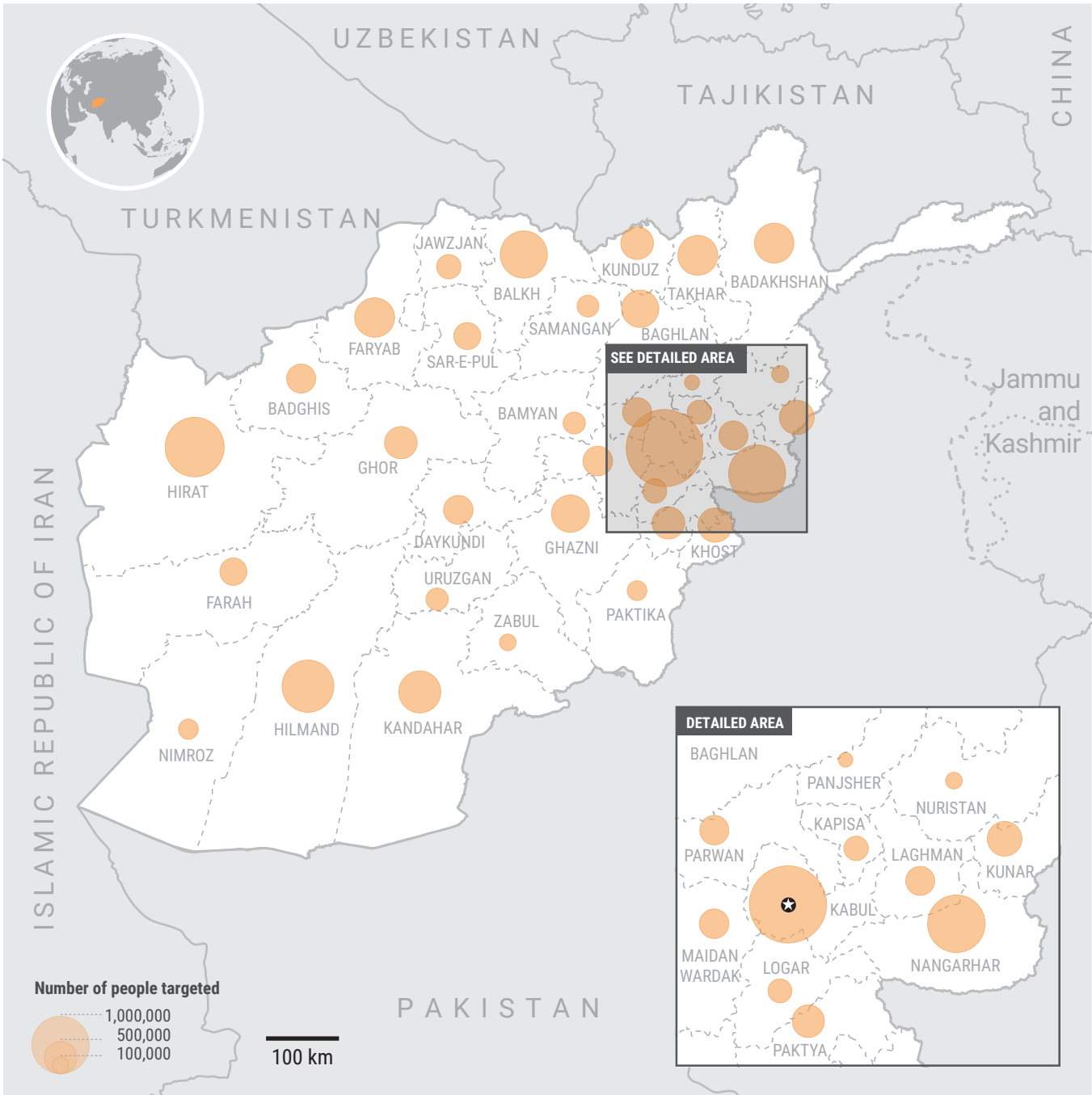
This strategic objective encapsulates responses to the extreme violence, fear and rights violations faced by people in Afghanistan every day. This strategic objective is concerned with protection and encapsulates efforts to address critical problems related to **physical and mental wellbeing and coping mechanisms**.

SO 3: Vulnerable people are supported to build their resilience

This objective prioritises action to assist the most vulnerable in the community, irrespective of when, if or how they were impacted by a shock. It recognises the struggle faced by people in Afghanistan 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 coping mechanisms**.

Planned Response

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY
18.4M	15.7M	22%	52%	8.5%



HRP Key Figures

Planned Humanitarian Response by Population Groups

POPULATION GROUP	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Vulnerable people with humanitarian needs	16.9M	13.8M	<div><div></div><div></div></div>	81%
Cross-border returnees	714K	714K	<div><div></div><div></div></div>	100%
Shock-affected non-displaced people	705K	679K	<div><div></div><div></div></div>	96%
Internally displaced people	500K	450K	<div><div></div><div></div></div>	90%
Refugees & asylum seekers	72K	72K	<div><div></div><div></div></div>	100%

Planned Humanitarian Response by Sex

SEX/AGE	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Boys	5.1M	4.3M	<div><div></div><div></div></div>	84%
Girls	4.7M	3.9M	<div><div></div><div></div></div>	84%
Men	4.6M	4M	<div><div></div><div></div></div>	87%
Women	4.1M	3.5M	<div><div></div><div></div></div>	85%

Planned Humanitarian Response by Age

AGE	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Children (0-17)	9.7M	8.2M	<div><div></div><div></div></div>	85%
Adults (18-64)	8.2M	7.1M	<div><div></div><div></div></div>	87%
Elders (65+)	505K	436K	<div><div></div><div></div></div>	86%

Planned Humanitarian Response for Persons with Disability

	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
People with disabilities	1.5M	1.3M	<div><div></div><div></div></div>	86%

Planned Humanitarian Response by Sector

SECTOR	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Education	2.6M	1.0M	<div><div></div><div></div></div>	40%
ES-NFI	6.6M	1.0M	<div><div></div><div></div></div>	15%
FSAC	17.6M	14.2M	<div><div></div><div></div></div>	81%
Health	14.5M	10.3M	<div><div></div><div></div></div>	71%
Nutrition	5.4M	2.6M	<div><div></div><div></div></div>	49%
Protection	12.8M	4.0M	<div><div></div><div></div></div>	31%
WASH	8.8M	3.6M	<div><div></div><div></div></div>	41%

Financial Requirements by Sector and Multi-Sector

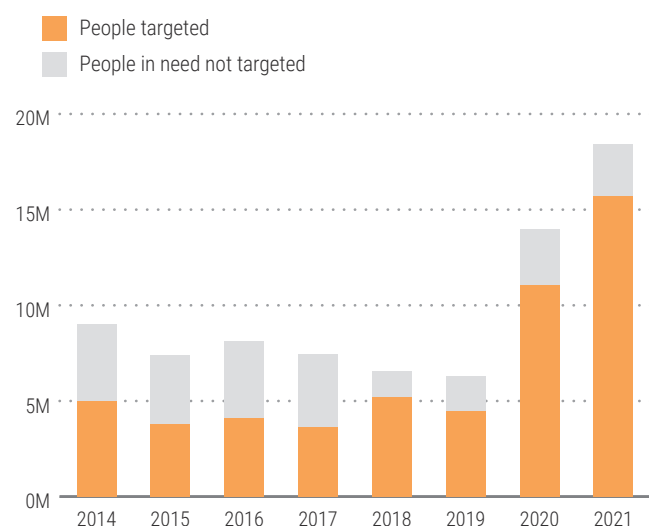
SECTOR	FINANCIAL REQUIREMENTS (US\$)	
Education	84.5M	<div></div>
ES-NFI	109.2M	<div></div>
FSAC	553.9M	<div></div>
Health	169.0M	<div></div>
Nutrition	120.7M	<div></div>
Protection	114.6M	<div></div>
WASH	93.7M	<div></div>
Aviation	19.7M	<div></div>
Coordination	16.5M	<div></div>

Historical Trends

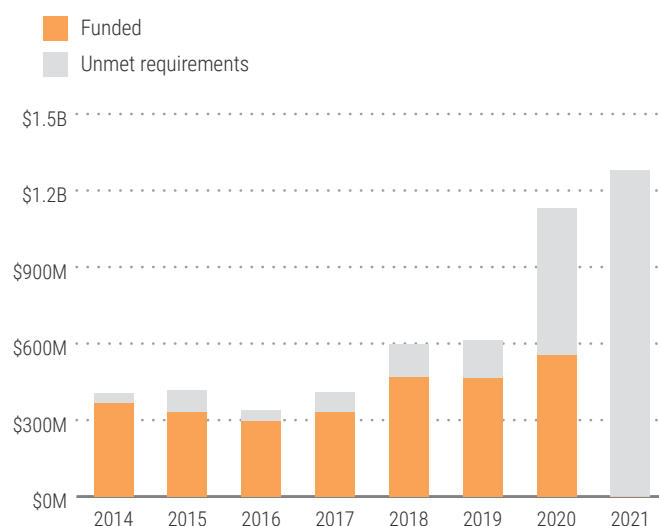
As part of the development of the multi-year HRP in 2017, a strategic decision was made to more strictly apply urgent, life-saving humanitarian parameters to the response. The plan applied a disciplined approach to calculating people in need which prioritised emergency assistance to those facing recent shocks, mostly leaving longer-term resilience and recovery needs outside the HRP 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 HRP anticipated an improvement in needs and a reduced reach over time. However, the HCT later recognised that this approach was at odds with methodologies employed in other responses and that the projections did not reflect or adequately respond to the current scale of needs that have resulted from four decades of war. A

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2014	9M	5M	\$406M	\$366M	90%
2015	7.4M	3.8M	\$417M	\$333M	80%
2016	8.1M	4.1M	\$339M	\$296M	88%
2017	7.4M	3.6M	\$409M	\$332M	81%
2018	6.6M	5.2M	\$599M	\$468M	78%
2019	6.3M	4.5M	\$612M	\$466M	76%
2020	14M	11.1M	\$1.1B	\$554M	49%
2021	18.4M	15.7M	\$1.3B	-	-

mid-term review of the multi-year HRP was launched and a course adjustment was made in late 2019. This meant a wider scope of action was applied in 2020 and now 2021 with a particularly enhanced focus on vulnerability and protection. This decision has proven prescient with the arrival of COVID-19 and an almost doubling of humanitarian need in the space of 12 months – up from 9.4 million people in January 2020 to 14 million people in June 2020 and now 18.4 million people in January 2021.

In terms of the number of people reached over recent years, this has been steadily increasing as partners worked hard to negotiate access in difficult security conditions and have demonstrated an ongoing commitment to stay and deliver in the face of dramatically escalating needs in both urban and rural settings. Partners exceeded the planned reach for three consecutive years (2017, 2018, 2019), demonstrating that there was scope to be more ambitious with future planning goals – something that was taken into account in 2020 and 2021 planning.

In 2019, the enormous multi-sector drought response saw reach far surpass targets. The full year reach for that year was 6 million against an original plan of 4.5 million. This was largely possible as a result of significant late funding (\$110 million) for the drought response in 2018 which was carried over into 2019, allowing a substantial extension of assistance to people who had been missed previously or who were in need of further assistance, boosting overall reach.

At the start of 2020, partners expanded their planned reach to 7.1 million people in response to the changed vulnerability criteria agreed in the HRP mid-term review. This was expanded further in a full revision in June 2020 in response to COVID-19, up to 11.1 million people. Humanitarians delivered some form of assistance in 99 per cent of the country's 401 districts in 2020 despite the substantial operational obstacles created by the pandemic.³⁶ By the end of September 2020, partners had reached 7.6 million people out of the target of 11.1 million. Full year reach is expected to be around 90 per cent of the original target due to a substantial amount of further assistance being rolled

out in Q4 as part of the winterisation and lean season food response. Final figures for full year reach will be known in early February 2021.

However, it is important to note that this result has been achieved with less than half of the \$1.1 billion in funding required in 2020 due to another substantial carryover of funding from 2019 (\$96 million) and an emergency shift to higher-reach, lower-cost pandemic-related activities such as disease surveillance, testing, risk communications, hygiene promotion and food assistance. This has been at the expense of more complex and costly durable interventions that require greater time and investment – for example there has been almost no donor investment in transitional shelter solutions, making it difficult to reduce vulnerability in the winter over the coming years. Thus, while the reach has remained high, the depth of assistance provided has been limited by underfunding. In the health and nutrition sectors, some needs were also unmet in 2020 as a result of people's reluctance to seek assistance in fixed facilities for fear of contracting COVID-19. This required a shift to the use of more expensive mobile modalities, which are often not able to offer the full range of services or reach as many people. The delayed rollout of urgently needed, complementary development assistance to support people in need of a social safety net due to COVID-19 has left more vulnerable people at risk of slipping into humanitarian need. This cash and food assistance under the Dastarkhan-e-Milli programme originally planned to start delivering assistance by mid-2020 but only began in December 2020, using targeting that was developed using the common humanitarian-development needs analysis. Reach into areas considered HTR by the Government due to security and access difficulties remains a challenge for this initiative. These HTR districts should be included without delay.

As a result of unmet needs, a second wave of COVID-19, exceptional cross-border movements, a La Niña weather pattern and the challenging security environment, people in need, planned reach and requirements have all increased even further in 2021. While the 2021 HRP requirement (\$1.3 billion)

is a further increase on the COVID-19 revision in June 2020 (\$1.1 billion), it is worth noting that the proportional increase in requirements (up 18 per cent) is low compared to the increase in reach (up 41 per cent) because of the continued use of high-reach, lower-cost activities in response to the pandemic.

As with 2020, 2021 figures were 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 the more realistic assessment of needs. Given the scale of the requirement and indications from donors that full funding would be unlikely, it was agreed that clusters would provide an analysis of most urgent needs, triaged depending on different funding thresholds. These are included in the annex on pages 127-137 of this plan. The volume of funding for the Afghanistan response over recent years has increased substantially but has not kept up with dramatically escalating needs. Afghanistan had consistently been among the best funded global HRPs over recent years with 78 per cent of required funding received in 2018 and 76 per cent in 2019. However, COVID-19 and the change to the scope of humanitarian planning for the 2020 and now 2021 editions of the HRP have seen funding levels drop as a proportion of the overall requirement. As of 31 December 2020, the Financial Tracking Service had recorded funding of \$554 million against the overall requirement of \$1.1 billion or just under half (49 per cent) of what was required.

While Afghanistan has persisted with multi-year HRP planning, longer-term projections have proven largely unreliable and have mostly not been useful for response planning or fundraising with a few

isolated exceptions. With the ever-changing conflict situation, varying climate patterns, the peace process and a difficult physical environment, it has proven difficult to accurately project needs into future years under the four-year cycle of the HRP. There have been five revisions since the original document was published, requiring regular recalibration of needs and funding asks to reflect emerging crises such as the 2018-2019 drought and COVID-19. Of funds received, the proportion that have been multi-year in duration is modest.

This HRP revision – for the final year of the four year cycle - again comes at a time of huge political, security health and environmental uncertainty, making it difficult to credibly forecast numerical trends beyond 2021. In particular, the lack of clarity over the direction of the Intra-Afghan Negotiations in Doha, the planned international military force drawdown and the evolution of the COVID-19 pandemic make accurate longer-term forecasting of needs and requirements beyond 2021 impossible. For now, the IPC analysis, projecting through until March 2021, has been used as the basis for calculating food insecurity throughout the year. The mid-year IPC numbers will indicate whether this assumption, and the calculations flowing from it, must be adjusted either up or down during the year. A common planning scenario centred on a worsening security outlook, a persistent threat of COVID-19, high food insecurity and malnutrition, elevated cross-border returns, economic distress and severe negative coping strategies unpins the 2021 needs analysis and response planning. The 2021 HNO outlines a series of risks to planning assumptions and potential humanitarian consequences should they materialise. (see pages 51-65 of the HNO)

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

HUMANITARIAN RESPONSE PLAN	ONE UN FOR AFGHANISTAN FRAMEWORK	SUSTAINABLE DEVELOPMENT GOALS
<p>SO 1: Save lives in the areas of highest need</p> <p>1.2 Shock-affected people (IDPs, returnees, refugees, natural disaster affected, people affected by COVID-19 and seasonally food insecure people in IPC phase 3 and 4) of all ages have a minimum household food consumption score above 42.5</p> <p>1.6 Decline in GAM among IDP, returnee, refugee and non-displaced, conflict-affected children under 5 and a decline in PLW suffering from acute malnutrition</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>3.2 Vulnerable groups, in particular children under five years, adolescent girls, and women of reproductive age, have improved nutritional status</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>SO2: Reduce protection violations and increase respect for IHL</p> <p>2.1 School-aged girls and boys affected by shocks have access to quality, basic education in a safe learning environment.</p> <p>2.4 At-risk and vulnerable people receive multisector GBV response (psychosocial, safety, health and legal) through facility and community-based interventions</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>6. Rule of Law</p> <p>6.4 Increased participation of women in civil service and public life; full implementation of the Government's commitment to women's empowerment through the National Priority Programme on WEE (priority 2.6, ANPDF), Citizen's Charter, NAP on UNSCR 1325, UNSCR 2250 and other mechanisms of rule of law and governance</p>	<p>4. Quality Education</p> <p>5. Gender Equality and Empower all Women and Girls</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>SDG 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</p>		

HUMANITARIAN RESPONSE PLAN	ONE UN FOR AFGHANISTAN FRAMEWORK	SUSTAINABLE DEVELOPMENT GOALS
<p>S03: Vulnerable people are supported to build their resilience</p> <p>3.3 Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition</p> <p>3.4 People living in HTR areas have access to health care</p> <p>3.4 People receive post-trauma rehabilitative care</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>2.5 Displaced communities are able to claim HLP rights and/or possess HLP documents</p> <p>3.6 Community-based protection systems are strengthened to reduce community vulnerabilities</p> <p>3.8 A comprehensive package of resilient WASH services is delivered to women, men, boys and girls living in hard-to-reach areas and overcrowded settlements</p>	<p>3. Food Security, Nutrition, Livelihoods 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 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 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>5.2 Returnees and IDPs have improved access to adequate Land and Housing</p> <p>5.1 Access to basic services is increased and community resilience and social cohesion enhanced</p>	<p>5. Gender Equality and Empower all Women and Girls</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> <p>SDG 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</p>		

Part 1: Strategic Response Priorities

JALALABAD, AFGHANISTAN

A young patient receives medical treatment at a trauma centre in a regional hospital. Malnutrition is among the top childhood illnesses in Afghanistan.

Photo: OCHA/Charlotte Cans



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Forty years of war, recurrent natural disasters, increasing poverty and COVID-19 are devastating the people of Afghanistan. Conflict continues to cause extreme physical and psychological harm, forcibly displacing hundreds of thousands of people every year. Conflict remains the primary driver of need in 2021, threatening people's wellbeing and limiting access to services as well as humanitarian assistance. Civilian casualties remain staggeringly high, with no sign of a lull in fighting; women and children continue to be disproportionately impacted. Humanitarian partners aim to protect people's immediate **survival and wellbeing** through monitoring of protection violations and activities that reduce the threat posed by explosive hazards through clearance and risk education. They also intend to extend opportunities for people affected by explosive hazards to maintain **dignified living standards** through provision of rehabilitative support to prevent and ease the burden of lifelong impairments.

The onset of COVID-19 has had catastrophic consequences for people's health, incomes and levels of debt, threatening their **wellbeing, living standards and coping capacity**. A massive health response to the pandemic has been underway since early 2020 with UN agencies and NGOs working in support of the Government to detect and treat those with the virus, screen new arrivals for symptoms and arm people with the information they need to protect themselves. A similar response approach is planned in 2021 with added logistical and humanitarian coordination support potentially required for the rollout of a life-saving vaccine, when this becomes available in-country.

High levels of household debt, eroded livelihoods, continued conflict and repeated psychosocial trauma have exacerbated protection needs, leaving 12.8

million people in need of protection assistance to prevent them adopting negative coping strategies. Humanitarian partners plan to extend seasonal food insecurity and livelihoods protection activities that will prevent people from employing harmful and irreversible **coping mechanisms** and allow people to work towards their own recovery. Hunger and malnutrition have spiked amid the ongoing conflict and economic downturn, with food insecurity now on par with the 2018-2019 drought, leaving Afghanistan with the second highest number of people in 'emergency' food insecurity (IPC 4) in the world, placing people's **wellbeing** at risk and requiring a massive rollout of food and livelihoods assistance in 2021. Women are facing both an increased burden of care and GBV risks due to COVID-19 necessitating a strong gender lens for the response in 2021.³⁷ Additional protection assistance, including through the provision of cash for some destitute and at-risk families, is needed for children who are increasingly being required to work outside of home and are at heightened risk of early marriage, exploitation or recruitment into armed groups. With limited legal protection and greater difficulty in securing employment, many households live under the threat of eviction making rental assistance and support with documentation essential to improving the dignity of people's **living conditions**.

The deteriorating context and an increase in the population estimate (now 40.4 million people) have combined to leave a projected 18.4 million people in humanitarian need in 2021, of whom humanitarians are planning to support 15.7 million people, provided sufficient funding is available. These humanitarian needs estimates were calculated using the new Joint Inter-Sectoral Analysis Framework (JIAF) approach, which looks holistically at the needs facing people in Afghanistan and measures the severity of these needs

using a series of inter-sectoral indicators. The JIAF analysis revealed that all 34 provinces in the country are in severe (15) or extreme (19) need, with almost all population groups of concern present in every province (except refugees who are mostly centred in Khost and Paktika). This severity analysis and similar exercises by individual clusters have guided targeting decisions for the 2021 response.

COVID-19 Response Adaptations

The COVID-19 pandemic has required humanitarian partners to quickly adapt to new realities of restricted movement, unpredictable international and domestic flight suspensions, sporadic border closures and limited face-to-face interactions during needs assessments, group-based activities, distributions and awareness-raising work. In response, partners have scaled-up their capacity to respond via new approaches that are more suited to operations within this demanding environment.

To get ahead of international border closures and domestic movement restrictions introduced to curtail the spread of the virus in 2020, partners scaled-up their capacity to deliver double rations of food assistance with modified rules to ensure social distancing at distributions. To offset the reduced care seeking behaviour seen in health and nutrition facilities, a significant portion of the response was mounted through mobile delivery modalities. Protection also had to shift its approach to deliver care, trainings and information to people individually or remotely, rather than via group sessions. Cash-based assistance was used, where feasible, enabling partners to avoid lags in procurement and transport lead times. Cash approaches were also well-suited to the increasingly urban environment in which large parts of the response are now being delivered. For others sector, work was re-prioritised to meet new COVID-19 needs. For example, WASH capacity was tilted more towards hygiene assistance – a key component of COVID-19 prevention – rather than other WASH responses such as sanitation.

In response to school closures, Education partners supported the Government in developing remote learning curricula and provided alternative learning options through distance education (TV and radio), self-learning and small group options. Teachers were also re-deployed as community agents of COVID-19 awareness. In 2020, several thousand health workers and volunteers were trained in laboratory testing, mental health and psychosocial support (MHPSS) and risk communication work, augmenting the

As humanitarians shifted response priorities to meet COVID-19 related needs, unaddressed priorities from 2020 are now driving more severe needs across the board in 2021 and will require urgent supplementary development assistance, especially in protracted displacement sites. In 2021, some 36.7 million people (93 per cent of the population) are estimated to be living on less than \$2 a day and 30.5 million people

Government's capacity in dealing with the pandemic. Through this network of health workers and the re-deployment of 34,000 polio volunteers for COVID-19 activities, health partners have rolled out a surveillance system that tracked nearly 600,000 people and screened more than 536,000 people at border points in 2020.

Deeper humanitarian and development collaboration will also be one of the few encouraging legacies of COVID19 in Afghanistan. The sheer scale of the crisis and its economic implications have brought humanitarian and development partners together in ways not imaginable a year ago. The situation has provided space to apply lessons learned from the 2018-2019 drought and act on the desire to see better linkages between humanitarian and development efforts in times of acute shock. The common needs analysis included in both the June 2020 and now the 2021 HNO and HRP (see page 08) is evidence of this more joined-up thinking that has been fostered by the pandemic response. This work underpinned targeting for the Dastarkhan-e-Milli programme that is now being implemented by the Government and the World Bank. The use of a social assistance lens has proven an invaluable gateway to greater collaboration and is a useful reminder that aid and development work delivers best results when it is centred around people and their specific needs. It is hoped that this work can be further built upon in 2021 through pilot nexus response initiatives including in urban locations where needs are escalating such as the Kabul informal settlements. (see box text page 36)

With the continued threat from COVID-19 in 2021, clusters will be required to demonstrate continued flexibility and apply lessons learnt from the alternate approaches outlined above for another year. Humanitarian partners have remained operational in 99 per cent of the country – partly relying on remote working to coordinate and collaborate – and have shown that they can adapt and deepen their response dependent on funding.

are in urgent need of a social assistance from the Government and development actors to help them live dignified lives and avoid slipping into more acute need.

Scope of action and response priorities

In 2021, 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 from threats such as GBV and child labour and reducing violations of IHL; and efforts to build the resilience of vulnerable people, including in response to COVID-19-driven economic stress. The ongoing use of these expanded parameters in 2021 will continue to 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, recurrent natural disasters and now COVID-19. The multi-year HRP continues to prioritise saving lives, while also acknowledging that the humanitarian burden can only be sustainably reduced through enhanced partnerships with development actors and a renewed commitment to resilience-building initiatives which bridge short-term relief and longer-term assistance.

Population groups and lenses of analysis

Given the broad scope and depth of need nationwide, as well as the deteriorating outlook for the coming year, the populations of concern for the 2021 HNO and HRP remain the same as those used included in the June revision to the 2020 HRP.

- New Internally Displaced People
- Shock-Affected Non-Displaced People (including trauma and COVID-19 hospitalisations)
- Vulnerable People with Humanitarian Needs (including protracted IDPs)
- Cross-Border Returnees
- Refugees and Asylum Seekers

These five population groups have been further articulated in sub-groups to allow for detailed 'people in need' calculations, support stronger targeting and

facilitate enhanced reporting. Disaggregated needs and response data is provided, where identifying the number of men, women, children, and people with a disability in need and to be assisted.

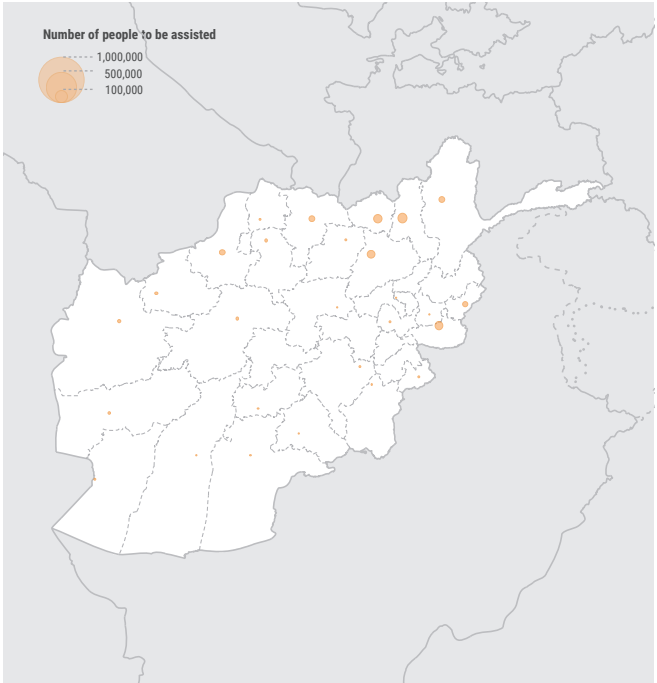
The simultaneous focus on those needing emergency assistance as a result of conflict and disasters, in addition to 'vulnerable people with humanitarian needs' reflects the decision by the HCT in 2019 to expand the scope of humanitarian action in Afghanistan to include a wider range of people with ongoing need for support, as well as people who require resilience and recovery assistance to prevent them from slipping into more severe humanitarian need. The economic and social ramifications of COVID-19 have reinforced the importance of including these population groups within the scope of humanitarian action, particularly for the almost five million IDPs who have fled their homes since 2012 and have not returned to their places of origin.

Geographic prioritisation

Activities for 2021 have been geographically prioritised according to the JIAF analysis in the HNO which shows that there are needs in every province of the country; 15 of the country's 34 provinces are in severe need and 19 are in extreme need. 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 Kabul Province (2.4m people), due to the concentration people in urban settings who are now facing crisis and emergency levels of food insecurity as a result of COVID-19, followed by Hirat Province (1.5m people), where there are also unprecedented levels of urban food insecurity, where the majority of returnees from Iran are located and where drought recovery is still underway. The remaining top provinces to receive assistance by population are Nangarhar, Badakhshan, Balkh, Hilmand, Faryab, Ghor, Kandahar, and Badghis in that order.

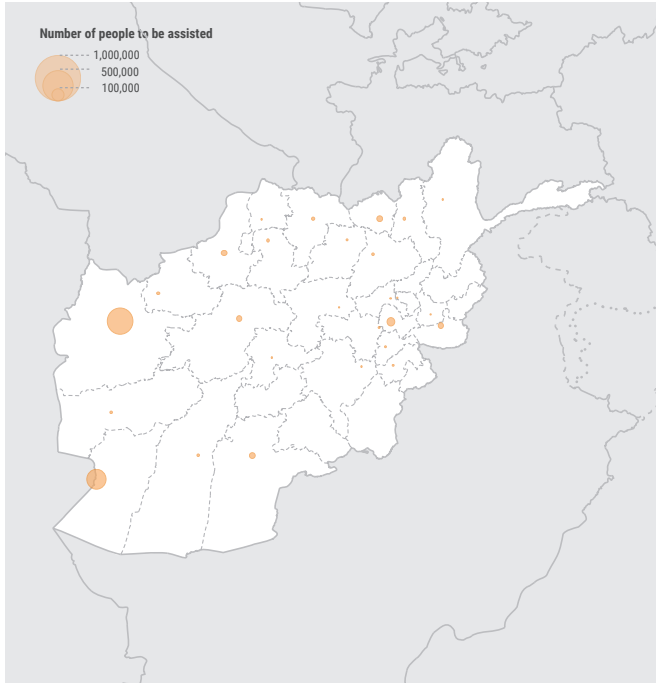
New Internally Displaced People

PEOPLE IN NEED	PLANNED REACH
500K	450K



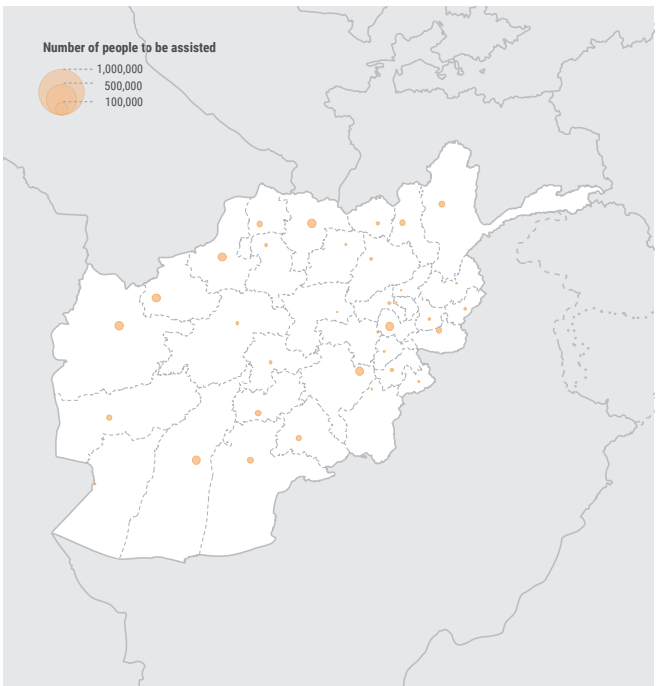
Cross-Border Returnees

PEOPLE IN NEED	PLANNED REACH
710K	710K



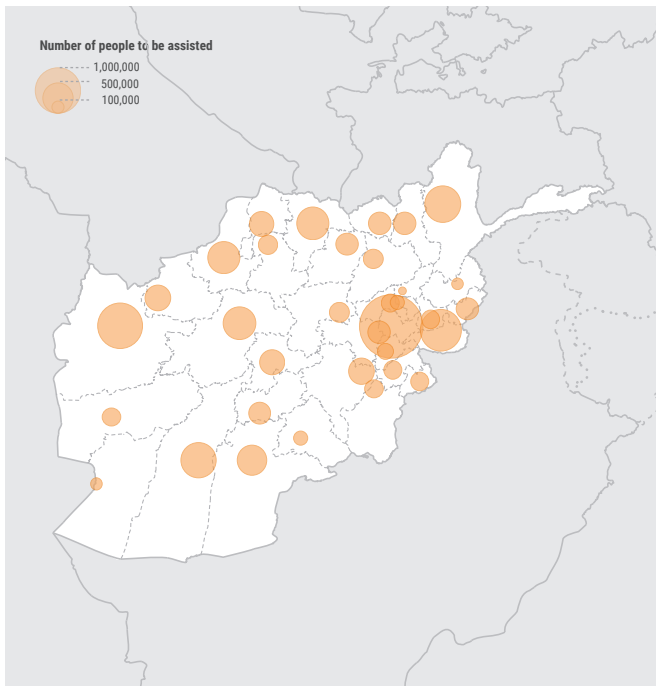
Shock-Affected Non-Displaced People

PEOPLE IN NEED	PLANNED REACH
700K	680K



Vulnerable People with Humanitarian Needs

PEOPLE IN NEED	PLANNED REACH
16.9M	13.8M



1.2

Strategic Objectives, Specific Objectives and Response Approach

KANDAHAR, AFGHANISTAN

After missing out on years of schooling, children displaced by conflict receive catch-up courses in Zheray district, Kandahar, southern Afghanistan with support from the AHF. Photo: OCHA/Charlotte Cans



Strategic Objective 1

Lives are saved in the areas of highest need

- Addressing Critical Problems Related to Physical and Mental Wellbeing
- Addressing Critical Problems Related to Living Standards



JALALABAD, AFGHANISTAN

Bibi Anisa is a nurse treating female patients at the Jalalabad Regional Hospital in Nangarhar Province. In early 2020, she contracted COVID-19 through her work at the hospital. She has since recovered and returned to work. Photo: OCHA/Charlotte Cans

Safeguarding civilian safety and preventing disability

Deteriorating and widening insecurity continues to expose increasing numbers of people to life-threatening harm and injury, undermining their physical and mental wellbeing. For the final year of the multi-year HRP, humanitarian partners will continue to provide immediate and effective assistance that prevents loss of life and alleviates human suffering. After four decades of war, Afghanistan is littered with explosive ordnance that poses 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 dangers

in 2021, Mine Action (MA) partners will conduct survey, clearance and disposal activities in high-risk areas. MA partners will also scale-up mine risk education (MRE) to focus on reaching populations in HTR areas and populations on the move.

Humanitarian partners will routinely monitor trends in attacks against civilians, critical service infrastructure and personnel to guide informed advocacy with parties of the conflict to practically adhere to IHL and IHRL. To deepen access of humanitarian partners to deliver principled and needs-based response in all parts of the country, the humanitarian community will

continue to deliver trainings on the JOPs to all parties to the conflict and humanitarian staff in the field.

Preventing the spread of and responding to COVID-19

COVID-19 continues to have an enormous, multi-dimensional impact on the people of Afghanistan. With the country now in the midst of a second wave of the pandemic, responding to immediate health needs across the country will continue to be a response priority. Following lessons learned from the initial wave of COVID-19 in 2020, efforts to prevent and respond to the pandemic, such as the expanded use of mobile services, the utilisation of social-distancing at distributions and alternative approaches to carrying out group trainings and assessments, have been integrated and mainstreamed into all cluster and sector strategies for 2021.

The Health COVID-19 response will continue in 2021 under the nine existing pillars: 1) coordination, 2) risk communication and community engagement, 3) surveillance, 4) points of entry, 5) laboratory services, 6) infection prevention and control, 7) case management, 8) operational support and 9) maintaining essential health services. Continued emphasis will be placed on scaling-up surveillance, risk communication and community engagement work, enhancing infection prevention and control measures at static facilities, maintaining the expanded capacity of mobile facilities, and utilising COVID-19 transmission mitigation approaches. Under the Government's leadership, the Health Cluster is also preparing logistically for the rollout of any vaccination campaign for COVID-19 when doses become available to Afghanistan through the global COVAX mechanism. It is likely that humanitarian health partners will have a role to play through scaled-up Mobile Health Teams (MHTs) where a comprehensive set of health services, including vaccination, would be delivered.

The WASH Cluster will continue to emphasise hygiene promotion and infrastructure as part of its response to maximise the community's capacity to protect itself from the virus. The response in 2021 will also work to address other indirect health, economic, and protection consequences of the pandemic. This

includes dedicating more resources to addressing trauma and other unmet health needs that have been exacerbated by people delaying healthcare treatment in 2020 for fear of contracting the virus or because of reduced health capacity for non-COVID concerns.

Expanding life-saving health care services

The Health Cluster continues to respond to people's immediate health needs by ensuring access to critical life-saving assistance for all population groups. In 2021, the Health Cluster will continue to support the expansion of both non-COVID and COVID health services. The Cluster will also support epidemiological surveillance and capacity to detect, investigate, respond to and report on a full range of disease outbreaks which regularly occur in Afghanistan including not just COVID-19 but other diseases such as Acute Watery Diarrhea (AWD) and Crimean-Congo Haemorrhagic Fever (CCHF), through expanding and strengthening early warning systems. Health partners will also continue to support laboratories with the equipment they need to detect outbreaks.

Ensuring basic health services remains challenging in the face of the pandemic and widespread conflict. About one-third of the population (mostly those living in HTR areas) do not have access to a functional health centre within two hours of their home.³⁸ Health partners will focus on expanding services through community-level health facilities (as opposed to hospitals), which will mean providing specialised training and equipment to these locations. This will allow people to receive care closer to home and allay fears around the need to travel to receive basic health care. MHTs will remain a key component of the health response, with ongoing plans for expansion to enable a broader reach into remote areas, especially for vaccinations. The Cluster will expand support for essential repairs, rehabilitation and equipping of health facilities where they exist.

With the volatile security situation creating higher trauma needs and associated disabilities, secondary trauma care continues to be a critical need. At the same time, health partners are increasingly concerned about residual disability impacts from missed trauma

care in 2020 that will require close monitoring in 2021 and enhanced intervention.

Addressing acute food insecurity and malnutrition

In 2021, efforts will be made to further scale-up operations to respond to food insecurity and avert extreme hunger and acute malnutrition. Food Security and Agriculture partners will aim to reach an ambitious 14.2 million people with food and livelihoods assistance, including support for vulnerable people whose needs have been aggravated by the pandemic. The response will focus on those with poor or borderline food consumption scores (FCS), along with those with high or medium scores on the Reduced Coping Strategy Index (rCSI) and those recording 'emergency' or 'crisis' levels on the Livelihoods Coping Strategy Index (LCSI). Additionally, with rising household debt and food being the most common reason for people to borrow money,³⁹ the Food Security and Agriculture Cluster (FSAC) will aim to align its response with areas hosting people with high debt levels (>8,000 AFN) as well as malnutrition hotspots in 2021.

Building on evidence gathered from the Emergency Response Mechanism 10 (ERM) post-distribution monitoring (PDM) data in 2020⁴⁰ that showed there was no significant improvement in the FCS of households who had received only two to three months of seasonal food support, FSAC will adopt a new approach in 2021 that expands critical seasonal food support to four months. This modest expansion is expected to better support households through the difficult COVID-19 affected lean season in early 2021. While the food assistance basket will remain the same, the Cluster will advise its partners to upgrade the value of the contents of the food basket to encourage improved nutrient intake and account for commodity price rises associated with the pandemic.

The nutritional status of children under five has deteriorated to precipitous levels across most of Afghanistan. The Nutrition Cluster response will continue its focus on core nutrition services and will aim to reach 2.6 million children and pregnant and lactating women (PLW) with life-saving

nutrition services. This includes through treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases; a therapeutic supplementary feeding programme (TSFP) for undernourished PLW; a continuation of a blanket supplementary feeding programme (BSFP) for children between 6 and 59 months that was initiated in 2020; micronutrient supplementation in emergencies; infant and young child feeding (IYCF) in emergencies; mother, infant and young child nutrition (MIYCN) for nutritionally at-risk under five children; and a BSFP for PLW affected by emergencies to mitigate against disruptions to ongoing assistance. The Cluster will maintain diversified delivery approaches with an increased focus on Mobile Health and Nutrition Teams (MHNTs) to ensure nutrition services reach those who are unable or unwilling to access health centres. The Cluster also plans to increase its investment in the preventative component of the nutrition response and provide financial support to cover transportation costs – through cash or voucher assistance – for vulnerable families travelling to seek inpatient SAM care. This will be done in close collaboration with the Cash and Voucher Working Group (CVWG).

Supporting people to live with dignity and safety

The proportion of the Afghan population with access to safe drinking water remains one of the lowest in the world leaving communities at high risk. With the COVID-19 pandemic still impacting on every corner of the country, lack of access to water, as well as hygiene materials and practices, is directly contributing to the spread of the virus, leading to infections and deaths. Against the backdrop of the COVID-19 pandemic, the WASH Cluster has adopted a "kite strategy" that approaches its response planning from four angles:⁴¹ scaling-up to address WASH-related acute vulnerabilities; adapting WASH support to mitigate against COVID-19 transmission and stigmatisation (integrating disinfection and risk communication); enhancing flexibility and rapid mobilisation of the response to emerging COVID-19 hotspots or heightened risk factors; and providing sustainable handwashing access by linking humanitarian and development handwashing promotion activities. Therefore, in 2021, the WASH Cluster will continue to

target the most vulnerable people who are exposed to risks from using unsafe water sources, lack of hygiene and unimproved sanitation facilities and will focus on displaced populations, those living in conflict-prone areas and those who are vulnerable to disasters. Additionally, building on analysis of cross-sectoral needs, as identified in the JIAF, the cluster will also prioritise displaced households in provinces found to be in a critical situation where at least 40 per cent of displaced households report that they have children under five years who experienced AWD in the two weeks prior to the WoA Assessment.⁴²

Across all geographic areas, the response priority is firstly to deliver a WASH minimum package of services at the community level targeting the acute risks facing the most vulnerable people, as well as to set up sustainable handwashing stations in remote health care facilities and public spaces. Additionally, in line with the revision to WASH cluster plans in the June 2020 HRP, hygiene promotion will again feature more prominently in the Cluster's planned reach for 2021 given COVID-19 necessities.

Shelter and NFI needs remain high. The number of people in need of emergency assistance has increased from 1.3 million in 2018 to 6.6 million in 2021. Multi-tier displacement including as a result of continued conflict, the 2018-2019 drought and the early and atypical floods of 2019, have contributed to the increase in needs. New dynamics, such as the risk of eviction, have been exacerbated by COVID-19 and also require targeted response. In 2021, the Emergency Shelter and Non-Food Items (ES-NFI) Cluster aims to reach 1 million people with various forms of assistance. While this is well below the number of people in need, the Cluster has tried to be realistic about annual funding trends and the capacity of partners to do more in the current context. The Cluster's strategy includes activities to ensure that people who have been directly impacted by new shocks have immediate access to emergency shelter, household items and seasonal assistance. Standard NFI kits will continue to be distributed where needed. Affected families will also be provided with seasonal items (such as warm clothing, heating materials

and blankets in winter) to save lives, reduce their exposure to the harsh winter conditions and mitigate against the risk of respiratory infections, hypothermia and preventable mortality among children and the elderly. The Cluster will also prioritise shelter and NFI assistance for people residing in informal settlements with the highest needs reported in the country's centre and west.

Enhancing coordination

A range of enhancements designed to improve the quality and timeliness of life-saving services were proposed as part of an overhaul of coordination arrangements in 2019 and 2020. In line with the recommendations of the 2019 Peer-2-Peer mission, these included: 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; the revision of the HCT Protection Strategy to make it more useful as an operational tool; further improvements to and training on the new IDP Standard Operating Procedures (SOPs) implemented jointly with the Government in 2019; a scale-up of cash capacity and safe cash use; a greater focus on AAP and PSEA, and the rollout of the JOPS through the HAG. The implementation of many of these recommendations was initiated in 2020, with varying degrees of progress achieved due to the shift in overall focus on the COVID-19 response. OCHA will continue to lead the HCT's work to build on progress and accomplishments across these priorities in 2021. Improved efforts towards integrated humanitarian response and more coordinated action with development agencies, especially in urban areas, are both priorities for 2021. (See box text pg 36) OCHA will also support the HCT in developing an advocacy strategy in 2021 and will continue to lead the ICCT on the development of issue-specific contingency plans such as the earthquake and flood plans developed in 2020.

Strategic Objective 2

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

- Addressing Critical Problems Related to Physical and Mental Wellbeing
- Addressing Critical Problems Related to Coping Mechanisms



JALALABAD, AFGHANISTAN

Cash assistance being provided to vulnerable people in Jalalabad in late 2019 by an NGO partner with funding from the AHF.

Photo: OCHA/Charlotte Cans

Managing increased protection risks due to COVID-19

Conflict, poverty and repeated natural disasters have left an acutely vulnerable population with eroded emotional and financial capacities and increased protection risks. The onset of the COVID-19 pandemic and the impact of measures implemented to contain its spread have driven an already fragile population to new levels of need and triggered severe protection threats as people adopt more drastic measures to survive. To address rising GBV risks and the adoption of negative coping strategies such as child labour and early marriage in 2020, Protection Cluster partners expanded access to specialised protection services for the most vulnerable, including

a one-time cash top-up grant under a new Cash-for-Protection programme that has proven extremely valuable for the most vulnerable, helping them to avoid dangerous negative coping approaches. Cluster partners also used flexible approaches to deliver psychosocial support (PSS), legal counselling and assistance on documentation and information, both through community centres and through mobile teams. Going into 2021, the Cluster will continue to utilise these adapted programme approaches to provide specialised protection services, particularly to highly vulnerable groups including IDPs, refugees, undocumented cross-border returnees, vulnerable host communities and those who are at risk from

a protection perspective as a result of COVID-19. Additionally, to respond to the unique challenges facing children, the Child Protection Sub-Cluster will expand specialised services for the most vulnerable children, including children who have been or are at risk of being recruited by parties to the conflict, children who have been put to work, child GBV survivors, children at risk of GBV, and unaccompanied and separated children. Activities will be provided through fixed and mobile Child Friendly Centres. PSS will be provided to children and their caregivers. Similarly, to respond to the unique needs of GBV survivors, the GBV Sub-Cluster will scale-up its activities in 2021 to provide improved access to information about and services for GBV response, expanding integrated service approaches for GBV case management and PSS. The promotion of case management and other response activities, working through a survivor-centred approach, will guide a response that is tailored to the gendered and personal differences of the population that is served.

Mitigating against attacks on education and health

Evolving conflict and continued violations of IHL have contributed to an alarming protection crisis affecting the whole population in different ways. Amid this culture of disrespect for IHL, attacks on protected health and education facilities continue to be commonplace. The May 2020 attack on mothers, babies and healthcare staff at Sad Bistar Hospital in Kabul is an extreme but important example of the disregard showed for IHL and human life.⁴³ While this attack is particularly heinous, deliberate assaults on health care in Afghanistan have increased overall since 2017; 67 attacks on healthcare personnel and facilities were recorded between January and October of 2020 alone. Between July 2019 and June 2020 there were 155 attacks on schools.⁴⁴ In 2021, the Health Cluster will join with education colleagues to enhance monitoring of these violations and conduct advocacy around the protection of health care staff and patients at health facilities, and students and teachers at schools.

To progress the commitment to school safety, the Education in Emergencies Working Group (EiEWG)

will continue to support the operationalisation of the Comprehensive Safe and Secure Schools Framework – which was developed in response to the 2019 presidential election – by government authorities, EiE partners, and communities.

Reducing adoption of negative coping mechanisms

Elevated prices and job losses in the informal economy due to COVID-19 have left many families, especially in urban areas, in deeper crisis. Harmful traditional practices and coping strategies such as early and forced marriages, indebtedness, child labour and begging, as well as lack of access to basic health, psychosocial and legal services, continues to make life for people even more fragile. In 2021, humanitarian actors will continue to deliver targeted, needs-based assistance that focuses on people who have already adopted or are at risk of adopting negative-coping mechanisms, including taking on catastrophic levels of debt.

Key to identifying and supporting those most at-risk in 2021 is scaling-up protection monitoring and risk analysis, as initiated in 2020. This analysis will inform the protection response, including referrals and evidence-based advocacy. Limited cash assistance will be provided to families most at risk of using harmful practices to cope with COVID-19's impact. Protection responses will continue to be tailored to vulnerable people with specific needs such as people with disabilities. Community engagement will also continue to be strengthened to raise awareness and protect children from violence, abuse, exploitation and neglect with strong links to the work of the AAP Working Group (AAPWG), the PSEA Task Force and the new Disability Inclusion Working Group. As well as the HCT Compact, this work will be guided by the revised HCT Protection Strategy which assigns responsibilities to agencies across the humanitarian response.

Gender-sensitive response planning

The COVID-19 pandemic has disproportionately impacted women who have taken on an increased burden or care for sick family members and children who are out of school, and have been exposed to

increase risks from domestic violence. GBV incidents in Afghanistan are widespread and have been increasing, particularly during the pandemic which has added stress to an already fraught situation. While difficult to quantify, a recent War Child assessment⁴⁵ showed a 35 per cent increase in GBV since the onset of the pandemic, including a 91 per cent rise in verbal abuse and a 55 per cent increase in physical abuse. The HRP outlines plans for the provision of legal, health and PSS for at-risk IDP, returnee and non-displaced GBV survivors through a multi-sector approach. Complementary activities that exclusively target men and boys, as well as institution- and policy-building activities, such as long-term behavioural change and legislative reform initiatives, will be covered through partners conducting development programming.

In designing their programmes, response approaches and targeting, clusters have paid particular attention to the unique vulnerabilities of children and women. Gender-sensitive COVID-19 messaging will promote tailored ways of reaching women with the information they want and need, while utilising the new GBV Sub-Cluster Referral Pathways Task Force (formed in 2020) ensure a multi-sectoral and integrated response for survivors of GBV. Vulnerabilities include more women-headed households struggling due to the loss of breadwinners from violence and now COVID-19; as well as the social and cultural norms that limit women's access to government and humanitarian services, particularly health care.⁴⁶ The situation demands a strong gender lens is applied to all programming in 2021. This will be supported by the work of the Gender in Humanitarian Action Working Group (GiHAWG) whose mandate was extended at the end of 2020, beyond its initial COVID-19 remit, to now provide technical advice and advocacy on all aspects of the response.

Accountability to Affected People (AAP)

The 2021 HRP maintains an emphasis is on a rights-based approach to humanitarian activities in response to the sheer scale of the protection crisis facing the country. As such, the 2021 HRP will continue to prioritise protection mainstreaming throughout all programming. Activities will also be undertaken by all partners to improve AAP and support expansion of community engagement under the leadership of the AAPWG. Strengthening community engagement, improving awareness of COVID-19 prevention and response through two-way communication, and tracking and correcting rumours have proven critical in the initial COVID-19 response and will remain central priorities in 2021 to combat COVID-fatigue and mitigate against additional waves of COVID-19. This task will be supported by the efforts of the AAPWG but will require a whole-of-community effort and dedicated resources. Continued support for the Awaaz Afghanistan inter-agency telephone 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, community perception surveys, and individual agency feedback mechanisms.

The PSEA Task Force will also continue its work on system-wide improvements to awareness and referral processes in the humanitarian response. There will also be new efforts in 2021 to have a more united approach with development actors to PSEA. The establishment of a joint humanitarian-development Disability Inclusion Working Group in 2021 will also ensure the preferences, needs and aspirations of this vulnerable and marginalised population group are well incorporated into the response, in line with global guidance.

Strategic Objective 3

Vulnerable people are supported to build their resilience

- Addressing Critical Problems Related to Living Standards
- Addressing Critical Problems Related to Coping Mechanisms



SURKH ROD, AFGHANISTAN

A girl displaced by conflict to the Surkh Rod area in the eastern province of Nangahar. Her father was killed by the conflict and she does not go to school as she supports her family.

Photo: OCHA/Charlotte Cans

Strengthening fragile health systems and supporting people with disability

The health response in 2021 will continue to focus on providing essential infrastructure, supplies, equipment and diagnostic tools and life-saving training to doctors, nurses and health professionals both related to the pandemic and for the provision of other health services. However, recognising the scale of health needs that went unaddressed in 2020 due to the heavy focus on the pandemic response, the Cluster will prioritise extending support to secondary care (in the form of rehabilitative support to trauma patients) and overall strengthening of health systems. Health partners will also specifically focus on improving the capacity of health workers, establishing a sustainable pipeline of health supplies and improving health

facilities through infrastructure maintenance and equipment provision. The Cluster has further observed that there are residual disability impacts from missed trauma care in 2020. The Cluster will continue to strengthen health systems to provide rehabilitation and prosthetics assistance and advocate for complementary development programmes to provide secondary and tertiary trauma and rehabilitative care to avert life-long impairments and enable people with disabilities to fulfil their potential.

Livelihoods support to people affected by COVID-19 and enhanced linkages with development actors

Threats to already under-developed living conditions are another consequence of the COVID-19 pandemic. Market monitoring reports indicate that prices for

key commodities have sharply increased while the purchasing power of millions has plummeted. The economic consequences of over four decades of conflict and now the pandemic have been felt across all population groups. In response, humanitarian organisations, and in particular FSAC partners, will continue to deliver programming which aims to meet livelihood needs, including by the continuation of a range of asset-creation activities and the provision of vital agricultural inputs. These asset-creation programmes are expected to extend income-generation opportunities, such as kitchen gardens and poultry cultivation, and allow vulnerable populations to both diversify household diets and earn a living. Anticipatory development funding and more collaborative efforts with development partners, including through social assistance programming are critical to avoiding preventable suffering and a more expensive humanitarian response to more people in the longer-term, especially in urban areas.

Getting vulnerable children into school

The education situation in Afghanistan remains fragile. Government-ordered school closures between March and October 2020⁴⁷ to mitigate against the spread of COVID-19 meant that 10 million children in public schools and 500,000 children enrolled in community-based education (CBE) programmes had little-to-no access to learning opportunities and protective environments for more than six months,⁴⁸ resulting in opportunity costs around early childhood and cognitive development. This is in addition to the 3.7 million children who were already out-of-school before the COVID crisis began. Additional school closures announced at the end of 2020 for the upcoming winter have meant that students continue to face prolonged absence from classes, which will in turn result in loss of skills, especially in literacy and numeracy, and declining commitment to learning.

In response to education deficits faced in 2020, EiEWG partners plan to reach 1 million children in 2021 with a comprehensive package of assistance which includes cross-over support from both WASH and Child Protection actors. The EiE response will focus on the implementation of the EiE minimum

package with integrated child protection and WASH components, home-based education for children through self-learning materials and remote teacher support, operationalisation of the Comprehensive Safe and Secure School Framework; and provision of support to vulnerable public 'hub' schools so that they can provide quality sustainable education for displaced and vulnerable children. The EiEWG will also work with the ES-NFI Cluster to achieve integrated winterisation response objectives and enable children to catch-up on learning lost due to COVID-19 school closures. The primary focus will be on people displaced by conflict and disasters, returnees (documented and undocumented), refugees, shock-affected non-displaced children and the most vulnerable out-of-school children (6-17 years) from host communities in HTR, conflict-affected and remote areas of Afghanistan.

Providing durable shelter

Poor shelter and unhygienic conditions, particularly in displacement, leave people vulnerable to diseases such as COVID-19, unable to cope with Afghanistan's harsh winters. Many IDPs remain in a protracted state of displacement, unable to contribute to their own recovery and continuing to require costly annual winterisation support, among other unaddressed needs. The ES-NFI Cluster recognises that transitional shelter needs remain high across the country, with people reporting shelter as their second highest priority need after food.⁴⁹ In 2021, the Cluster will include a modest range of transitional shelter interventions at the onset of emergencies so as to simultaneously meet immediate needs while also rebuilding people's resilience to future shocks. These activities will include shelter repair and upgrade, transitional shelter, rental subsidies, and permanent shelter. Shelter activities will be undertaken in coordination with the Government, incorporating all the relevant HLP components, safeguarded by evidence of legal and/or customary ownership and occupancy. At the same time, HLP partners will continue to work to support legal tenure, including by expanding legal support services to residents to strengthen recognition of their HLP rights through formal and informal systems, such as acquiring

improved tenure and identity documents; supporting inter-cluster responses to upgrade housing, local infrastructure, key services, and livelihoods in partnership with community groups and local

authorities; supporting HLP components of IDP Provincial Action Plans (PAPs), and promoting gender equity in accessing HLP rights.

Urban response approaches

COVID-19 has pushed many people living across Afghanistan's urban communities into acute humanitarian need for the first time. Nowhere is this more visible than in Afghanistan's informal settlements where lack of land rights, protracted displacement, poor access to services, limited space for dignified living and physical distancing and crushing poverty made people especially vulnerable in 2020. Of the 18.4m people identified as being in need nationwide in 2021, an estimated 5.6 million are now in urban areas. Humanitarians will aim to support 4.4 million⁵⁰ vulnerable people in cities in 2021 in a major shift since the start of the multi-year HRP in 2018, when assistance was much more heavily focused in rural areas directly impacted by recent displacement and disaster.

This change in geographical prioritisation of assistance is a product of several factors. Firstly in 2019, the SFSA analysis was extended into selected urban areas for the first time, revealing underlying food distress in cities that had previously been undetected. Secondly, the revised scope of humanitarian action agreed in late 2019 introduced broader targeting criteria that now includes vulnerable people with acute humanitarian needs within the scope of action, irrespective of when or if they experienced a shock. It is estimated that more than 44 per cent of the almost 4.8 million people displaced since 2012 who have not returned home are living in urban and peri-urban areas, including in informal settlements.⁵¹ Finally, COVID-19 has hit Afghanistan's cities disproportionately hard, both in terms of likely cases (50 per cent of Kabul residents were estimated to have had the virus by June compared to 30 per cent nationally)⁵² and in terms of job losses because of higher rates of informal employment. Informal settlements are at particularly high health risk from COVID-19 because of overcrowding and lack of access to hygiene. In the Kabul informal settlements, 13 per cent of households headed by women rely on begging to survive, placing them at high risk from the COVID-19 economic downturn.⁵³ In contrast to past years, urban areas in Kabul have also seen a rising trend in malnutrition, particularly since the onset of the COVID-19 pandemic.

During 2020, COVID-19 saw people previously living in poverty in urban areas, slipping into more acute humanitarian need. While humanitarians have expanded their emergency response in cities and peri-urban areas accordingly, short-term humanitarian activities are insufficient and inappropriate to address the broad spectrum of needs facing these communities in the long-term. A more joined-up humanitarian-development approach to this urban caseload is needed to build people's resilience and move people out of acute need and onto the road to recovery. In informal settlements in particular, the Government and development partners are better positioned to provide the durable solutions required in an urban setting, particularly in terms of supporting access to basic services such as housing, water and sanitation and accelerated access to secure land tenure. Many of those who live in these locations are long-term IDPs. Almost 90 per cent of long-term IDPs say they don't intend to return home in the next six months, while about half say they never intend to return.⁵⁴ This makes sustainable solutions essential so that they can rebuild their lives in their new home.

With this in mind, discussions have begun between OCHA, UNDP, the World Bank, and the ADB about opportunities for more complementary efforts to support people in urban areas and provide pathways out of humanitarian need and towards resilience. This effort is a coordination priority for 2021 and a workshop is planned for the first quarter of the year to identify priority activities. This work will follow-on from an initial ICCT workshop held in February 2020, just before the arrival of COVID-19, which looked at opportunities for the identification of common outcomes across the humanitarian and development responses. It will also build on thinking and relationships that have already been developed through common need analysis work in 2020. It will be informed by extensive data now regularly collected by humanitarians through the Informal Settlements (ISETS) Monitoring conducted by the REACH Initiative and the Displacement Tracking Matrix (DTM-IOM). Informal settlements also present a prime opportunity for more coordinated and better integrated humanitarian action for those who have persistent acute needs. Improving integration across the humanitarian response remains a priority for the ICCT in 2021.

Promoting recovery and strengthening coping capacity

Vulnerability takes on many overlapping dimensions in Afghanistan and is driven by the sub-optimal living conditions and dire financial circumstances facing communities after decades of war, repeated displacement, drought and now COVID-19. In response to exacerbated needs, aid agencies will continue efforts to build resilience through the creation of income-generation 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 working with

development partners to supporting people to bridge to recovery. 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 people in the long-term. An example of these more resilience- and recovery-focused activities is pursuing more durable WASH solutions that invest in stronger water systems for communities repeatedly facing clean water scarcity and flooding. This work requires increased support from donors in 2021 to have a substantial impact on needs.

1.3

Cross-Cutting Response Priorities

Centrality of protection

Among the 18.4 million people now in need across the country, the most vulnerable include the urban poor; minority groups, those exposed to forced, multiple and often extended periods of displacement; undocumented recent returnees; children; the elderly; households headed by women; people with disabilities and marginalised ethnic groups. Conflict, poverty and repeated natural disasters have left these acutely vulnerable people with reduced ability to cope with the COVID-19 crisis. Pregnant women and babies are vulnerable as pre- and ante-natal care has been de-prioritised by families for fear of contracting the virus at health facilities.⁵⁵ Nutrition treatment for children and their mothers has also declined as a result of reluctance to attend nutrition centres which are often co-located at health centres.⁵⁶ The closure of schools has exacerbated the burden of unpaid childcare work on women and girls and heightened risks of exploitation and recruitment into armed groups for children. Reports of higher incidence of child labour and early marriage continue to be seen as the impact of the pandemic has left families economically stressed. Women and children face unique risks due to the pandemic, including greater exposure to violence, sexual exploitation and abuse, as well as separation.⁵⁷

Given these new and enduring risks, the HCT has renewed its commitment 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 but this work spans all sectors. Humanitarian partners will continue to be guided in their response by more robust analysis of protection risks and human rights abuses, supported through an updated protection monitoring framework that has been further adapted to include COVID-19

specific indicators. Efforts by humanitarian partners will be guided by the HCT Protection Strategy that was originally endorsed in 2018 and just revised in December 2020, providing a framework for strengthened action in 2021. To boost strategic planning and policy setting on protection issues, a ProCap deployment began in May 2020 to support the development of this revised strategy and a related work plan that will support implementation.

Escalating conflict in the context of an ongoing health pandemic demands that an agile and proactive advocacy approach be adopted on protection issues. Attacks on healthcare facilities and staff remain a regular occurrence with WHO recording 67 attacks on Health care in the first 10 months of the year.⁵⁸ Active conflict and the intentional targeting of health facilities and staff by parties to the conflict has led to the periodic, prolonged, or permanent closure of critical health facilities, impacting as many as 1.2 million people across at least 17 provinces in the first ten months of 2020.⁵⁹ Activities that enhance the prevention of protection violations – as opposed to merely responding to their consequences – are critical. In this regard, the HCT continues to prioritise advocacy that demands respect for IHL and International Human Rights Law (IHRL), as well as providing support to specific programmes that safeguard especially vulnerable people from harm. As usual, the 2021 HNO was peer-reviewed by the UNAMA Human Rights Service to ensure strong connection between the results of protection of civilians monitoring and response planning.

In line with the recommendations of the Peer-2-Peer mission, one of five mandatory areas of responsibility – Protection, AAP, GBV, Gender and PSEA – continue to be prioritised in the HCT agenda. It is expected that disability will also be added to this HCT list once the new Disability Inclusion Working Group is functioning. These protection pillars are central to

the HCT Compact developed in 2019, elevating these issues in the HCT's discussions and deliberations. Momentum generated from the revitalisation of the PSEA Task Force and the new AAPWG will also ensure improved accountability on protection issues. (See Accountability section on page 51).

Protection-mainstreaming continues to be a mandatory consideration in approving country-based pooled fund (CBPF) projects across all sectors. The Protection Cluster supports this by with reviews of all projects to ensure that mandatory protection elements such as avoiding causing harm, prioritisation of safety and dignity are sufficiently reflected in project proposals. The AAPWG has also been reviewing Afghanistan Humanitarian Fund (AHF) proposals to ensure accountability considerations are fully incorporated and that project designs feature participation and empowerment of affected people.

Gender, age, mental health and disability-sensitive programming

Afghanistan consistently ranks as one of the most dangerous places to be a woman,⁶⁰ with deeply entrenched patriarchal norms and 87 per cent of women likely to experience GBV in their lifetime.⁶¹ The confluence of escalating armed conflict, devastating natural disasters, and the COVID-19 pandemic and poverty has aggravated vulnerability to violence and further limited access to life-saving services for vulnerable groups. Women and girls who face multiple forms of discrimination, continue to suffer from an increasingly severe gender gap in their ability to access services, particularly women IDPs, women and girls with disabilities, older women, women who head households, and women living in rural and remote areas. The outbreak of COVID-19 has amplified pre-existing gender inequalities driven by harmful gender norms and stereotypes. In particular, the pandemic has disproportionately reduced income-generating opportunities for women,⁶² which has further threatened their access to essential services such as healthcare, food, water, and protection. Further, the high burden of poverty and unemployment followed by food insecurity, low access to WASH and hygiene materials, and the high burden of care has impacted on the overall living conditions of the community, potentially acting as a further trigger for

GBV and mental distress.⁶³ At the same time, GBV responders continue to report that women and girls often do not feel safe or comfortable seeking GBV services, whether due to stigma around being a GBV survivor, fear of retaliation, concerns over a lack of confidentiality, fear of contracting COVID-19 at fixed facilities or other reasons. The focus on pandemic-related health priorities, at the expense of issues such as sexual and reproductive health, is also likely to have further worsened this situation.

Analysis by the Asia Foundation⁶⁴ suggests that 79 per cent of adults and 17 per cent of children are living with some form of disability, while 8.5 per cent of the population live with a severe disability. People with disabilities face higher risks and challenges in society, which are further exacerbated in conflict settings and amid a pandemic when resources are limited and subject to fierce competition.⁶⁵ COVID-19 has further marginalised people with a disability, feeding on pre-existing social and economic inequalities and threatening to exacerbate them.⁶⁶ The Afghan Landmine Survivor Organisation notes that people with disabilities are particularly at-risk from the adverse impacts of COVID-19 because they have restricted access to vital health care, information and opportunities for meaningful participation in decision-making, and face increased risks of experiencing violence.⁶⁷

Four decades of uninterrupted conflict, recurrent natural disasters, endemic poverty and now the COVID-19 pandemic's fallout have taken a brutal toll on the mental health and personal resilience of the people of Afghanistan. While no comprehensive study has been able to quantify the magnitude of the impact of repeated exposure to traumatic incidents, it is conservatively estimated that more than half of the population suffer from some form of depression, anxiety, or post-traumatic stress as a result of these conditions in Afghanistan.⁶⁸ At the same time, access to mental health care or psychosocial support remains out of reach to many, particularly in rural areas. Building up these services remains a priority for the response but there is a shortage of trained national personnel to provide this kind of support and COVID-19 physical distancing requirements make face-to-face counselling a challenge. In 2021, MHPSS

activities will continue to be extended COVID-safe way – including through phone services. Where services are available, cultural barriers, stigma, and the limited number of female mental health providers often mean that women are excluded from accessing appropriate services, which is particularly problematic as self-reporting by communities indicates that the emotional and mental health of women has been heavily impacted by the burdens of the pandemic.

The application of a more mental health-aware approach to programming, assessments and analysis will remain imperative in 2021. The Health Cluster aims to expand access to specialised services for groups with specific need in 2021, MHPSS, physical rehabilitation services and the provision of assistive devices. In 2021, the Health Cluster plans to continue its collaboration with Protection partners to ensure MHPSS services are context-appropriate and effective. Child protection and education partners are also prioritising psychosocial first aid and case management for children.

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 wellbeing is not only critical to their immediate survival, but also their capacity to meaningfully engage with and contribute to society in the future.

The GiHAWG will continue to build technical capacity throughout all aspects of the response in 2021. Co-chaired by UN Women, IRC, and Medica, the GiHAWG will serve as a forum to strengthen gender responsive humanitarian response in Afghanistan through joint planning, analysis and identifying best-practice approaches to enhance effective and inclusive humanitarian impact. The GiHAWG will also provide strategic and advocacy support within the HCT to ensure the specific needs of women, girls, men and boys are appropriately considered and responded to across Afghanistan.

At an operational level, humanitarian action in Afghanistan will remain committed to fully integrating gender, age and disability considerations into all components of the Humanitarian Programme Cycle

(HPC) – from assessments to planning, as well as implementation and monitoring. Already in the first three 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 2021 HNO and HRP, as well as critical information relating to the presence of additional key vulnerabilities within households, such as chronically ill members or PLW. This was possible, even with the modified assessment approaches required in 2020 to meet COVID-safe requirements. OCHA and REACH have committed to enhancing the representation of women in the household-level quantitative surveys. With the help of new funding, REACH has been able to more comprehensively capture the views of women living in male-headed households by hiring additional female enumerators working in teams with a male colleague. REACH was able to conduct 2,910 interviews with household members of the opposite gender to the household head to ensure greater inclusion of women's voices and representation of their needs in evidence-based planning. This approach was piloted in the data collection feeding into the 2021 HNO and will continue to be refined for further surveys and analyses.

HNO 2021 also contained substantial new analysis of both disability and mental health issues in Afghanistan and efforts will be made to further enhance data gathering on both topics to inform the response in 2021. Needs analysis and response planning in 2021 has been conducted in line with the 2019 IASC guidelines on inclusion of persons with disabilities in humanitarian action. Handicap International also peer reviewed this year's HNO to ensure it appropriately reflects the scale and impact of disability on the Afghanistan population. Enhanced use of standardised tools such as the Washington Group Questions on disability in assessments will continue in 2021. The planned start of a Disability Inclusion Working Group in 2021, bringing together humanitarian and development stakeholders, will further systematise disability awareness and inclusion in all phases of the response and recovery paradigm.

Fit-for-purpose coordination

The HCT remains committed to the implementation of the HCT Compact, endorsed in July 2019 as the guiding framework for its work. The HCT Compact sets 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, gender, linking relief and development and special consideration to people with specific needs. The HCT Compact also includes procedural commitments to ensure that coordination structures are fit-for-purpose in order to address these critical operational priorities.

In line with the HCT Compact and as a mechanism through which to operationalise the related Mutual Accountability Framework,⁶⁹ a Field Support Unit began a modest scope of work in 2020. The Field Support Unit (FSU) is a multi-disciplinary team of roving technical specialists who will work across

Afghanistan to support systems and capacitate existing field teams to operationalise national policy in the field. The FSU works to ensure the commitments of the HCT Compact and Mutual Accountability Framework are translated into action in the field. It is not intended to replace cluster coordination mechanisms in the field but to enhance their effectiveness by building capacity among staff on the ground. In 2021, this will be done through the provision of trainings, the development of technical guidance, coaching and other forms of capacity building for field teams. While complementing and working alongside the priorities of individual clusters, the FSU is primarily concerned with supporting cross-cutting operational issues. As such, the FSU operates within existing coordination mechanisms to support the development of systems and upskill field teams. Thus far, advisors for Area Based Response, Humanitarian-Development-Peace Nexus, Community Engagement and Accountability, and Protection of Civilians are already in place and positioned to support technical capacity building in 2021. The FSU is accountable to the HCT and coordinates closely with the AAPWG, UNDP, the PSEA Task Force, the Protection Cluster, the ICCT and regional OCHA sub-offices to rollout capacity building initiatives.

Strategic use of pooled funds

Pooled funding was fundamental to addressing critical humanitarian priorities across Afghanistan in 2020. Overall, the OCHA-managed AHF and the Central Emergency Response Fund (CERF) disbursed a combined total of more than \$100 million to 53 partners (11 national NGOs, 32 international NGOs, 1 Red Cross-Red Crescent organisation and 9 UN agencies) through 1 AHF standard allocation, 6 AHF reserve allocations and 2 CERF allocations. Total 2020 AHF allocations were the highest since the Fund's inception. These allocations enabled 135 projects that provided life-saving humanitarian assistance to over 5 million women, men, girls and boys. Pooled funds contributed 15.9 per cent (\$88.5 million) of funding received for the 2020 HRP (\$554 million). The AHF continued to play an essential role in supporting the 2020 response by launching life-saving activities included in the HRP and other supporting strategies developed by the ICCT such as the Winterisation Strategy and an

Urgent Funding Priorities note. Support through the CERF has also been critical in supplementing assistance to under-funded emergencies such as Afghanistan.

The AHF was one of the first CBPFs to respond to the COVID-19 pandemic by launching an allocation of \$1.5 million in February 2020. Since then, the Fund has allocated \$40.9 million in response to the pandemic. In early 2020, the AHF provided its first Standard Allocation, releasing \$17.8 million to support humanitarian partners address both cluster-specific and overall HRP priorities for 2020, including by kick-starting funding for critical COVID-19 projects tied to the initial three-month COVID-19 Multi-Sector Humanitarian Country Plan. Pooled funding was of critical importance to implementing activities outlined in this plan, supporting scale-up and integration of COVID-19 into existing programmes, and enabling humanitarian partners to stay and deliver in the shifting operational environment.

1.4

Costing Methodology

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 expenses associated with the physical delivery of assistance (logistics, staff, security and other overheads).

The 2021 edition of the multi-year HRP substantially increases planned reach (by 41 per cent) with a comparably lower increase in costs (18 per cent). Despite an arguably more demanding operating environment, including higher input costs for critical items such as personal protective equipment (PPE), the need to adopt alternate delivery approaches to safeguard beneficiary and staff health, and the additional measures required to navigate an incredibly dynamic security environment, the average cost-per-beneficiary for 2020 has decreased – from \$103 at the start of 2020 to \$102.32 in mid-2020, now to \$81.54 in 2021.

This is largely due to the implementation of very high-reach, but lower-cost activities associated with the pandemic rather than investment in the multi-sectoral and more durable assistance approaches required to fully support people's wellbeing, safe and dignified living standards, capacity to avoid life-threatening and irreversible coping mechanisms and their ability to contribute to their own recovery. Unmet needs mostly because of funding shortfalls in 2020 are having a flow-on effect for needs and response in 2021.

Despite FSAC significantly expanding planned reach in order to address soaring food insecurity due to COVID-19, including in urban areas, its overall cost-per-beneficiary will remain on par with mid-2020 (\$41 in January 2020, \$38 in June 2020, and \$39 in 2021). This is because a large proportion of the additional people to be reached will receive shorter-term relief that is designed to address COVID-19 specific

vulnerabilities, which means that they will receive a lower volume of assistance.

Similarly, while the Health Cluster's planned reach has increased five-fold compared to the start of 2020, its cost-per-beneficiary will actually decrease from \$34 in January 2020 and \$24 in June 2020 to \$16 per person in 2021. Despite assistance packages for expanded secondary trauma and rehabilitation care, as well as mental health services being costlier, this is offset by the Cluster's significantly expanded reach through lower-cost risk communications and community engagement (RCCE) activities and re-purposing of the existing health workforce to undertake surveillance, contact tracing and referral activities for COVID-19. In its 2021 planning, the Health Cluster has excluded any COVID-19 vaccine procurement costs as these will be borne by development actors, but it is acknowledged that there may be a need to scale-up MHTs, especially in HTR areas to support distribution and this may incur additional costs that are not included in this HRP.

The cost-per-person for many of the other clusters has also decreased. For Education, while partners are planning to deliver a minimum package of WASH and Child Protection support in schools in 2021 to prevent the spread of COVID-19 and mitigate against the flow-on psychological impacts of the pandemic and interrupted schooling, the Working Group's expanded reach via cheaper alternative learning modalities (distance, self and small-group learning) has decreased the overall per capita cost of EiE response from \$110 at the start of 2020 to \$84 in 2021. While the June 2020 cost-per-person for Education was lower – at \$72 – this was largely driven by school closures and temporary pause of traditional Temporary Learning Spaces (TLS) and CBE programmes so is not directly comparable to the current situation.

The WASH Cluster's response continues to pivot towards hygiene activities to meet the reality of the COVID-19 pandemic. This has therefore also resulted in a decrease in the cost-per-person from \$35 at the start of 2020 and \$40 in mid-2020 to \$26 in 2021 as these activities are considerably cheaper than complex sanitation infrastructure, for example.

Similarly, the Protection Cluster's significant increase in planned reach through lower-cost awareness raising, explosive ordnance and risk education (EORE) and capacity building activities contrasts with only a marginal rise in reach with costlier and more comprehensive child protection and GBV responses, as well as Cash-for-Protection assistance. This has reduced the Cluster's cost-per-beneficiary from \$36 in January 2020 and \$39 in mid-2020 to \$29 in 2021. Historical cost underestimations of Protection assistance, that were corrected in mid-2020, mean that the Cluster's current cost-per-person cannot be directly compared with previous years of this multi-year HRP.

Unit costs for in-patient SAM treatment have increased to allow for functional upgrading of nutrition facilities (putting respiratory, hygiene and protective equipment in place). There are additional requirements to cover transportation expenses for mothers and maharams to travel to health facilities. The costs of SMART surveys and Rapid Nutrition Assessments have risen to allow for deployment of more enumerators to reduce COVID exposure. However, this is all offset by increased reach via lower-cost IYCF and MIYCN in emergencies activities, reducing the cost-per-beneficiary from \$54 at the start of 2020 and \$47 in mid-2020 to \$46 in 2021.

ES-NFI is the only exception where the average cost-per-person has seen a moderate rise – from \$80 in January 2020 and \$88 in mid-2020 to \$109 in 2021. This is due a 51 per cent increase in planned delivery of costlier shelter repair and upgrade support in 2021 that provides people with the opportunity towards self-recovery. The ES-NFI Cluster has also increased the volume of NFIs distributed (by 21 per cent) as a continued strategy to discourage sharing of common household items which can more easily spread COVID-19.

Average Cost-per-Beneficiary (US\$)

SECTOR	2018	2019	2020 (ORIGINAL)	2020 (JUNE REVISION)	2021
Education in Emergencies	\$76	\$97	\$110	\$72	\$84
Emergency Shelter and NFI	\$74	\$59	\$80	\$88	\$109
Food Security and Livelihoods	\$60	\$71	\$41	\$38	\$39
Health	\$27	\$34	\$34	\$24	\$16
Nutrition	\$83	\$60	\$54	\$47	\$46
Protection	\$65	\$33	\$36	\$39	\$29
Water, Sanitation and Hygiene	\$24	\$28	\$35	\$40	\$26
OVERALL	\$115	\$136	\$103	\$102	\$82

1.5

Planning Assumptions, Operational Capacity and Access

Planning assumptions

Due to a highly dynamic conflict situation, changing climate patterns, and a difficult physical environment, it has proved challenging to accurately project both humanitarian needs and the environment in which humanitarians will be operating in the long-term. So far in the course of the multi-year HRP spanning 2018-2021, there have been five revisions requiring regular recalibration of needs and funding asks to reflect emerging issues such as the 2018-2019 drought and COVID-19. The 2021 response continues this highly dynamic trend with unknowns stemming from political, security, health and environmental uncertainty.

In light of these factors, the ICCT has assumed a planning scenario that continues to see rising needs in both urban and rural areas. Escalating needs and a correspondingly enhanced response are driven largely by worsening security, the multi-dimensional impacts of COVID-19, rising food insecurity and malnutrition, a stagnating economy, continued large-scale population movement (both cross-border and internal displacement), natural disasters, La Niña climate patterns, and the consequences of unmet needs in 2020.

The ICCT assumes that the security situation will most likely deteriorate in 2021 due to turbulence connected with the Intra-Afghan talks and related efforts by both parties to strengthen negotiating

NANGARHAR, AFGHANISTAN

A polio worker delivers COVID-19 preventative messages to a mother. The Afghanistan polio programme has been supporting the COVID-19 response through carrying out COVID-19 surveillance and awareness raising. Photo: WHO



positions, all set against the backdrop of the drawdown of international military forces. The ICCT notes that successful Intra-Afghan negotiations could result in a full or partial ceasefire, which in turn could provide the opportunity for humanitarians to carry out comprehensive assessments in HTR areas. However, this potential scenario would require negotiated assurances that all parties to the conflict will provide unimpeded access for aid workers – both male and female – to safely carry out independent assessments, deliver and monitor distributions. Overall in the response, while humanitarians are largely confident in the ability of partners to negotiate access to people in need, periodic disruptions and delays to project implementation are anticipated as humanitarian organisations work through issues such as demands for illegal levies.

The ICCT also assumes that the health and socio-economic impact of COVID-19 will likely be felt throughout 2021 with an overwhelmed health system and interrupted primary health care for non-COVID patients. It is assumed that complacency around mitigation measures will continue and that any further lockdown measures are unlikely to be enforced, if they are re-introduced. WHO projects that COVID-19 will result in approximately 195,000 people needing hospitalisation due to acute symptoms, although the health system's capacity to absorb this volume of patients is questionable and would depend on how many fall ill at the same time. The limited utilisation of health facilities in 2020 for other health issues is also likely to see an overall deterioration of health conditions in 2021, resulting in higher maternal deaths, higher trauma-related deaths, higher prevalence of disability and other health consequences. Building confidence in fixed facilities will be critical to attracting patients back. Even when a COVID-19 vaccine becomes available in-country, it is anticipated to reach only a small percentage of the population in 2021 with frontline workers and people with vulnerabilities prioritised. Universal COVID-19 vaccination is considered unlikely in 2021.

This overall health scenario will have immediate consequences in terms of rising need and the ability of a healthy workforce to respond. It will require

continued emphasis on RCCE efforts, including rumour tracking and myth busting, and will continue to require flexible approaches from humanitarians. Health actors, in particular, will also need to increase focus on sustaining integrated approaches that simultaneously anticipate additional waves of COVID-19 and minimise service stoppages.

It is envisaged that these factors will require the continuation of alternate delivery modalities to allow for physical distancing by all humanitarian actors in 2021. Group-based response activities, including the provision of face-to-face PSS will continue to be on hold, while mobile and flexible delivery modalities will instead be employed. In many cases, these alternate approaches are more expensive, requiring increased resources but reaching fewer people, thus making reduced progress towards meeting overall needs.

Additionally, the 2021 humanitarian response will be carried out in an environment in which the adoption of a new NGO Law proposed by the Government of Afghanistan could significantly undermine the independence of civil society and introduce new bureaucratic practices that would slow the delivery of aid to people in need. According to a survey conducted among NGOs in 2020, a significant number may have to close if the law is passed in its current form because they would be unable to meet donor requirements. Those who can stay open would face impediments to the delivery of assistance to people in need due to bureaucratic interference in their operations. This is one of a number of administrative threats to humanitarian space that could seriously affect the number of people who can be reached in 2021. A reduction in the number or capacity of NGOs operating in-country would further impact on delivery of both humanitarian and development programmes with implications for people's wellbeing, living standards and coping capacity.

Access

According to analysis by the HAG, in 2020 humanitarians faced 1,006 access constraints to 16 December.⁷⁰ Alarming, this is more than double the incidents reported in 2019 - 444.⁷¹

These access incidents include interference in the implementation of humanitarian activities, levy requests, military operations and kinetic activity, movement restrictions, physical environmental factors and lack of infrastructure, violence or threats against humanitarian personnel, assets or facilities, and landmines. The most frequently recorded constraint remains active interference by the Taliban, armed criminal groups and government authorities, in that order.⁷² The economic impact of COVID-19 is also translating into increased criminal activity, with financial pressures possibly leading to more criminally motivated actions against humanitarians, including 12 incidents by community members in Q3 of 2020 compared to 3 and 5 incidents in Q2 and Q1 respectively.

The ongoing conflict, COVID-19 and the challenging physical environment continue to directly impact on the ability of people in need to access life-saving assistance and on the speed with which humanitarians can reach them with support. The ability of affected people to access humanitarian assistance continues to be impeded by a combination of often overlapping challenges, including conflict, COVID-19, cultural barriers, and physical constraints. WoA Assessment findings show that 8 per cent of displaced households indicate the presence of mines, Explosive Remnants of War (ERW), and Pressure-Plate Improvised Explosive Devices (PPIEDs) in their community and 29 per cent report the loss of or severely diminished access to basic services due to non-COVID events, such as active conflict. Around a third of displaced households (35 per cent) and vulnerable non-displaced households (30 per cent) report loss of or severely diminished access to services due to COVID-19. Despite critical health needs, 30 per cent of displaced households report⁷³ feeling unsafe travelling to or being at health facilities due to insecurity, 15 per cent report being afraid to seek treatment for COVID-like symptoms due to stigma, and 44 per cent report being unable to access health care due to distance and the lack of transport options available.⁷⁴

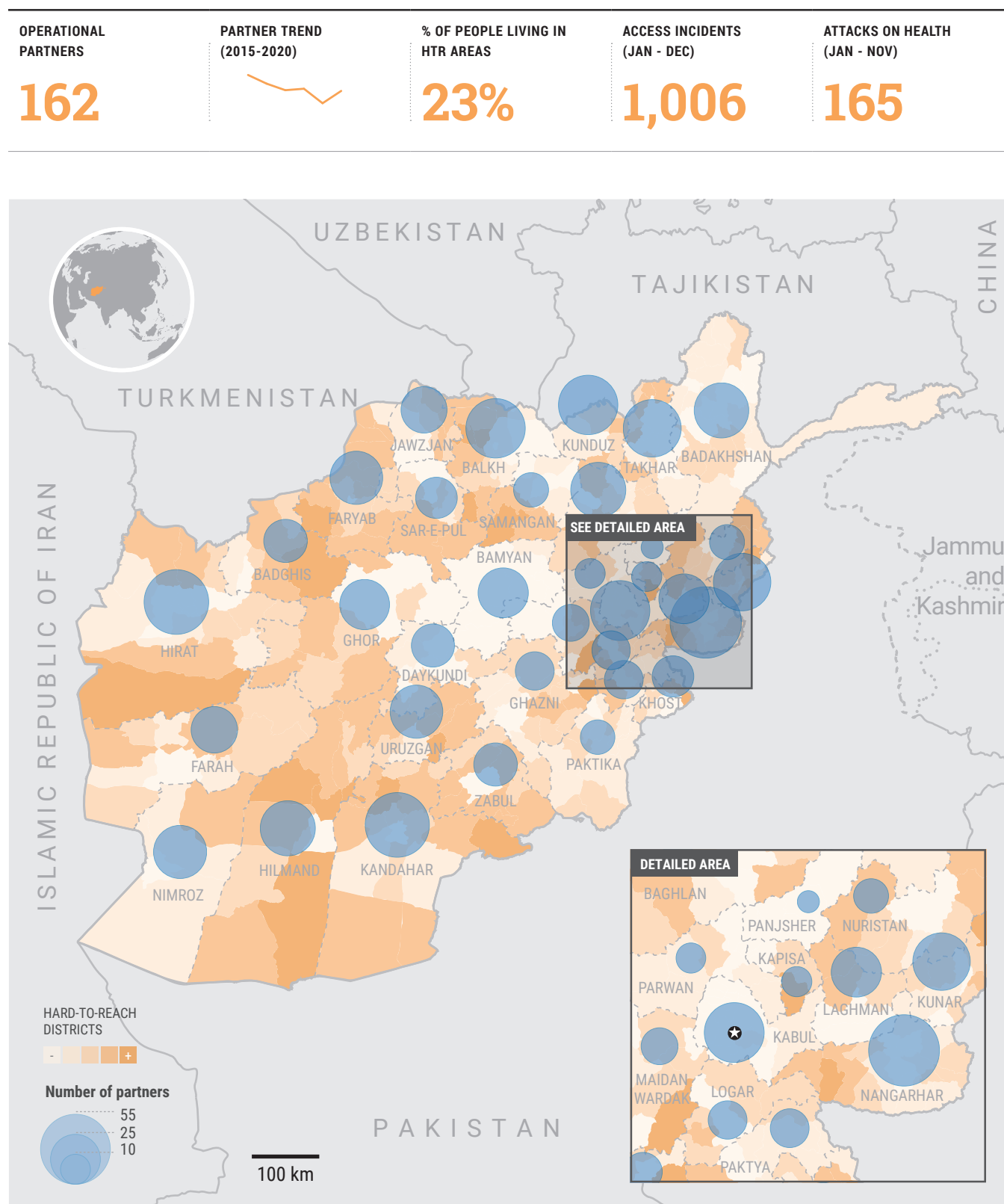
Going forward, humanitarians anticipate that access challenges will persist and may potentially become

further complicated by ongoing peace talks, the drawdown of international military forces, anticipated natural disasters, and local and regional measures intended to slow additional waves of COVID-19. Given the pessimistic security outlook, humanitarians reiterate the need for all parties to recognise the independence of humanitarian action, uphold IHL and IHRL and safeguard people's sustained access to critical aid. Humanitarians will continue to invest in coordination with national and local authorities to ensure aid is delivered in a transparent, impartial and accountable manner, with beneficiary information shared in line with the HCT's new Data Sharing Protocol.



























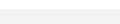









Operational capacity

































Against the odds, humanitarians have maintained a national presence, expanded their geographical reach and anticipate delivering some kind of support to the vast majority of the people they planned to assist by the end of 2020. In 2020, 162 partners managed or implemented projects across Afghanistan. While many humanitarian partners had shifted to remote working arrangements for international staff during the height of the first-wave of COVID-19 in Afghanistan, staffing has begun to normalise. National NGOs continue to make up the largest proportion of humanitarian responders in Afghanistan (82), followed by international NGOs (69), and UN organisations (11). The most recent 3W (Who does What, Where) analysis revealed that partners have expanded reach to cover over 99 per cent of the country with some form of assistance, although this access may not be consistent or sustained. Most partners operate in the south (74), east (64) and north east (64), with the lightest presence in the central highlands (31).⁷⁵

Given the JIAF analysis indicating high levels of need across the country, the proven ability of partners to maintain and, when necessary, scale-up presence will remain critical in 2021. The ICCT remains confident that if resources were to be provided, further scale-up would be possible. The capacity to scale-up has already been demonstrated by key clusters in response to the COVID-19 pandemic—by FSAC, Health, and WASH in particular. A capacity analysis

















Partners by Location

PROVINCE	PEOPLE TARGETED	NO. PARTNERS
Badakhshan	0.80M 	31 
Badghis	0.46M 	21 
Baghlan	0.32M 	32 
Balkh	0.71M 	37 
Bamyan	0.24M 	26 
Daykundi	0.38M 	21 
Farah	0.28M 	23 
Faryab	0.66M 	29 
Ghazni	0.45M 	17 
Ghor	0.64M 	26 
Hilmand	0.71M 	31 
Hirat	1.54M 	45 
Jawzjan	0.40M 	23 
Kabul	2.37M 	38 
Kandahar	0.60M 	45 
Kapisa	0.12M 	10 
Khost	0.23M 	19 
Kunar	0.33M 	35 

PROVINCE	PEOPLE TARGETED	NO. PARTNERS
Kunduz	0.34M 	37 
Laghman	0.21M 	28 
Logar	0.16M 	16 
Nangarhar	1.03M 	55 
Nimroz	0.36M 	29 
Nuristan	0.10M 	13 
Paktika	0.24M 	13 
Paktya	0.22M 	16 
Panjsher	0.04M 	6 
Parwan	0.20M 	10 
Samangan	0.29M 	13 
Sar-e-Pul	0.30M 	19 
Takhar	0.44M 	35 
Uruzgan	0.31M 	30 
Wardak	0.30M 	15 
Zabul	0.17M 	20 

Partners by Sector

SECTOR	PEOPLE TARGETED	NO. PARTNERS
Education	1.0M 	22 
ES-NFI	1.0M 	42 
FSAC	14.2M 	74 
Health	10.3M 	65 
Nutrition	2.6M 	46 
Protection	4.0M 	72 
WASH	3.6M 	37 

Partners by Type

SECTOR	NO. PARTNERS
National NGO	82 
International NGO	69 
United Nations	11 

was conducted by clusters as part of the preparation of this HRP and all clusters demonstrated partner's capacity and willingness to adopt the same or more ambitious targets in 2021.

In order to maintain flexibility and operational responsiveness, humanitarians will need to continue investing heavily in context monitoring, risk management and engagement strategies with local actors – including NSAGs. Additionally, new and innovative approaches that encourage partners' willingness not only to 'stay and deliver' but also to 'enter and stay' will be required as humanitarians are asked to take on increasing levels of risk in expanded locations. Humanitarians will continue to require adequate and predictable resourcing from donors to build relationships with communities, recruit and train staff and build nimble and responsive systems.

While there is no overall census of female staff and volunteers working for humanitarian organisations in Afghanistan, women are, without doubt, 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 concerns 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, however more effort is needed going forward.

Humanitarian Access Group

The HAG remains the primary forum in Afghanistan through which operational coordination, analysis and discussion of humanitarian access issues takes place. In 2020, direct and indirect humanitarian negotiations with parties to the conflict continued, with both government and Taliban representatives emphasising each party's willingness to allow cross-line operations to alleviate human suffering. The HAG continues to support a humanitarian environment that fosters a more open dialogue and supports organisations with their engagement with parties to the conflict to enable improved humanitarian outcomes.

Humanitarian commitment to stay and deliver

Afghanistan remains in the top five most dangerous countries to be an aid worker.⁷⁶ As of 20 December, the HAG reported that 22 aid workers had been killed, 52 injured and 107 abducted in 2020. The COVID-19 pandemic is adding to pre-existing risks for aid workers as PPE shortfalls continue to plague frontline responders and the general community has become complacent about protective measures including mask wearing. As of 31 December, 86 frontline health workers had died due to COVID-19.

While movement of humanitarian personnel and assets had been challenging due to COVID-19-related restrictions in 2020, the lifting of lockdown measures across the country greatly eased these constraints. It remains unclear if further measures will be re-introduced as the second wave takes hold in the 2020-2021 winter. Many humanitarian organisations continue maintain a preventative posture and are limiting field missions to protect staff and beneficiaries from transmission risks. At the time of writing, many organisations continue to keep a proportion of their international staff outside the country, supporting the response remotely.

Despite these constraints, humanitarians continue to stay and deliver with a surprising increase in overall reach during the pandemic. While there had been a minor dip in number of partners during the first peak of the COVID crisis and the previous quarter,⁷⁷ Q3 2020 data showed that the number of humanitarian organisations has now normalised back to 162 partners. According to Q3 data, 151 or 92 per cent of all humanitarian partners are NGOs. Furthermore, despite constraints noted above, partner reach in 2020 expanded to cover 398 of Afghanistan's 401 districts, demonstrating the humanitarian community's determination to not just stay in country but also to deliver, even in HTR districts.

In December 2019, the HCT endorsed the JOPS, providing a common framework of principles and practices for access negotiations. The JOPs Working Group, established at the beginning of 2020, led on the rollout of the JOPs to the humanitarian community. From July to December 2020, the group facilitated 18 Training-of-Trainers (ToT) sessions, skilling up 235

humanitarians from 31 different national NGOs, 39 international NGOs and 8 UN agencies, working in 28 provinces of Afghanistan. These 235 humanitarians together trained another 808 humanitarians, contributing to making the JOPs a widely accepted common tool in access negotiations.

The national NGO HAG, established in November 2019, has become an important instrument to ensure that the sometimes unique access concerns of national NGOs are better heard and addressed. The election of a national NGO co-chair of the overall HAG in December 2020 will further strengthen the forum. Going forward, the HAG will further prioritise representation of national NGOs in thematic HAG working groups to ensure their inputs are equally integrated. The HAG will continue strengthening the access capacity of staff working in the regions by increasing support to the regional HAGs and improving two-way communication, with one key objective being the identification of suitable NGO co-chairs for the regional HAGs.

The HAG continues to collect and analyse information on access trends to support evidence-based advocacy with the donor community, humanitarian coordination entities and parties to the conflict. The HAG strengthened access analysis in the monthly humanitarian snapshot following a review of the Access Monitoring and Reporting Framework (AMRF). An improved reporting process has resulted in more partners regularly sharing their access concerns with the HAG. The HAG aims to make its analysis more easily digestible for its members and will continue working on reaching a broader audience with its publications to support advocacy efforts, while maintaining full confidentiality of partners.

The drawdown of international military forces has increased the importance of strengthened civil-military coordination. In 2021, the HAG will continue building its relationship with Afghan National Security Force (ANSF) counterparts to engage on key issues such as the no-strike list and accountability mechanisms for civilian casualties.

1.6

Accountability to Affected People

The HCT and humanitarian partners have renewed their commitment to ensuring that women, men and young people are engaged more meaningfully in humanitarian action in Afghanistan, guiding the design of the response and providing feedback on its delivery amid pervasive threats to health, life, security, wellbeing and displacement. AAP efforts in Afghanistan are coordinated by the AAPWG and are guided by the 2019 HCT Compact which commits actors to putting affected people “at the centre of any humanitarian response ... to ensure that collective mechanisms are in place to allow affected people to provide input about their own priorities and concerns around humanitarian action, and that these priorities and concerns are considered and addressed in a meaningful way.” In 2021, the HCT and partners will continue to build AAP capacity at national and sub-national levels to ensure that affected people in Afghanistan are meaningfully engaged in all phases of humanitarian action.

AAP Strategy

The Collective Approach to Community Engagement (CACE) strategy for Afghanistan was developed in 2019 with the support of OCHA’s Regional Office for Asia and the Pacific and is the HCT roadmap for coordinating and strengthening accountability efforts in all sectors. Strategy implementation began in April 2020 with the support of a dedicated AAP specialist, hosted by OCHA, who launched the revamped AAPWG in July. In 2021, the specialist will collaborate to seek a national coordinator for the working group, to be hosted by ACBAR, ensuring sustainability and longevity of this work. The Working Group is currently co-led by OCHA, UNHCR and BBC Media Action. Its key functions are aligned with priorities in the HCT Compact and the Mutual Accountability Framework and include expanding collective feedback channels to complement the well-established Awaaz

Afghanistan telephone hotline and call centre; supporting AAP activities across clusters through the ICCT; building the AAP capacity of humanitarian staff and affected people in all regions; creating minimum standards, tools and indicators for mainstreaming AAP and community engagement in all programming phases, and collective analysis of information gathered from affected people. In 2021, the Working Group will build on efforts to promote accountability within humanitarian programmes by coordinating with and supporting programming and community structures that span humanitarian, development and peace activities.

To promote long-term collective AAP coordination and action in 2021, the AAPWG is seeking funds to develop a multi-stakeholder online platform to serve as a central clearinghouse and resource of communications with and for affected communities. It will draw together local, national and international NGOs; civil society organisations; UN agencies; communication, academic and research actors; and relevant national and local government departments. The platform will help bridge the gap between formal coordination structures and national, local and community actors who have not engaged in them. AAPWG co-lead, BBC Media Action, will be the platform’s convenor, ensuring durable links with the Working Group and broader AAP activities. The Working Group and BBC Media Action will seek to establish a common service in 2021, which will mobilise several highly specialised agencies to provide responsive and proactive AAP and community engagement technical support to the response. The multi-stakeholder platform and the common service will extend accountability reach, effectiveness and localisation throughout the response.

The AAPWG will continue to support the rollout of the RCCE training module developed in 2020 by WHO in response to the need for enhanced community engagement to support COVID-19 awareness and tailored management of misinformation. WHO will continue strong support for this stream of work through the recruitment of national community engagement and accountability officers for each region, with an immediate focus on COVID-19 RCCE work.

Feedback mechanisms

Awaaz is the only inter-agency feedback mechanism in Afghanistan and has now operated as an integral part of the response for nearly three years, handling 145,000 calls since its inception in May 2018. Functioning as a cross-network, toll-free hotline (open seven days a week), Awaaz facilitates a real-time two-way flow of information between affected populations and the humanitarian community at a localised and country-wide level. By dialling 410, any person with access to a phone can speak to one of 10 multi-lingual operators (50 per cent of whom are women) in either Dari, Pashto, Urdu or English, to access information on or lodge feedback about ongoing humanitarian activities around the country. Awaaz also provides information on humanitarian services to affected people, enhancing access to humanitarian assistance, linking callers with established referral systems and providing a complementary complaint and feedback mechanism. Relaying this self-identification of needs and priorities to the humanitarian community (disaggregated by gender, age, location and needs), both via regular dashboards for situational awareness and on a case-by-case basis with relevant clusters and partners, promotes better understanding of the priority concerns and preferences of affected people across the country.

Awaaz demonstrated its flexibility in 2020 by expanding its two-way communications with partners and affected people as part of the COVID-19 response. In the first 11 months of 2020, Awaaz handled more than 45,000 calls (66 per cent men, 20 per cent women, 14 per cent children) across all 34 provinces.

Awaaz has proven a vital, real-time information source during the COVID-19 response and supported partners with the dissemination of key COVID-19 messages. The COVID-19 pandemic has posed several operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April 2020, two functionally identical teams have been operating at the call centre, separate from each other, on different shifts to reduce the risk of transmission and ensure business continuity. These arrangements will continue in 2021 to ensure the service is COVID-safe and that the centre can continue 7-day per week operations.

In 2021, Awaaz will continue to work with the AAPWG to increase usage of the hotline and call centre by communities and local organisations. Awareness of Awaaz and other agency-specific feedback channels remains a significant gap in the response, despite ongoing efforts to publicise services. The 2020 WoA Assessment indicated that 85 per cent of displaced households were unaware of any feedback or complaint mechanism.⁷⁸ Additionally, hotlines remain inaccessible to many people, particularly women. The 2020 WoA Assessment found that 48 per cent of displaced female-headed households did not have a SIM card; 32 per cent of women in male-headed households were reportedly unable to independently access a phone.

While there are significant differences between regions, WoA findings and other research consistently show that face-to-face communication, particularly with community leaders and local NGOs, is generally a preferred way for community members to give feedback to humanitarian organisations.⁷⁹ In line with this approach, key priorities for the AAPWG in 2021 will be both strengthening existing virtual communication channels between affected people and organisations, as well as developing face-to-face communication channels as part of the response-wide feedback mechanism (with COVID-19-safe precautions emphasised). Support to community-based organisations will be part of that effort, with particular attention to identifying ways to reach women, people with disabilities, older people and children. These

efforts will flow from the work of the AAPWG's Feedback and Referral Sub-Group, co-led by UNOPS-Awaaz Afghanistan, the Danish Refugee Council (DRC) and, when identified, a national NGO.

Response preferences of affected people

Global research shows that humanitarian responses⁸⁰ are more effective when affected people's views on response programming and the challenges they face in accessing services inform the decisions of implementers, clusters and the HCT. The AAPWG will continue to promote the inclusion of indicators based on the perceptions of affected people in assessments and planning documents. With the support of Ground Truth Solutions, the Working Group will engage cluster stakeholders to design and integrate a set of standardised perception indicators so that stakeholders can track the response through the views of communities and course-correct accordingly.

Significant parts of the country remain difficult to reach and, therefore, are hard to assess in terms of people's preferences due to the volatility of the security and climate in Afghanistan. To ensure that response planning for 2021 accounts for the needs of these populations, the REACH Initiative, in coordination with OCHA, the ICCT and the HAG, will continue to conduct the HTR Areas Assessment every quarter to profile multi- and inter-sectoral needs in remote or isolated areas. This assessment complements and aligns with the WoA Assessment for a more comprehensive dataset. The most recent HTR Assessment in July and August 2020 included more than 3,000 Key Informant Interviews in 120 HTR districts across 23 provinces.⁸¹ Two previous rounds were conducted in September 2019 and February 2020; further assessments will be done on a quarterly basis in 2021 to ensure that specific needs and input from all groups are responded to accordingly.

Data from the 2020 WoA Assessment showed a strong preference among displaced people for cash-based assistance modalities (72 per cent) and more tailored approaches to vulnerable groups. The most frequently cited barrier to accessing humanitarian assistance was a lack of awareness about eligibility

(72 per cent of displaced households and 96 per cent of vulnerable, non-displaced households).⁸² Household Emergency Assessment Tool (HEAT) assessments of immediately shock-affected households for ERM 10 also found that travelling to distribution locations was cited as a challenge by 95 per cent of households.⁸³ Other barriers were the waiting time, high cost of transport, financial demands from host communities after receiving assistance (including harassment) and safety. These preferences and concerns are being incorporated into the response with many clusters newly embracing cash modalities, including to address high transport and medical costs.

Multiple 2020 assessments reaffirm findings from previous years that a one-size-fits-all approach to communication does not work in Afghanistan. WoA Assessment data showed that multiple communication approaches are needed to maximise effective information exchange between responders and people in need. Among displaced households, face-to-face (64 per cent) and phone (53 per cent) were the most reported means of obtaining information. Whilst this did not differ significantly among displaced male- versus female heads of household, these preferences did appear to change compared to the WoA Assessment 2019, and according to geography, suggesting the need for repeated updates on the best ways to reach specific groups of people in any given location, at any time.

In March 2020, an RCCE-REACH communications rapid assessment showed considerable differences in community preferences for phone or radio in the south and south-east of the country, compared to central, northern, and eastern parts of the country. Inaccessibility is also likely to affect communication preference. The HTR Assessment found that 71 per cent of key informants reported face-to-face communication as the most common method of obtaining information, followed by radio (67 per cent). It is likely that differing preferences for phone communication versus radio are driven by network access and mobile service shutdowns, as well as socio-economic and cultural specificities. The HCT

and ICCT have noted these nuanced results, which will continue to guide the 2021 response plan.

HCT Data Sharing Protocol

In 2019, it was agreed that work would start on the development of an HCT Data Sharing Protocol (DSP) to provide support for humanitarian organisations in navigating decisions on what information to share with whom. This work was originally driven by concerns over the data sharing standards being applied in displacement verification and assessment processes. The new IDP SOP signed in early 2019 committed the Government and the humanitarian community to sharing data in compliance with international data protection principles that would eventually be outlined in a Data Sharing Protocol.

The drafting process took longer than expected but was completed in late 2020 with support from the Centre for Humanitarian Data in the Hague.

The protocol applies an AAP lens to responsible data collection, management, use and sharing both between humanitarian organisations and with the Government. Informed consent is a guiding principle of the document. The objective of this DSP is to clearly articulate the rationale for data sharing in the humanitarian context in Afghanistan and to establish basic principles and best-practice arrangements that signatories can commit to applying in their work (similar to the JOPS). The document does not replace specific data sharing or legal agreements between agencies. Its content is adapted from the UN Privacy Policy Group Principles, Core Humanitarian Standards, Sphere, and other globally recognised guidance.

The new protocol was endorsed by the HCT in October 2020. If they have not previously done so, HCT agencies are expected to have developed and implemented compliant policies within one year of the DSP's adoption.

1.7

Consolidated Overview on the Use of Cash and Vouchers

Scale of cash use and preferences of affected people

Cash and market-based responses have been implemented in Afghanistan since 2009 with the value of this approach widely acknowledged by the HCT in terms of cost-efficiency and effectiveness, and the improved dignity, flexibility and choice it offers affected people. In line with previous years' findings, the 2020 WoA Assessment affirms that cash remains the overwhelming preference for receiving assistance among affected populations (72 per cent of respondents).⁸⁴ Enhanced market monitoring has also revealed that despite challenges in transporting commodities noted at the onset of COVID-19, key food and non-food items remain available at the vast majority of markets, though price fluctuations have been seen.⁸⁵ Additionally, despite noted challenges related to security, COVID-19, and the financial downturn, the majority of traders remain consistently present in the market.⁸⁶ Given that markets have proven resilient and largely operational despite overlapping challenges, the relative flexibility of cash-based modalities, ease of implementation in the COVID-19 context, especially in urban areas, and overwhelming preferences for cash, it is anticipated that wider use will be realised in 2021.

In the first 9 months of 2020, 42 partners implemented cash and voucher assistance (CVA) in Afghanistan. This is a significant expansion in the use of cash from 2019 when only 24 organisations reported using cash as a modality. Of the 42 partners reporting the use of CVA, 35 organisations reportedly used CVA for sector-specific interventions, while only 15 used multi-purpose cash (MPC), indicating this is an area for significant improvement. Up to the end of September 2020, more than \$40 million was transferred to meet the needs of more than 1.3 million people. In a continuation of previous years trends, sectoral

CVA was primarily utilised by FSAC, ES-NFI, and Protection partners.

Cash in envelopes and Hawala networks remain the primary cash transfer mechanisms in Afghanistan, followed by mobile money and bank transfers. Hawala systems, common throughout Islamic countries, are well established in Afghanistan and have a strong footprint across the country. Use of such networks, as well 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. There are also new risks from COVID-19 in terms of physical distributions, which partners have adapted to by staggering distributions to ensure social distancing, staff wearing PPE, and the use of electronic transfers wherever possible.

Limits on the maximum threshold of mobile money transfers and cash withdrawals from banks and stringent Know Your Customer (KYC) requirements for mobile money payments also present a regulatory challenge to the scale-up of cash programming. On behalf of the CVWG, UN Common Cash System (UNCCS) partners have begun to advocate with the Central Bank around revision to these rules to make large-scale humanitarian cash distributions easier.

While mobile money services are increasingly being used in Afghanistan, the environment remains challenging for expansion due to limitations in the banking sector, low usage of bank accounts, poor mobile phone coverage in HTR areas, identification issues and women's uneven access to banking-enabled mobile phones. Registered sim cards 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. Fewer women have this ID, which creates an obstacle to independent use of mobile money. Displaced people are also disadvantaged because their identification is often lost during flight. Efforts are underway to work with financial institutions to overcome known barriers and expand services.

Coordination and building capacity

Intensified support for the enhancing cash coordination and building cash technical capacity in Afghanistan began in 2019 with the recruitment of a CashCap Advisor and new NGO co-chair of the CVWG (DRC) to work alongside WFP. Since 2019, the priorities of the CVWG co-chairs and the CashCap have been to assess current cash capacity in country, address capacity gaps at both national and sub-national levels and establish a more effective mechanism to monitor cash assistance across different sectors. The onset of the COVID-19 pandemic, with its dramatic initial impact on the price of key commodities and market functionality also highlighted an urgent need to more systematically monitor market fluctuations, develop a common evidence base to inform potential revisions to the minimum expenditure basket (MEB),⁸⁷ and support partners with practical tools to assess cash feasibility and enable quality cash-based programme design. The CVWG has responded to these needs by

developing and carrying out a series of cash training sessions with humanitarian partners, reviewing and supporting the development of quality pooled fund proposals, supporting clusters to revise planning to safely utilise cash approaches, particularly in light of COVID-19, and partnering with the REACH initiative to launch the Joint Market Monitoring Initiative (JMMI)⁸⁸ and financial service provider mapping. The JMMI complements existing price monitoring work done by WFP.

In 2021, the CVWG will continue to build on the momentum gained in 2020 to enhance coordination and build in-country technical capacity. This will include engaging with partners and clusters to update MEB content and value with the aim of keeping the tool relevant to the shifting context, continuing targeted trainings to build overall CVA capacity at both capital and field level, enhancing linkages with development activities, and working with a broad range of stakeholders, including the private sector, to strengthen cash systems across the response.

As mentioned above, Afghanistan is also a pilot country for the Global UNCCS – a joint initiative by UNHCR, WFP, UNICEF and OCHA aimed at enhancing efforts to build cash expertise and use. The CCS work plan was developed in 2019 and updated in consultation with CVWG partners in 2020. As a result of the revision, the CCS workplan has shifted to focus on amplifying CVWG priorities, including the development of a suite of cash feasibility tools and advocacy with national banks to expand financial inclusion and digital payment envelopes. Going forward, the CVWG and UNCCS will work in close coordination to synergise efforts to respond to the priorities of CVA community in Afghanistan.

Part 2:

Response Monitoring

KANDAHAR, AFGHANISTAN

Young girls whose families have been displaced by violence in a village near Kandahar, Afghanistan.

Photo: OCHA/Charlotte Cans



2.1 Monitoring Approach

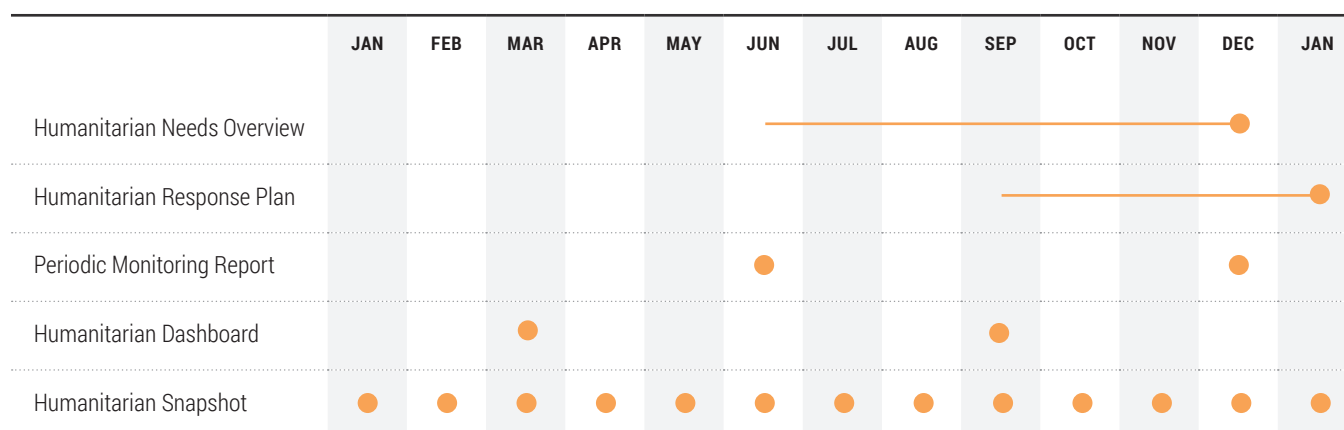
To ensure timely, safe and relevant assistance in 2021, regular monitoring of the operating environment and response progress is critical.

Through its lifetime, the multi-year HRP (2018-2021) has been as a responsive document, revised numerous times in light of changed conditions, particularly concerning the 2018-2019 drought and COVID-19. Sector-specific and country-wide multi-sector needs assessments continue to monitor the evolution of needs, the response delivered and its impact, residual and unmet needs, and people's preferences in assistance.

While COVID-19 has made frontline data collection more challenging than ever in Afghanistan, humanitarian partners have adopted flexible approaches including through partnerships with mobile networks, increasing the number of enumerators who can work at the same time and sharpening questionnaires to minimise time of contact. The SFSA and the WoA Assessment were able to make necessary adjustments to their methodologies in light of COVID-19 in 2020 and proceed with critical national data collection to inform the HNO and HRP. These approaches will continue in 2021 as the pandemic continues to affect the country.

In 2021, the ICCT will continue to issue quarterly HRP monitoring reports (four times per year – dashboards in Q1 and Q3, and analytical reports in Q2 and Q4). Starting in 2020, the mid-year monitoring report now includes an annex including a stock-take of trends on the needs indicators included in the HNO. This informs HRP revisions and course corrections as needed to meet new or worsening needs. Regular operational situation reports detailing cluster responses to COVID-19 needs will continue to be published regularly providing a detailed picture of assistance being delivered on the ground. Response preparedness capacity will be evaluated through regular analysis of critical commodity pipelines. Snapshots showing the status of stockpiles at the national level and regional levels will continue to be issued in 2021. This will provide an early warning of looming pipeline breaks. Close monitoring of partner presence and geographical access trends will be critical to ensure response targets remain realistic given the combined impact of COVID-19, worsening security and the drawdown of international military forces. Careful analysis of cross-border movement trends will also be a feature of the 2021 monitoring framework following a record year for returns of undocumented Afghan nationals in 2020 due to COVID-19 and economic

Humanitarian Programme Cycle Timeline



pressures, and worsening humanitarian needs among those returning.

There is recognition that more up-to-date and sector-specific data on disability and mental health needs and response progress are required. The WoA Assessment and other multi-sector assessments have made some progress on this with the inclusion of the Washington Group Questions – condensed to fit the assessment format. Data on mental health issues is also collected by assessing perceived changes in behaviour as a proxy. However, this data remains self-reported meaning reliability is difficult to gauge. Getting a better snapshot of disability and mental health needs is a priority for 2021 through the establishment of the new Disability Inclusion Working Group, involving both humanitarian and development actors. The ICCT has committed to also better monitor both the volume of its response to and perceptions of the response from people with physical and mental disability in 2021.

Close attention will be paid to trends in the evolution of COVID-19 infections in Afghanistan and whether these patterns align with common planning forecasts. In 2020, the Centre for Humanitarian Data provided monthly analysis of COVID trends and modelling based on official government data and other inputs. The Health Cluster further drew on a Seropositivity Epidemiological Survey published in July 2020⁸⁹ to predict the severity of COVID-19 spread and overcome testing biases in official Ministry of Public Health (MoPH) COVID-19 prevalence data. As per findings from this survey, some 30 per cent of the population were estimated to have been affected by mid-year 2020. The Cluster further analysed provincial positivity rates to identify 'high' risk provinces and number of critical cases. Continued proxy evidence for case rates will be relied on in 2021 to overcome weaknesses in official case numbers due to low testing.

In 2021, the Protection Cluster will continue to implement new monitoring procedures to correct historical double-counting of beneficiaries in past HRP reporting. To avoid overlap and double counting of beneficiaries across Protection sub-clusters, a new

standard aggregation methodology is being used at the cluster level. Figures are aggregated across mutually exclusive categories (i.e. gender, age, and population type) using the maximum reached at the lowest administrative level where data is available (i.e. district) across sub-clusters. Employing this approach means that the calculated figure represents an under-estimate of the actual number of people reached, however it drastically reduces the risk of double-counting. While this course correction will eliminate overlaps, it means that results from the first two years of the HRP will not be comparable to the last two years.

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, winterisation and COVID-19 in 2020. These plans were the basis of several pooled fund allocations providing a clear and pre-agreed prioritisation framework. Work will continue to ensure the response is prepared to initiate and follow-through on the results from needs assessments should new access opportunities materialise as a result of progress with the peace talks.

The ICCT has also produced a contingency plan for an earthquake affecting a major city in Afghanistan with serious projected impacts especially for people's shelter and NFI needs. The scenario plans for a magnitude 7.8 earthquake with an epicentre between Kabul and Jalalabad, affecting 7 million people and leaving 3 million people in need of immediate humanitarian assistance. While this contingency plan may need to be further updated in the event of an earthquake, it provides a framework which can easily be adapted to create the basis for any Flash Appeal. A workshop to familiarise the Government and military actors with this planning is being developed for the first quarter of 2021.

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

Part 3:

Cluster/Sector Objectives and Response








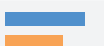



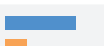




KANDAHAR, AFGHANISTAN

Young girls and their family displaced by violence and conflict in a village near Kandahar City.

Photo: OCHA/Charlotte Cans

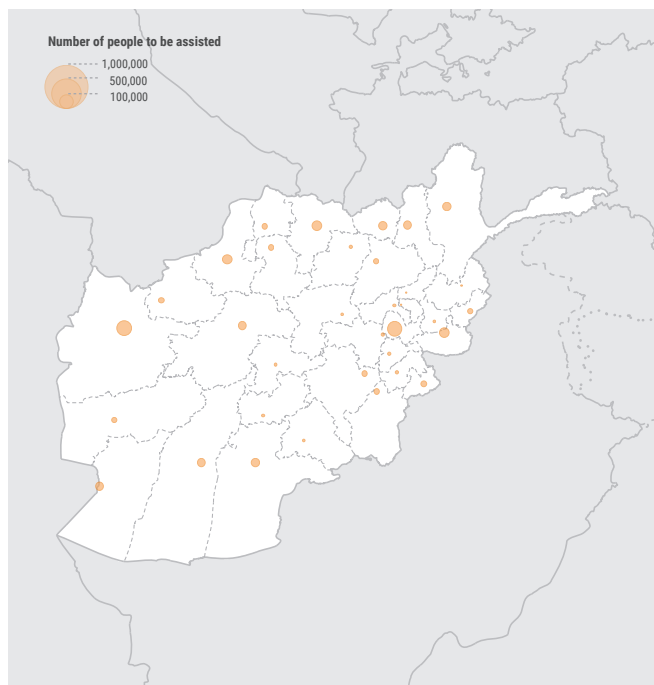


Overview of Sectoral Response

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED
Education in Emergencies	84.5M 	22	2.6M	1.0M	
Emergency Shelter & NFI	109.2M 	42	6.6M	1.0M	
Food Security and Agriculture	553.9M 	74	17.6M	14.2M	
Health	169.0M 	65	14.5M	10.3M	
Nutrition	120.7M 	46	5.4M	2.6M	
Protection	114.6M 	72	12.8M	4.0M	
Water, Sanitation & Hygiene	93.7M 	37	8.8M	3.6M	
Aviation	19.7M 				
Coordination	16.5M 				
Total	\$1.3B	162	18.4M	15.7M	

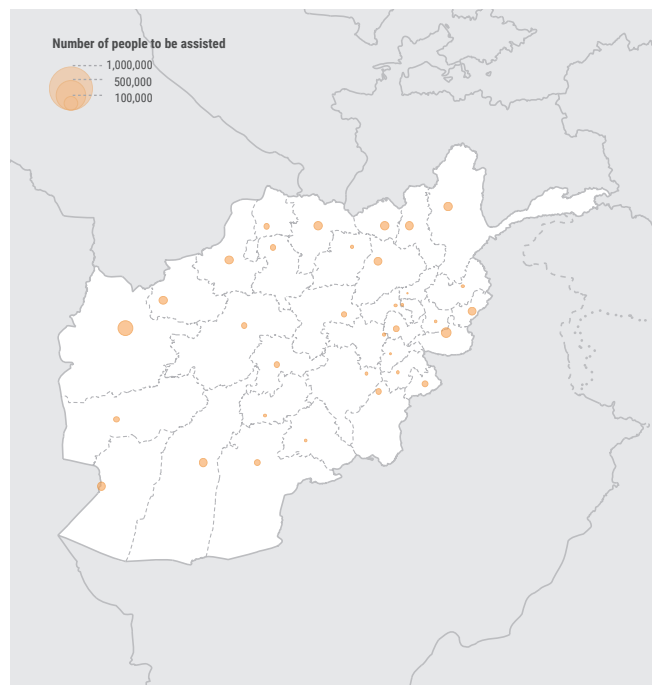
3.1 Education in Emergencies

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
2.6M	1M	84.5M



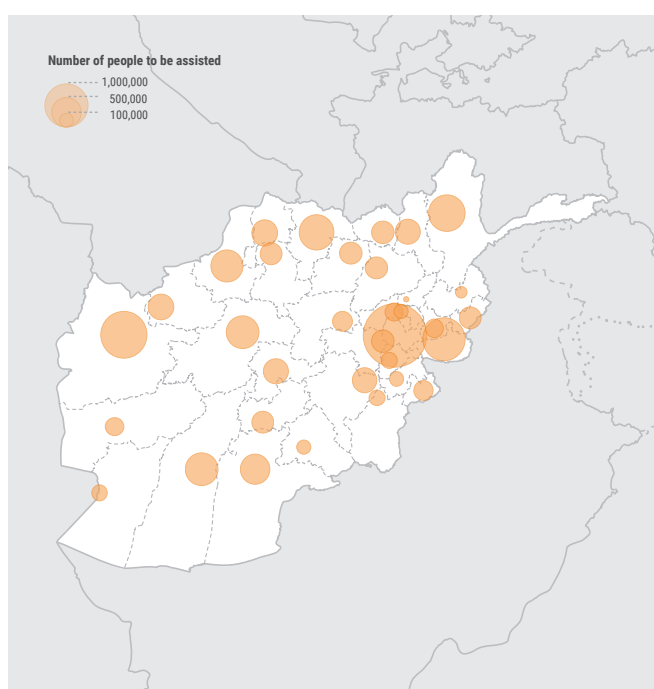
3.2 Emergency Shelter and NFI

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
6.6M	1M	109.2M



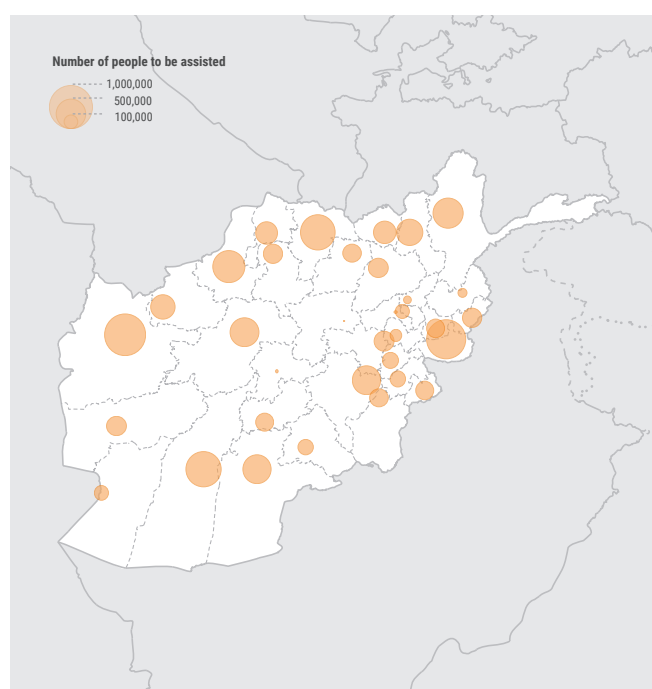
3.3 Food Security and Agriculture

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
17.6M	14.2M	533.9M



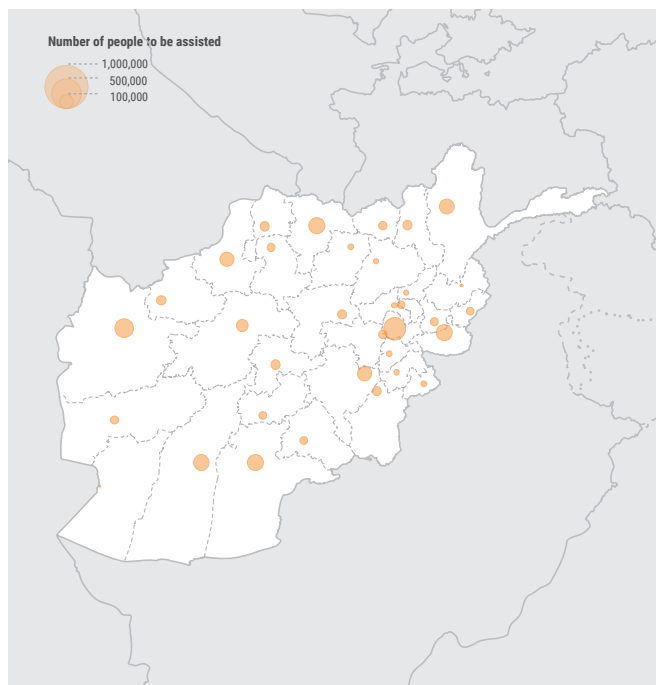
3.4 Health

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
14.5M	10.3M	169M



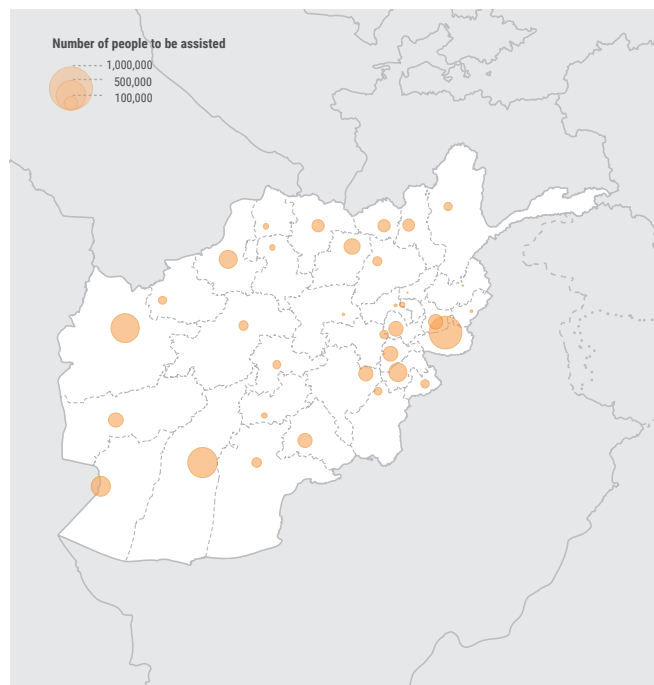
3.5 Nutrition

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
5.4M	2.6M	120.7M



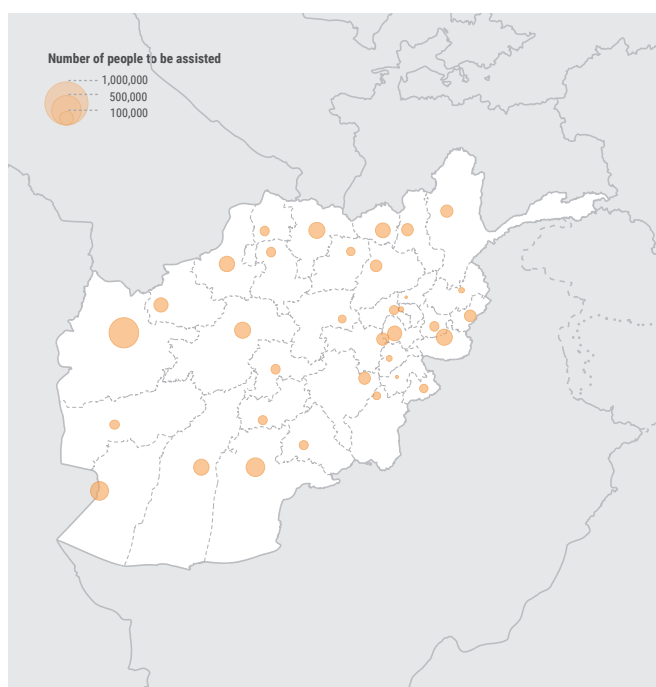
3.6 Protection

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
12.8M	4M	114.6M



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
8.8M	3.6M	93.7M





3.1 Education in Emergencies

PEOPLE IN NEED	PLANNED REACH	GIRLS	BOYS	DISABLED	REQUIREMENTS (US\$)	PARTNERS
2.6M	1M	624K	417K	36K	84.5M	22

Multi-year strategy 2019-2021

The education situation in Afghanistan remains fragile. Prior to the COVID-19 pandemic, there were 3.7 million children who were already out-of-school⁹⁰ who remained vulnerable. Government-ordered school closures between March and October 2020⁹¹ to mitigate against the spread of COVID-19 meant that another 10 million children in public schools and 500,000 children enrolled in CBE programmes had little-to-no access to learning opportunities and protective environments for more than six months,⁹² resulting in opportunity costs around early childhood and cognitive development. As CBE programmes and public schools were only re-opened in the last quarter of 2020, the actual effects of the school-closures are still being measured; however, past trends indicate higher chances of permanent drop-outs the longer the interruption period extends. Some parents still fear that their children might contract COVID-19 at learning spaces and others have de-prioritised their children's education in favour of engaging children in income-generating activities to support their household's income and food security. It seems likely there will be further interruptions to schooling during 2021 as a second wave of the virus takes hold.

Before the onset of the COVID-19 pandemic, the EiE response mainly focused on extending access to primary education through CBE programmes or temporary learning facilities to children affected by shocks and those in remote and HTR areas. CBEs usually run from grades one to six and do not offer

the longitudinal learning opportunities required by children but they do create important safe spaces where learning can continue despite the difficult situations their families are in.

To improve continuity of education and children's wellbeing and resilience in protective learning spaces, EiE partners also support CBE students to transition to public 'hub' schools through school improvement plans (SIPs). SIPs include small-scale repairs and renovations, capacity building for teachers and school management, and other in-kind support to increase the absorption capacity of public schools. Based on lessons learned over the past two years, showing that the current approach to SIP does not eliminate the barriers to CBE transition to hub schools, the EiEWG intends to go further in 2021 by coordinating a revised approach that provides targeted support, including WASH and Safe School interventions at hub schools in 2021. It is hoped that this will facilitate increased and sustainable absorption of CBE students into public schools and promote continuity of quality learning.

In line with the revised scope of humanitarian action endorsed at the end of 2019, the EiEWG expanded its response to support not only shock-affected children but also vulnerable children who have been severely affected by the protracted crisis facing the country. This not only supported expanded enrolment into CBE programmes, but it also allowed greater focus on the most vulnerable children who were at-risk of dropout to maintain their attendance at school. The

EiEWG will also operationalise the Comprehensive Safe and Secure Schools Framework – which guided advocacy against attacks on schools during the 2019 presidential election – to inform its real-time advocacy in 2021.

The EiEWG will continue its strategic partnership with multi-year education funds, such as the Education Cannot Wait (ECW) fund, to continue sustained access to education in emergencies. ECW has committed to providing multi-year funding (3 years) to the EiE response in Afghanistan, ensuring approximately 120,000 children are able to access sustained education until mid-2023.

To mitigate against the impact of pandemic-related school closures in 2020, EiEWG partners quickly pivoted their response strategy to provide alternative learning pathways through distributions of self-learning materials and remote teacher support to complement the Ministry of Education's (MoE) distance learning television and radio programmes. Drawing lessons from the COVID-19 education response in 2020, the EiEWG will continue its approach of enhanced coordination with Child Protection and WASH actors. With assessments showing that out-of-school girls, particularly IDP and returnee girls, are at an increased risk of early or forced marriage and other types of GBV, and boys are more likely to be engaged in child labour, the EiEWG will work closely with the Child Protection Sub-Cluster in 2021 to provide a more comprehensive response. This work will ensure child safeguarding and will strengthen referral systems, as well as provide training to teachers and shura members to offer basic, first-line assistance for children in distress. This is expected to support the successful return of children to schools. As approximately 6,000 schools do not have access to basic hygiene and sanitation options, the EiEWG will coordinate with the WASH Cluster to ensure the provision of water and minimum hygiene options in schools. The Working Group further plans to engage with the MoE to build its capacity to support children with disabilities through inclusive education practices, drawing from the experience of partners that already provide focused assistance to

this population sub-group. In the Working Group's strategy for 2021, EiE partners will also make a committed effort to ensure marginalised groups (often facing multi-layered access and inclusion challenges) are targeted for assistance.

In line with its enhanced COVID-19 response approach, the EiEWG will also look at cash and voucher assistance to help children in temporary learning facilities to transition to public schools. The investment in alternative learning pathways, such as self-learning materials, will continue in 2021 and will offer solutions for learning continuity in the event of future school closures due to insecurity, natural disasters, or additional waves of the COVID-19 pandemic. The majority of the 2020 EiE funds were expected to be received in the last quarter of last year, and the Working Group expects a considerable carry-over into 2021. This includes funding for winterisation, which will provide essential supplies (winter clothes, stoves and wood for classrooms) for children to catch-up on learning lost during the school closure period where schools remain open.

Cluster Response Objectives

The key objectives of the EiEWG align with SO2 and SO3 of the HRP.

1. Increase access to education for shock-affected and vulnerable girls and boys in remote and HTR areas;
2. Ensure inclusive and protective spaces for learning for all children, including PSS for vulnerable children; and
3. Reduce the risks posed by disaster, conflict, and emergencies to children's education through capacity building for education system strengthening

Cluster Response Plan

In 2021, the EiEWG plans to reach 1 million children – a majority of whom are girls – with a deepened, more nuanced and comprehensive package of support. Compared to 2020, the quality and range of education services will be wider but not all of the response will be delivered by EiE partners alone. The EiE response

in 2021 will see improved engagement from WASH and Child Protection actors, accompanied by more integrated programming. Girls have been highly prioritised by the EiEWG to reduce the gender disparity in enrolment in education.

The EiE response in 2021 will focus on four main areas: i) the implementation of the EiE minimum package with integrated Child Protection and WASH components; ii) home-based education for children through self-learning materials and remote teacher support; iii) operationalisation of the Comprehensive Safe and Secure School Framework; and iv) provision of support to vulnerable public 'hub' schools so that they can provide quality education for displaced and vulnerable children.

The EiE minimum package comprises activities aimed at establishing and maintaining CBE classes and TLS or tents; enrolment of children; recruitment, deployment and training of teachers; provision of student, teacher, and classroom kits and textbooks; community mobilisation and Shura training for a protective learning environment; provision of minimum WASH in schools packages (such as clean drinking water, handwashing facilities, and hygiene kits); and delivery of school-based Child Protection and wellbeing activities.

The COVID-19 pandemic continues to create multi-faceted challenges in Afghanistan. The EiEWG will include self-learning responses to reach children who are not able to return to school due to insecurity and disasters, families who fear their children contracting their virus in school, or in the event of localised school closure measures in response to emerging COVID-19

hotspots. EiE partners plan to reach 200,000 children through this approach. During school closures in 2020, the EiEWG had organised Student Learning Pathway and Teacher Engagement taskforces. The taskforces developed self-learning packages in coordination with the MoE, which will continue to be used as learning resources for children who cannot attend CBEs or schools. Parents and caregivers, especially those who are illiterate, will be supported by teachers by phone and supervised by master trainers and shura members. This practice was tested between May and October and will be rolled out further for children in remote areas in 2021.

To progress the commitment to school safety in the Afghan education system, the EiEWG will support the operationalisation of the Comprehensive Safe and Secure Schools Framework by government authorities, EiE partners, and communities. Through multi-year funding such as ECW, the EiEWG will increase awareness among partners and stakeholders on key interventions at the community level that foster a culture of safety but also conduct real-time monitoring and reporting of attacks on education to inform advocacy that combats barriers to education.

As mentioned above, sustainability in CBE programming often relies on transitioning CBE students to public 'hub' schools. However, public schools are overcrowded, lack basic school resources, have a limited number of available teachers (especially female teachers) and sometimes require students to travel long distances from their villages. To facilitate the transition of CBE students into formal hub schools and to improve the quality of public school education, the EiEWG plans to reach 200,000

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.17M	0.15M	0.07M	2.23M	0.02M	2.6M
Planned reach	0.17M	0.15M	0.07M	0.63M	0.02M	1.0M

hub school students in emergency-affected parts of the country.⁹³ This includes capacity building trainings and orientation to government education bodies, provision of textbooks as well as student, teacher and classroom kits, minimum WASH and hygiene support, and the establishment of safe identification and referral pathways in public schools. The Comprehensive Safe and Secure Schools Framework forms one part of the capacity building programme for teachers and school management. To improve attitudes towards education and promote community resilience, the EiEWG will strengthen the localisation of the response by including training to School Management Shuras on the importance of education, especially for girls, as well as to increase awareness on issues pertaining to gender, disability inclusion and negative socio-cultural practices (such as early or child marriage).

In 2021, the EiEWG will also work with the ES-NFI Cluster to achieve integrated winterisation response objectives and enable children to catch-up on learning lost due to COVID-19 school closures. The EiEWG will aim to reach 647,500 girls and boys through this package. The primary focus will be on people displaced by conflict and disasters, returnees (documented and undocumented), refugees, shock-affected non-displaced children and the most vulnerable out-of-school children (6-17 years) from host communities in HTR, conflict-affected and remote areas of Afghanistan. Within this group, the EiEWG will specifically emphasise girls' education, as well as inclusive education provision for children with disabilities and children who speak minority languages through teacher training and back-to-school campaigns.

In its overall response, the Working Group has prioritised children from the IDP, returnee, refugee, disaster-affected and acutely vulnerable population groups. Some 35 per cent of girls and 20 per cent of boys who fall into IPC 3 and 4 food insecurity have been included in the Working Group's planned reach in recognition of their vulnerability. The priority areas for EiE response include those hosting the highest number of IDPs, returnees, refugees and out-of-school

children; areas where significant gender disparities in education remain; and areas with high severity of education and protection needs based on the 2021 HNO severity analysis developed using the JIAF.

As per the MoE guidance, schools and CBEs are expected to re-start on 22 March, 2021. The EiEWG is advocating with the Government to uphold exceptional approval for EiE programmes to continue through winter in cold climate areas (given the winterisation response package planned) to allow for appropriate catch-up.

The EiEWG's response capacity has increased from 17 to 22 active national and international organisations present in 30 provinces across the country. In 2020, EiE partners displayed their agility and capacity to respond to the COVID-19 pandemic by shifting to new modalities of response – designing and delivering distance and self-learning packages; spreading to deliver small group learning programmes and re-purposing teachers already on the payroll as community agents for COVID awareness raising, providing tailored support for children. Historically, EiE partners have demonstrated capacity to respond depending on funding availability. In 2018, at the height of the 2018-2019 drought, EiE partners were able to assist 70 per cent of the people they planned to reach with assistance. The Working Group further reached 60 per cent of its target in 2019.

A second wave of COVID-19, associated movement restrictions and potential new school closures are the biggest risks to EiE planning in 2021. To mitigate against this risk, EiE partners have put protocols in place on how to safely close and re-open schools. This is partly through the expansion of WASH in schools to minimise the spread of the virus by using routine hygiene practices among students. Furthermore, distance learning modalities are already in place with partners having acquired new skills in delivering such activities and being prepared to scale-up further if the need arises. A capacity analysis in late 2020 showed that some 80 per cent of EiE partners were capable of scaling-up into new areas if funding is available. Around 65 per cent of the EiE response is carried

by the Working Group's largest partners, making it unlikely that a scale-down by smaller partners amid a worsening COVID-19 or security situation would have a significant impact on the overall EiE response.

Cost

According to the EiE standard costing framework, the EiE cost-per-person ranges from \$90 to \$150 depending on the type of programming, number of grades (higher grades means higher cost), cost fluctuations, access, security and transportation costs. The delivery approaches of the EiEWG response in Afghanistan have changed from the start of the multi-year HRP. The increased reach through cheaper alternative learning modalities (distance, self and small-group learning) has offset the increased WASH and Child Protection support in hub schools (costs of which are co-shared with other Clusters) and has resulted in the modest decrease in the EiE cost-per-person to \$81 in 2021 (down from \$110 at the start of 2020 and \$72 in the June 2020 revision).

The Working Group continues to emphasise the importance of timely funding as late allocations affect planned education programming and create challenges for transitioning children to government hub schools, as they must complete their current grades prior to transitioning at the start of the regular academic year.

Integrated programming and multi-sectoral responses

As noted above, the EiEWG is working closely with WASH, ES-NFI, and Child Protection sectors and this collaboration will continue in 2021. Schools and CBEs are the entry point for delivering an inter-sectoral response to other needs. The Working Group has revised the minimum standard package of education response for 2021, which now includes Child Protection, WASH, and winterisation activities. The EiEWG and the ES-NFI Cluster jointly developed the Winterisation Strategy for 2020-2021 – with the EiEWG leading on school winterisation and ES-NFI on household winterisation components. The EiEWG will also cover all the infrastructure and hygiene components of its WASH in schools assistance while the WASH Cluster will focus on provision of water

and will provide technical oversight and maintenance of WASH facilities. EiE partners will work with the Child Protection Sub-Cluster to establish referral pathways for children in need of additional support and will also collaborate in developing standardised training on PSS.

Cash programming

In 2021, a small portion of the EiE programming will utilise cash as a delivery modality, in close consultation with the CVWG. This will take place in the form of a CVA pilot which will be used to support children to transition to public schools to enable education continuity and school retention. Given the results of the EiE capacity analysis on delivery of cash-based response, cash will still make up less than 1 per cent of the EiE response in 2021 and is expected to reach around 5,000 children in its pilot phase. Based on lessons learned from this initiative, the EiEWG will consider a further scale-up in coming years.

Links to development programming

While EiE programming has historically served as a stop-gap measure to mitigate against disruption of education during crises, linkages to development support and formal schooling are required so that shock-affected children maintain sustained access to education. In its revised planning, the EiEWG is conducting a mapping exercise to identify all humanitarian-supported CBE programmes in the country in an effort to create links with development programming and identify opportunities for longer-term learning pathways. This includes identifying children enrolled in CBE who might be transitioned to formal or hub schools. The EiEWG aims to coordinate with development actors to address absorption capacity in hub schools and build on existing infrastructure programming. A COVID-19 lens will be used to start system-wide reforms, the rollout and scale-up of a new curriculum, and capacity building of both CBE and formal public school teachers to deliver quality, inclusive instruction and classroom management. The EiEWG encourages development counterparts to also consider funding WASH coverage in the 6,000 schools without access to water or

sanitation facilities across the country.⁹⁴ Data on these schools is readily available from the MoE.

Monitoring

To improve monitoring of response, the EiEWG will continue to utilise the 4W (Who does what, where, when) tool as a main source of data on its response. In addition to this, the Working Group will develop a standardised monitoring database to enable partners to collect and share data in real-time. The EiEWG will conduct capacity building workshops for all EiE sub-national focal points, Provincial Education Directors (PEDs) and national and international NGOs in 2021. To ensure community feedback (including from children) guides the response, the EiEWG will

work with its partners to develop a standardised feedback and complaint mechanism and will continue to engage with Awaaz and the AAPWG.

To improve data quality issues (data inconsistencies, duplication and lack of disaggregation), the EiEWG has conducted a series of trainings in 2020 to improve reporting. While significant improvement has been seen so far, much work remains to be done to ensure high quality data collection and monitoring of needs and response. Further trainings aimed at sub-national EiEWG partners and coordination bodies are planned in 2021.

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3.2

Emergency Shelter and NFI



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
6.6M	1M	195K	507K	86K	109.2M	42

Multi-year strategy 2018-2021

During the first two years of the multi-year HRP, emergency shelter assistance was provided to people in need within the initial three months after a shock. This assistance was predominantly oriented towards emergency items such as tents and basic household supplies. While this emergency support was vital to immediately safeguard lives and support people's physical protection, it did not yield enduring results to facilitate transitional solutions (meaningful integration of those affected into society or permanent improvements to their living conditions) - a key pathway to recovery. The Cluster noted that many people remained in a protracted state of displacement without access to adequate shelter, unable to contribute to their own recovery and continuing to require annual winterisation support.

The change in scope for humanitarian action in late 2019 has expanded shelter and NFI needs - increasing from 1.3 million in 2018 to 6.6 million in 2021. In addition to the changed scope, this is also because of new crises that have reduced people's coping capacity. Multi-tier displacement including from ongoing conflict, the 2018-2019 drought and the early and atypical floods of 2019, have particularly contributed to the increase in needs. Vulnerable people have also been reeling from multiple past shocks, leaving them struggling to recover. New needs have also been created and aggravated by COVID-19, adding to overall ES-NFI demands. The socio-economic impact of the pandemic in 2020 sent

millions of people into spiralling debt, with eroded capacity to cope. This means that many are unable to pay their rent, repair their damaged homes, or buy basic household items.

While some 6.6 million people have humanitarian ES-NFI needs in 2021, the ES-NFI Cluster has planned to reach a modest target of 1 million people. This gap is a result of a realistic analysis of partners' capacity to deliver and funding received in past years, despite its increased capacity to scale-up response when required. The Cluster was able to reach 565,745 people in 2018, 783,704 people in 2019 and was projected to reach around three quarters of a million people with ES-NFI assistance by end of 2020. In 2021, the ES-NFI Cluster will continue all of its core activities – emergency shelter; non-food items; transitional shelter; and winterisation support – to meet needs created by conflict and natural disasters, as well as the lack of recovery, driven by the multi-faceted crises. A needs severity analysis following the JIAF methodology has been used to prioritise locations and groups for assistance within the means of the Cluster.

Since the revision of the scope of humanitarian action in late 2019, the Cluster has broadened its response strategy to also extend support that will allow meaningful recovery through the provision of transitional shelter solutions. Transitional shelter not only contributes to security, safety, health and wellbeing of affected people, it also promotes

recovery. While the unit cost of a transitional shelter is higher than the cost of a tent, it contributes (in part or in whole) to a more durable shelter solution, which could be the start of a permanent home. It also provides 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. Funding towards this response has, however, remained sub-optimal, with most of the funding towards the Cluster earmarked for less expensive, short-term emergency responses. In 2018 and 2019, only 10 per cent and 3 per cent respectively, of the people reached by the Cluster received shelter repairs or upgrades. It is projected that by the end of 2020, an estimated 15 per cent of the people receiving ES-NFI assistance would have been supported through transitional shelter, including shelter upgrades and support to construct a one- or two-room house. This is a small portion of 67 per cent of affected households reporting having either severe or critical ES-NFI sectoral needs. In addition, nearly 4.8 million people displaced since 2012 who have not returned home are mostly residing in sub-standard shelters, some of them in informal settlements.⁹⁵ With no intention of return in the immediate term, the provision of transitional shelter makes logical sense for this population group.

The Cluster recognises that a multi-year strategy can only make a lasting impact if the coping capacity of vulnerable people is enhanced by maintaining a strong focus not only on emergency shelter responses but also on longer-term transitional and durable shelter solutions. Recent assessments highlight a strong desire from people for long-term solutions that minimise maintenance costs, prevent repeated future repair expenses, and ultimately improve household resilience for shocks to come. Drawing from responses over past years, the Cluster aims to continue advocating for a more holistic approach in 2021, with life-saving assistance at the

onset of an emergency provided alongside carefully targeted support for improved living conditions via transitional shelter.

In 2021, the ES-NFI Cluster will continue to build on an inter-sectoral approach for targeted support during the harsh winter. Together with the EiEWG, FSAC, Protection, Nutrition, Health and WASH Clusters, the ES-NFI Cluster developed the 2020-2021 Joint ICCT Winterisation Strategy, reflecting inter-sectoral priorities. This approach is expected to continue during the 2021-2022 winter period. After an exceptional year in 2020, where a massive scale-up of ES-NFI needs and response planning were driven by COVID-related vulnerabilities, the Cluster will revert to a more normal level of operations in 2021, focusing on the most acute needs. The ES-NFI Cluster has 40 partners operating in all 34 provinces in the country. Some 65 per cent of ES-NFI partners (26 organisations) can scale-up and start operating in new areas if funding is available. Some 78 per cent of the ES-NFI response is delivered by a handful of large partners, meaning that any future drop in the number of smaller partners because of COVID-19 or security constraints will not substantially affect the Cluster's ability to deliver at scale.

Cluster Response Objectives

The overall objective of the ES-NFI Cluster is to preserve the immediate safety and wellbeing of people and improve their living standards. This includes those affected by conflict and natural disasters, as well as cross-border returnees and refugees, people facing multiple shocks and those who are acutely vulnerable and in need of shelter and NFI assistance.

The Cluster's objectives fall within the umbrella of all three of the HRP's over-arching Strategic Objectives. Under SO1 of the HRP, the Cluster aims to ensure that people who have been directly impacted by new shocks have immediate access to emergency shelter, household items, and seasonal assistance across the country. In line with SO1 and SO3, the Cluster also plans to ensure vulnerable IDP, returnee, refugee and non-displaced shock-affected people of all ages are protected and have access to shelter

materials, transitional shelter, enabling safer and more dignified living standards and preventing recovering communities from slipping back into humanitarian need. It is envisioned that vulnerable people with insecure tenure will receive short- to medium-term transitional shelter support in the form of shelter upgrades, repairs, or rental subsidies.

Response Plan

The Cluster employed a strict methodology to identify people to be assisted – looking only at the most severe needs under the JIAF approach. This meant that the Cluster has reduced its planned reach with emergency shelter kits, transitional shelter and winterisation activities – by 19 per cent, 22 per cent and 47 per cent, respectively compared to 2020 – under the assumption that in late 2021, seasonal support and emergency home isolation needs will not be as strongly driven by COVID-19 vulnerabilities. As a result of this reduction in target, the Cluster's financial requirement for these activities has reduced. However, at the same time, shelter repairs and upgrades, as well as NFI assistance targets have increased (by 51 per cent and 21 per cent, respectively) in line with reported needs.

ES-NFI assistance has been geographically prioritised according to the severity analysis in the HNO. The need for emergency and transitional shelter is reported to be the highest among refugees in the south east (50 per cent), followed by non-recent IDPs (37 per cent), recent IDPs (36 per cent), cross-border returnees (30 per cent) and acutely vulnerable people at (21 per cent).⁹⁶ Sar-e-Pul, Zabul, Hirat, Hilmand, Parwan, Badghis, Farah, Ghor, Paktya, Khost and Paktika provinces are reported as having the most

severe needs. In 2021, the Cluster will also prioritise shelter and NFI assistance for people residing in informal settlements with the highest needs reported in the country's centre and west.⁹⁷ As mentioned above, the ES-NFI response will be tailored to the needs expressed by affected people and guided by geographic concentration of those with severe or extreme ES-NFI needs. Specific vulnerabilities for each population group, weather considerations such as extreme cold or heat, as well as the availability of partners in each location and the access challenges they face, are all factors that were considered in the response prioritisation.

Afghanistan has struggled to cope with the urban planning challenges resulting from war and continuous internal displacement. At least 80 per cent of non-recent IDPs, 86 per cent of recent IDPs, 94 per cent of refugees, 74 per cent of returnees and 67 per cent of acutely vulnerable people report having either severe or critical ES-NFI needs based on the condition of their shelter, security of tenure, access to priority NFIs and blankets for winter.⁹⁸

In 2021, the ES-NFI Cluster aims to support 1 million vulnerable people with shelter, NFI and winterisation assistance. This includes more than 234,000 people displaced by conflict, 208,000 cross-border returnees, 31,000 refugees, 158,000 people affected by natural disasters, and more than 365,000 acutely vulnerable people affected by multiple shocks. The Cluster will prioritise the provision of timely and targeted life-saving assistance through the delivery of emergency shelter and household items to affected people. Standard NFI kits will continue to be distributed where needed. Affected families will also be provided

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.37M	0.43M	0.17M	5.65M	0.04M	6.6M
Planned reach	0.23M	0.21M	0.16M	0.37M	0.03M	1M

with seasonal items (such as warm clothing, heating materials and blankets in winter) to save lives, reduce their exposure to the harsh winter conditions and mitigate against the risk of respiratory infections, hypothermia and preventable mortality among children and the elderly. To expedite the delivery of aid in emergencies, the ES-NFI Cluster will leverage existing logistics and supply chain arrangements, pre-positioning ES-NFI supplies at strategic warehouses across the country. While the emergency response will rely on pre-positioned stocks, with multiple drivers of displacement anticipated in country, the Cluster will continue to advocate for the regular replenishment of the ES-NFI pipeline.

In addition to emergency shelter and NFI assistance, the Cluster recognises that transitional shelter needs remain high across the country, with people reporting shelter as their second highest priority need after food.⁹⁹ The Cluster has included in its response plan a modest range of transitional shelter interventions at the onset of emergencies simultaneously contributing to meeting the affected household's immediate needs while further rebuilding their resilience from the outset. These activities will include shelter repair and upgrade, transitional shelter, rental subsidy, and permanent shelter. Where applicable, implementation of shelter projects will be done through owner-driven or neighbourhood approaches that encourage community participation and that offer a level of flexibility and choice to beneficiaries. Shelter activities will be undertaken in coordination with the Government, incorporating all the relevant HLP components, safeguarded by evidence of legal and/or customary ownership and occupancy. The Cluster will also continue to work with Health, Protection and other clusters to utilise pre-fabricated housing units to support extension of spaces for health services and will provide rental support to those with insecure tenure and a high debt burden.

The Cluster will increase its efforts to identify barriers, risks, and enablers for people with disabilities and take concrete steps to strengthen the inclusion of people with different types of disability. The Cluster will aim to ensure partners identify disability

considerations, including ensuring that shelter programmes disaggregate data by disability, consultations with people with disabilities are undertaken, and that physical barriers faced by people with disabilities are addressed in programme and shelter design.

Access challenges may continue to have an impact on partners' capacity to reach areas outside of district administrative centres, as well as the speed and efficiency of the humanitarian response. As a result of these constraints, national partners may continue to shoulder a heavy burden in meeting humanitarian need in HTR areas. Further deterioration in the economic, political or security situation in Iran could prompt additional, sudden returns to Afghanistan further generating vulnerability and shelter and NFI needs. While conflict remains the main driver of displacement, climate also contributes to, and triggers, humanitarian need and population movements. Given the ever-present risk of earthquakes and the La Niña event anticipated in 2021, the Cluster recognises that this may create unexpected needs, put pressure on contingency stocks and require supplies to be relocated and replenished. The second wave of COVID-19 presents an unprecedented challenge to partners and may also affect the ability of humanitarians to go to the field and respond. The Cluster recognises that delays in the delivery of core relief items to affected regions may be experienced in the event of movement restrictions and border closures. However, partners will aim to get ahead of such barriers through early action and pre-positioning of critical supplies.

Cost

To respond to severe and extreme shelter and NFI needs of 1 million people across the country, the ES-NFI Cluster seeks \$109.2 million in 2021. Of the total requirement for 2021, \$37 million is needed for emergency life-saving assistance, \$45 million for transitional shelter and \$27 million for direct winterisation activities. The average cost per person has increased from \$88 in mid-2020 to \$109 in 2021, due to a substantial increased provision of NFIs and costlier shelter repair and upgrade assistance by

21 per cent and 51 per cent respectively. In 2021, the Cluster also plans to mainstream the provision of a reconstruction toolkit at a cost of \$65 within the emergency shelter repair response package for families affected by conflict and natural disasters. Aside from contributing to an improved overall protective environment, this approach is also more cost-effective in the long-run, reducing dependency on aid.

Integrated programming and multi-sectoral responses

The ES-NFI Cluster will continue to work closely with Protection and FSAC in coordinated assessments, targeting of beneficiaries and joint distribution of emergency relief items where ever possible. The Cluster will also closely coordinate with the WASH Cluster to mainstream both shelter and WASH core competencies in transitional shelter programmes, supporting beneficiaries' access to adequate shelter and sanitation facilities. To address shelter needs for persons with specific needs (PSNs), the Cluster will prioritise the collection and analysis of SADD to inform its response. As such, the Cluster will work with the Protection Cluster to support capacity building of field staff (such as protection monitors, PSS counsellors and case managers) with complementary competences. Timely identification and referral of protection cases in ES-NFI assessments and response will also be prioritised. ES-NFI will work closely with the HLP Task Force, to support people at risk of eviction and in need of rental support, and in site selection and settlement planning. As mentioned above, the Cluster will work with Health and other clusters to utilise pre-fabricated housing units (RHUs) to support extension of health facilities and other services. Together with the EiEWG, FSAC, Protection, Nutrition, Health and WASH clusters, the ES-NFI Cluster will also develop the 2021-2022 Joint Winterisation Strategy (expected end of June 2021) reflecting inter-sectoral winter priorities.

Cash programming

The response outlined in this plan will be delivered via a combination of in-kind, cash and voucher assistance. Cash or in-kind ES-NFI assistance will be provided in line with the Cluster minimum standards.

Partner data collected in mid-2020 shows that cash was predominantly used in shelter repair, rental support, and winterisation programmes, while in-kind assistance was used predominantly for emergency, transitional shelter, and NFI activities. In 2021, the Cluster will promote the increased use of cash-based response (after determining whether it is safe and the most effective modality) and aims to increase the cash share up to 40 per cent in 2021 from 30 per cent in 2020.

Links to development programming

In 2021, the Cluster's activities are geared towards establishing concrete links between short-term emergency response and sustainable development programs. A key element of this approach is aligning with the Afghanistan National Peace and Development Framework (ANPDF), as well as National Priority Programs (NPPs). To this end, the Cluster will strengthen its engagement with key government line ministries, Ministry of Urban Development and Land (MUDL), MRRD, Ministry of Labour, Social Affairs (MoLSA), development actors (including the World Bank, UNDP, ILO, GIZ, UNHABITAT), and the private sector to enhance the durable shelter solutions strategy. The Cluster will also continue its engagement with the Durable Solutions Working Group. The Cluster will continue to support relevant Government ministries through capacity-building efforts, including by the provision of technical support for shelter and settlement planning, emergency preparedness and response.

Monitoring

The Cluster will continue to rely on the WOA and partner assessments to understand the evolution of needs and impact of its response. Response will be monitored through monthly reports provided by partners via ReportHub. The results of the analysis will be published monthly to reflect gaps in the response against the HRP. Monitoring of stocks and funding will continue to be undertaken via ReportHub and FTS. Impact monitoring will be done through post-distribution monitoring and will further inform the Cluster's future response.

The Cluster will also undertake sector-specific assessments with a view to providing a more nuanced understanding of the key challenges and coping strategies related to ES-NFI needs in Afghanistan. This will include the release of the country-wide study on the local architecture and the design of a shelter catalogue with applied examples of shelter designs constructed by national and international

organisations. The Cluster will also enhance its coordination role at sub-national level, through recruitment of dedicated cluster co-chairs and information management officers.

The Cluster will continue to work with Awaaz to respond to ES-NFI-related referral calls to ensure communities' concerns are heard and duly responded to in a timely manner.

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3.3

Food Security and Agriculture



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
17.6M	14.2M	3.2M	7.7M	1.2M	553.9M	74

Multi-year strategy 2018-2021

Despite recent investments in strengthening food security and building livelihoods, the number of people with acute food needs in Afghanistan has steadily increased due to ongoing conflict, COVID-19, natural disasters, a surge in cross border movement and limited coping capacity to weather shocks. Over the past 5 years, the food security situation in Afghanistan has steadily deteriorated with the percentage of food insecure people (IPC 2+) doubling (from 37 per cent in September 2015 to 76 per cent in November 2020), while the proportion of people in crisis or emergency levels of food insecurity has increased more than five-fold (from 8 per cent to 42 per cent over the same period). The COVID-19 pandemic has magnified recurrent shocks and caused a significant degradation in the food security situation in the country. Since the start of the pandemic in March 2020, there has been a 9 per cent increase in the proportion of people facing acute food insecurity. It is estimated that 16.9 million people (42 per cent of the population) are facing 'crisis' and 'emergency' levels of food insecurity (IPC 3 and 4) from November 2020 through until March 2021 – up from 12.4 million people (33 per cent of the population) during the previous projection period (July to November 2020).

FSAC's multi-year strategy aims to address acute food insecurity and support vulnerable people and those with shock-affected livelihoods to save lives, improve people's wellbeing, lift living conditions and reduce dependence on negative coping mechanisms

in the worst-affected provinces across the country. The first years of FSAC's response strategy in the multi-year HRP focused on reducing the impact of the 2018-2019 drought which delivered a devastating blow to more than 22 provinces. Through a timely and integrated response, focused on reducing food insecurity, FSAC partners and donors were able to provide a comprehensive response to drought-affected communities in the first two years of the multi-year HRP. In 2020, FSAC partners further expanded their response to needs aggravated by the COVID-19 pandemic. This included rolling out a large-scale response into urban areas - a significant shift from past years' responses which has been more centred on rural areas. FSAC's COVID-19 assistance included a larger volume of food delivery (double-rations at a time) to mitigate against delivery delays caused by movement restrictions and border issues. It also included an increased cash-for-food component in urban areas and a revision of food ration rounds for those who are seasonally food insecure and made even more vulnerable due to the socio-economic effects of the pandemic.

While dedicated, predictable multi-year financing has not been provided for the FSAC response during the lifetime of the HRP, flexible funding, carried-over from one year into another, allowed for a significant drought response to be mounted in early 2019. Additional multi-year funding would have allowed for a more tailored response that considered both food and livelihood resilience objectives and provided

clear links between responding to recurring shocks and addressing the root causes of food insecurity and disruptions to livelihoods. Such long-term and predictable funding would also have been especially useful to enable quick response at the start of the pandemic.

Over 2019 and 2020, FSAC placed increased focus on building people's early recovery capacities. It is recognised, however, that greater investment is needed to provide livelihood opportunities that improve the marketable skills of long-term IDPs and refugees, who are either unable or unwilling to return to their areas of origin. This effort includes sustained vocational skills training that is aligned with local labour market demands. It also includes proactively identifying correctly sequenced assistance that can build economic autonomy, improve food accessibility and reduce dependence on external assistance.

In 2021, FSAC partners will continue to employ different delivery modalities - cash, in-kind and vouchers - to ensure flexibility in assistance, facilitate faster scale-up of assistance and better meet the preferences of affected people.

Objectives

Recognising that shocks have both immediate and lasting impact on people's food security and livelihoods, as well as increasing protection risks, groups included in FSAC's planned assistance include: people affected by conflict and natural disasters; cross-border returnees and refugees; and acutely vulnerable people falling under IPC Phase 3 and 4 facing the prolonged consequences of multiple

shocks. These groups are eligible for emergency food and livelihoods assistance.

FSAC's food and livelihood response will fall under three streams of work. In line with SO1, FSAC's first goal is to ensure continued and regular access to food for acutely food insecure people across the country. In line with SO1 and SO3, the Cluster aims to ensure access to livelihoods protection assistance for shock-affected people at risk of hunger and malnutrition. Under SO3, FSAC's goal is to strengthen resilience through emergency preparedness as well as timely assessments and enhanced capacity of partners to deliver effective response.

Response Plan

In 2021, FSAC plans to provide emergency food and livelihoods assistance to 14.2 million people, out of 17.6 million in need.¹⁰⁰ It is acknowledged that is a massive scale-up in assistance from levels only a year ago, but a cluster capacity analysis conducted in late 2020 suggests that scope exists for further expansion should funding be made available to meet rapidly escalating need.

In 2021, the Cluster will continue to focus on those with poor or borderline FCS along with those with high or medium rCSI scores and those recording 'emergency' or 'crisis' levels on the LCSl. The proportion of households living with an 'emergency' LCSl score has more than doubled in a year from 16 per cent in 2019 to 42 per cent in 2020.¹⁰¹ This is the most severe category of coping mechanisms people can employ – such as selling one's land – which not only affects future productivity but is more difficult to reverse in the future. In such situations, food

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.45M	0.19M	0.16M	16.94M	0.07M	17.6M
Planned reach	0.45M	0.19M	0.16M	13.30M	0.07M	14.2M

and livelihoods assistance directly contributes to mitigation of protection risks by reducing the pressure on families to resort to negative coping mechanisms. This is especially important with evidence of soaring debt¹⁰² among the affected population.

In past years, seasonal food support was delivered for two to three months but with ERM's PDM data in 2020 showing that there was no significant improvement in the FCS of households who had received this support, FSAC has adopted a new approach to expand this assistance to four months.¹⁰³ This small increase is expected to support households through the difficult COVID-19 affected lean season in early 2021. While the food assistance basket will remain the same, the Cluster will advise its partners to upgrade the value of the contents of the food basket to encourage improved nutrient intake and account for commodity price rises associated with the pandemic. Urban response has become a large component of FSAC's response in 2020, primarily through the use of cash. This will continue in 2021 – accounting up to a third of the overall Cluster response. With rising household debt and food being the most common reason for people to borrow money,¹⁰⁴ FSAC will aim to align its response with areas hosting people with debt levels >8,000 AFN, as well as malnutrition hotspots in 2021. With reduced livelihood opportunities during COVID-19, a special focus will be directed towards households that have been displaced multiple times or have had their livelihoods disrupted. This includes those who have lost access to seasonal agricultural activities and have faced forced evictions as a result of COVID-19. In its response, FSAC will continue to prioritise vulnerable households headed by women, the elderly and children; widows (those who lost breadwinners due to COVID-19); and highly vulnerable household members or dependents including people with special needs, the chronically ill and people with disabilities. Assistance packages to these households will aim to increase their access to nutritionally diverse foods as well as providing people with the opportunity to diversify incomes. In order to improve the quality of response and engagement with women who head households, FSAC partners will

aim to increase the number of female field staff and enumerators for assessments.

The 2020 SFSA uncovered unmet needs which, coupled with underlying vulnerabilities, have left most smallholder farmers without access to agricultural inputs (seeds and fertiliser) to produce or acquire nutritionally diverse food for their families.¹⁰⁵ In 2021, FSAC partners will continue agricultural technical support activities. In addition, to support recovery, FSAC partners will provide comprehensive market linkages, micro-grants and business development to people receiving short-term vocational skills trainings. This is expected to foster better integration of IDPs who are unable to return to their community of origin and allow them to contribute to their host community, as well as improving overall food consumption. In response to increasing urban food needs, the financial hardship facing many families and the reality that many IDPs have been displaced from rural areas into cities, the Cluster will also explore solutions for urban agriculture and agriculture in areas with limited access to arable land and water. Partners plan to support climate-resilient cultivation and water saving practices, as well as help safeguard the assets of livestock-keepers by introducing drought resistant crop varieties and drip irrigation systems. The provision of zero-energy storage solutions and post-harvest mechanisation will promote best practices that reduce wastage and foster sustainable use of crop seeds and consumption of cereal stocks during the winter months. Kuchi herders are one of the most vulnerable groups. In 2021, this group will benefit from a focus on livestock protection assistance through emergency feed and animal health support. Cash-for-Work and unconditional cash transfers will be prioritised for Kuchis and landless share-croppers.

Priority geographical areas for FSAC's response are determined partly from the bi-annual IPC analysis which identifies the concentration of people falling under IPC 3 and 4. According to the latest IPC analysis, 16.9 million people are estimated to be acutely food insecure and food insecurity continues to feature significantly in remote areas with limited livelihood options. As a result of COVID-19, there has

also been a spike in the number of food insecure people in urban and peri-urban settings. Urban residents and landless share-croppers without access to agricultural land are 30 per cent more likely to be food insecure compared to 2019. FSAC partners also continue to support areas with high returnee, refugee and IDP populations who have been disproportionately affected by the socio-economic impacts of the pandemic.

With the pandemic expected to continue well into 2021, FSAC partners will continue sensitisation and awareness raising on COVID-19 safety measures to safeguard livestock and poultry keeping, agriculture and livestock markets and allow herders to have free movement during seasonal migration. Partners' response absorption capacity and ability to adopt new delivery modalities was demonstrated during the COVID-19 crisis where partners were able to scale-up their response and shift their food distribution schedule earlier with double rations. Partners were also able to adopt flexible delivery modalities. Comprehensive SOPs were developed to keep both staff and recipients of assistance safe. This allowed for most of the response to continue during the pandemic and similar approaches will be employed in 2021. Group training sessions are continuously being adjusted and adapted to contemporary health guidance. This flexibility will need to continue into 2021. Global logistics bottlenecks due to COVID-19 continue to cause longer procurement lead times for specialised foods and FSAC donors will need to extend flexibility in funding to adjust to ever-changing delivery schedules. FSAC partners are planning ahead and identifying alternative procurement routes to overcome any further delays as a result of border closures during the second wave of the pandemic.

FSAC partners have good coverage across the country, with presence across all 34 provinces. To mitigate against security-related challenges impeding access, FSAC will continue to strengthen its engagement with the HAG. At the cluster level, FSAC partners will explore how to increase collaborative work on access negotiations.

Cost

In the revised 2020 HRP, the cost-per-person to deliver food assistance went up from \$18 at the start of 2020 to \$19 at the mid-year point. Similarly, the cost-per-person to deliver livelihoods assistance rose from \$19 to \$20 per person. This marginal increase in cost of food delivery was due to the inclusion of PPE for delivery staff and distributing awareness materials. In 2021, the cost to deliver food and livelihoods assistance remains unchanged at \$19 for food and \$20 for livelihoods due to the continuation of the same COVID-19 modalities.

Integrated programming and multi-sectoral response

FSAC will continue to work closely with the Nutrition, WASH, Protection and Health clusters to achieve common goals in areas where inter-sectoral needs are highest. Inter-sectoral indicators will continue to be used to identify target locations where multiple needs exist. Protection, Nutrition and WASH indicators already form part of the SFSA. FSAC is also committed to finding ways to link cash-for-food assistance with similar cash assistance provided by other clusters, notably WASH, ES-NFI and Protection. One area to be explored in 2021 is on complementary assistance to returnees who have received cash top-ups or returnee assistance packages and require ongoing livelihood support to facilitate their dignified re-integration into society. There is a strong recognition that food assistance can mitigate against the use of negative coping mechanisms and thus can have a protective effect on vulnerable women, children, the elderly and those with disabilities. Applying a protection lens to targeting has been a feature of the FSAC COVID-response and this will continue in 2021.

FSAC assistance also aims to identify households who have suffered the loss of shelter and productive lands due to either natural disaster or conflict, and then ensure complementary shelter, food and livelihood assistance along with asset creation programmes, where appropriate. Kitchen gardens and poultry packages offer a low resource intensity solution to diversification of household diets and these are planned activities for FSAC in 2021.

Cash programming

The proportion of FSAC programming delivered via cash has steadily increased on a yearly basis over the duration of the multi-year HRP. The cash component of FSAC's assistance increased from 15 per cent in 2019 to 20 per cent in 2020. This will increase further to 30 per cent in 2021. Cash extends people the flexibility to use assistance to meet their most urgent needs. Unconditional and unrestricted cash provide households with the independence and dignity to prioritise their own needs. The use of cash assistance, where appropriate, can contribute to addressing people's multi-sectoral needs and improve market functionality. Cash is especially suited to the expanded urban response in 2021. Cash is a particularly effective way to reach recently displaced people who may have additional shelter rental expenses, along with additional borrowing needs due to their loss of productive and physical assets. Cash-for-work allows beneficiaries to meet immediate food expenditure needs while creating communal assets that will improve long-term resilience.

Market monitoring and improved capacity assessments of Financial Service Providers (FSPs) will continue in 2021 to support plans to scale-up cash assistance and work towards improving FSP performance in remote areas. Efforts are also underway, in line with work by the CVWG and through the Common Cash System, to expand the use of alternate transfer mechanisms such as mobile network transfers, although strengthening of systems is needed to bring this to scale. In addition, the Cluster co-leads, along with other clusters, are exploring the creation of joint multi-agency Long Term Agreements (LTAs) with FSPs to enhance efficiencies in cash delivery including in HTR areas. Furthermore, FSAC partners are advocating for an increased use of digital cash transfer solutions through e-wallets in 2021, as these allow common service delivery and better monitoring of effectiveness.

In consultation with the CVWG, FSAC will regularly update the MEB to facilitate a more streamlined approach and to establish a basis for scaling-up cash assistance. FSAC will also determine transfer values

of cash grants through an evidence-based MEB within the framework of the CVWG. Quarterly FSAC cash response data will be better coordinated with CVWG in 2021 to avoid any duplication of numbers.

Links to development programming

In 2020, FSAC was involved in the planning stages of the Government-World Bank Dastarkhan-e-Milli programme in an advisory capacity. Additional work is needed with development actors to create more robust livelihood solutions for long-term IDPs with both on- and off-farm income-generating opportunities. This would include expanding small-scale projects in climate resilient farming, soil and water conservation in disaster prone areas and focusing on building holistic value chains. Additional work is also required in 2021 to link vulnerable families to sustained community-based support mechanisms, such as the Citizen Charter Afghanistan Program (CCAP) Community Development Council Food Security Sub-Committees that provide assistance via the Grain Bank system or other economic empowerment initiatives.

FSAC will explore linking its resilience-building initiatives, such as communal asset creation and vocational skills training, to longer-term development programming efforts such as those funded through the Afghanistan Reconstruction Trust Fund (ARTF) and Basic Package of Health Services (BPHS). Durable solutions and income diversification must be rolled out in sequence with emergency humanitarian responses to be effective. A sequenced approach will more quickly rebuild people's lives while connecting them with longer-term development programmes that contribute to their recovery. By proactively building improvements in household income generation, humanitarians can contribute to ensuring that markets are functional, and that households can access the required essential foods. Given the contraction of the economy, it will be necessary for development actors to increase cash-for-work opportunities to create short-term employment and provide households with the opportunity to restart their economic activities. Agriculture-based livelihood responses foster higher resilience dividends with an

improved wheat seed package producing enough food for a household for a year. In addition, maintaining livestock herd health also provides similar returns in terms of building household resilience and enhancing access to nutritionally-diverse food. Both are opportunities for development actors to pursue with significant positive impacts for affected people.

The Cluster will continue advocacy on linking emergency assistance with recovery and development programming and will proactively produce early warning messages on predicted shocks through an anticipatory approach that allows people to prepare. To support pre-emptive funding to future climate emergencies, FSAC partners will continue to feed into FSAC's Early Warning Group (HCAG) to proactively identify funding gaps and pre-position resources ahead of emergencies. The Cluster will also continue its involvement with government-led panels and working groups including the Early Warning Information Working Group, the Afghanistan Food Security and Nutrition Agenda (AFSeN-A), the Early Finance and Early Action Project (ENETAWF) and participate in government-led assessments.

Monitoring

FSAC will collect partners' response data on a quarterly basis through ReportHub to measure the progress against objectives. The results of the analysis will be published quarterly and will feed into the wider HRP quarterly reporting produced by OCHA on behalf of the ICCT. These quarterly FSAC

reports will also highlight the gaps in response and help identify where course-corrections are required. FSAC will also conduct joint field missions to IPC 4 hotspot areas throughout the year to verify the results of assessments and to better understand the regional drivers of food insecurity. Through the SFSA, IPC analysis and other ad-hoc needs assessments FSAC will be able to identify new and emerging needs and better advocate for required funding. PDMs and the next IPC analysis will help to understand the impact of the response on needs. FSAC will also focus on cross-cutting issues such as age, gender, environment, disability, protection mainstreaming and AAP. Through Awaaz Afghanistan, FSAC addresses urgent food- and agriculture-related referral calls and will continue to work with the call centre to ensure communities' concerns are heard and responded to in a timely manner.

The SFSA 2020, IPC analysis and WoA assessment data sets provide an up-to-date picture of food insecurity in the country up until the end of March 2021. FSAC was able to conduct two IPC analyses in 2020, despite the logistical challenges of COVID-19. Two IPC analyses are also planned again in 2021. One limitation is the ability of FSAC partners to collect representative district-level data on needs. This is primarily due to access challenges, limited funding and partner capacity. In 2021, FSAC will however continue to work with partners and donors to explore how to conduct more granular analysis for IPC 4 hotspot areas.

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3.4 Health

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
14.2M	10.3M	2.3M	5.4M	874K	169M	65

Multi-year strategy 2018-2021

The Health Cluster's multi-year humanitarian strategy adopts a medium-term planning lens for health outcomes. Aligned with the Ministry of Public Health's (MoPH's) new Transformation Plan, the strategy continues to enhance engagement with actors outside the humanitarian sphere, to deliver deeper positive impacts for people in need. The Health response strategy is underpinned by adherence to and promotion of IHL, especially in relation to direct attacks inflicted upon health facilities and personnel, and the humanitarian principles of humanity, impartiality, neutrality and independence.

In 2021, the Health Cluster aims to continue to provide access to quality, affordable and essential life-saving health services, including in response to COVID-19, to support people's wellbeing. The Cluster's strategy also aims to ensure that vulnerable communities and health facilities are better prepared to respond to and cope with new shocks. Promoting access to health services for vulnerable people through strengthened health coordination, information and health advocacy is also part of the Cluster's strategy. Given that the COVID-19 pandemic is far from over and that a second wave was declared in late 2020, the Health Cluster intends to continue its work engaging relevant line ministries to ensure coordinated management of COVID-19 preparedness and response, under the overall leadership of the Government.

The Health Cluster will continue both COVID-19 and non-COVID-19 health services – particularly in trauma care and other unaddressed health needs which have been exacerbated by delayed health-seeking behaviours in 2020. In 2020, Health Cluster partners demonstrated their capacity to scale-up extensive surveillance and RCCE work, including through re-purposing existing polio surveillance teams, rapid response teams and other health extension workers. The Cluster will also increase focus on improved infection prevention and control measures as a strategy to raise people's confidence in fixed health facilities and attract patients back. At the same time, to free-up health facilities to respond to COVID-19 needs, the Cluster plans to undertake an intensified influenza vaccination campaign over the 2020-2021 winter which will help curb flu cases and prevent these from flooding already strained health facilities.

A well-coordinated COVID-19 response was rolled out in 2020. While millions of items of PPE have been supplied both to MoPH and directly to NGOs, and 15 laboratories are now operating in Afghanistan, the capacity of these facilities remains limited and stocks of supplies have periodically run out. Hospitals and clinics are reporting challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19, as well as maintaining essential health services, especially in areas of active conflict. The Cluster plans to expand the use of community-based medicine and MHTs to maintain essential health services in order to enable effective response to

COVID-19 going into 2021. Under the leadership of the Government, the Cluster is also preparing logistically for the rollout of any vaccination campaign for COVID-19 when vaccines become available in-country through the global COVAX mechanism. It is likely that humanitarian health partners will have a role to play in delivery through MHTs where a comprehensive set of health services (including vaccination) would be delivered. Health partners will also continue to collaborate with the Protection response serving as a critical entry point for GBV and broader protection interventions, focusing on the immediate life-saving medical component of GBV assistance.

With the volatile security situation creating higher trauma needs and associated disabilities, secondary trauma care continues to be a critical need. The Cluster has observed that there are residual disability impacts from missed trauma care in 2020. The Cluster will continue to strengthen health systems to provide rehabilitation and prosthetics assistance and advocate for complementary development programmes to provide secondary and tertiary trauma and rehabilitative care to avert life-long impairments. At the policy and planning levels, the Cluster commits full participation in the new Disability Inclusion Working Group in 2021 and will support the implementation of the new National Disability Strategy to ensure that rehabilitation needs and considerations are fully recognised as a critical element of the humanitarian and development response in Afghanistan.

Response Objectives

The overall aim of the Health Cluster is to respond to immediate health needs by ensuring access to life-saving health services, through direct delivery (both static-facility and mobile based) and health advocacy, while also strengthening the preparedness and resilience of the health system.

In line with SO1, the Cluster aims to provide essential infrastructure, supplies, equipment, diagnostic tools and life-saving training to doctors, nurses and health professionals working in hospitals and primary healthcare clinics, as well as MHT staff. In line with SO2, the Cluster plans to monitor attacks against health facilities and personnel and inform real-time advocacy against these violations. In line with SO3, the Cluster's objective is to extend secondary care (in the form of rehabilitative support to trauma patients) and through overall strengthening of health systems.

Cluster Response Plan

In 2021, the Health Cluster plans to reach 10.3m people through life-saving and essential health services against 14.5 million people in humanitarian need. The Health Cluster response plan has three streams.

Firstly, Health Cluster partners will provide quality, essential and life-saving health services including trauma care, maternal and child health, reproductive health, healthcare for the elderly and for people with disabilities. The Health Cluster aims to expand access to specialised services for conflict-affected people, including MHPSS, as well as physical rehabilitation services and the provision of assistive devices.

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.33M	0.37M	0.60M	13.41M	0.06M	14.5M
Planned reach	0.27M	0.27M	0.58M	9.16M	0.02M	10.3M

The Cluster will continue to deliver mobile health services through increased MHT capacity in order to adapt to population displacement flows and close the gaps created by reduced care-seeking at fixed facilities during the pandemic. The Cluster will also support epidemiological surveillance and capacity to detect, investigate, respond to and report on disease outbreaks through expanding and strengthening early warning systems. These early warning systems aim to minimise the impact of contagious diseases that spread as a result of unsafe water, poor sanitation and hygiene, overcrowding, low vaccination coverage and other related factors. Health partners will also support laboratories with equipment to detect outbreaks. The Health COVID-19 response will continue under the nine existing pillars: 1) coordination, 2) risk communication and community engagement, 3) surveillance, 4) points of entry, 5) laboratory services, 6) infection prevention and control, 7) case management, 8) operational support and 9) maintaining essential health services.

Secondly, the Health Cluster will ensure that vulnerable communities and health facilities are better prepared to respond to emergencies, particularly during conflict. This includes supporting essential repairs, rehabilitation and equipping of health facilities. Geographical prioritisation of this work will be based on the concentration of the most acute needs and where the resumption of basic health care services will have the greatest life-saving impact.

Thirdly, the Cluster will ensure that vulnerable people have access to health services through strengthened health coordination, information and health advocacy. This will include continuous reporting and verification through the Surveillance System for Attacks on Healthcare; conducting advocacy around the protection of health care staff and patients at health facilities; conducting rapid health assessments in hotspots to inform ongoing needs analysis and prioritisation of the response; and strengthening coordination within and across regional hubs including through joint contingency and preparedness planning for disease outbreaks and changes in context.

Geographical prioritisation is based on immediate needs from conflict, natural disasters, and disease outbreaks. However, the Cluster also has seen that the country's south and western regions continue to have significant gaps in access to basic health services which will be factored into planning. The Cluster will pre-position emergency supply stocks in warehouses and health facilities in line with early warning signs and imminent scenarios.

In its response, the Health Cluster will utilise a community-based approach, leveraging the lessons learned from the COVID-19 pandemic. Cluster partners will support central hubs for the delivery of basic services in a geographical area. This approach will further strengthen effective coordination among health and non-health partners, as well as support activities that serve to ensure accountability to affected people: two-way communication, feedback mechanisms and community engagement. Services will be based on a case management approach that ensures needs are addressed and analysed holistically. Response activities will also reinforce local development structures, public services and planning processes.

There are 36 partners undertaking humanitarian health response activities in Afghanistan, half of which are national partners that have established links with communities and public institutions and have a long-standing experience in delivering services in the country's HTR areas. Health partners have operational presence in 302 districts across 34 provinces. The Cluster has also demonstrated that it can scale-up operations in new locations should funding be available and that it can rely on BPHS implementing partners to support in emergency health response when needed. The number of partners reporting humanitarian health responses during 2020 actually increased from 28 to 36 as a result of the pandemic. The main impact on health capacity in 2020 has been the need to shift to more mobile modalities that are sometimes lower in reach, as well as the number of frontline health workers who have contracted and sometimes died from COVID-19.

Cost

In 2021, the Cluster seeks \$169 million to reach the people with essential health services. The cost-per-person to deliver health services has decreased from \$34 at the start of 2020 to \$16 in 2021. While the costs for expanded rehabilitation care and mental health services are higher than other kinds of health consultations in emergencies, the Cluster's expanded reach through lower-cost RCCE and surveillance activities (which have now expanded into all 34 provinces), offsets this in the overall cost-per-person calculation. Any COVID-19 vaccine procurement costs are not included in the humanitarian health response requirements. These are to be covered through the COVAX mechanism. Should a mass vaccination campaign rollout become a reality in Afghanistan in 2021, there may be a need for Health Cluster partners to expand MHTs to support such a rollout with potentially increased costs that would have to be requested in addition to the requirements outlined here.

Integrated programming and multi-sectoral responses

The Health Cluster will continue to collaborate with other clusters in 2021. The Cluster will work with Protection to ensure effective implementation of MHPSS. In addition, an integrated response to GBV will be coordinated with the Protection Cluster, as GBV encompasses protection, psychosocial and medical elements. The Cluster will focus more on the medical aspects of GBV response. The Health Cluster will build Nutrition partners' capacity to screen and refer severely malnourished children with medical complications. In addition, the Health and Nutrition Clusters will be jointly guided by the Health Service Delivery in Emergencies Framework developed by MoPH and will continue to work through combined MHNTs in 18 provinces. Finally, in collaboration with the WASH Cluster, the Health Cluster will ensure a WASH component in the assessment and rehabilitation of health facilities. Joint information interventions related to hygiene behaviour will also be coordinated between the two Clusters given the enormous impact of hand washing and other hygiene measures on the spread of COVID-19 and other diseases such as AWD. There are strong correlations

between hygiene behaviour, disease spread and malnutrition making this an important inter-sectoral area of work.

Cash programming

The Health Cluster cash response will primarily focus on improving access to services. It is recognised that one of the challenges of access to healthcare includes the cost of transport and pharmaceuticals. The 2020 WoA Assessment showed that health costs were the second most common reason, after food, for a household to have taken on debt, with average spending on healthcare in the 30 days prior to the assessment being 2,327 AFN/\$30. These issues will be addressed with modest provision of cash to the most vulnerable households with identified health needs. Eligibility criteria for this cash pilot will be finalised in consultation with the CVWG, although limited cash capacity and systems among health partners remain a constraint.

Links to development programming

The lack of access to essential health services for vulnerable people in Afghanistan is the result of multi-dimensional challenges affecting the availability, accessibility, affordability, acceptability and quality of health care in the country. Such a complex environment requires a multi-faceted approach over the immediate-, medium- and long-term. Humanitarian and development interventions need to occur simultaneously in order to be effective.

The three areas for improved synergies and increased development assistance include: enhancing the capacity of health workers; establishing a sustainable pipeline of life-saving health supplies (such as medicines); and improving the resilience of health facilities (through infrastructure maintenance and equipment supply). The Health Cluster advocates for development partners to invest more in these solutions in shock-affected areas so that the impact of their work is sustainable. The Cluster urges development partners to enhance their coverage of essential medicines through the Sehantmandi project and expand their recruitment of female health personnel to strengthen the overall health workforce.

Monitoring

Health response data will be primarily based on the Health Management Information System (HMIS). Response monitoring will be undertaken through established HRP response monitoring mechanisms – ReportHub and the Response Planning Module (RPM). Project-level monitoring will be done at the national and regional cluster levels. The results will inform a

regular Cluster monitoring report that will be published throughout the year. In 2021, the Health Cluster plans to undertake more assessments on access to health services for those living in HTR areas and conflict-affected locations. In addition, the Health Cluster will look at the specific impact of attacks on health care facilities for people accessing health services.

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3.5 Nutrition



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
5.4M	2.6M	948K	1.7M	191K	72M	46

Multi-year strategy 2018-2021

In the first years of the multi-year HRP, the Nutrition Cluster observed that the nutrition response was not adequately addressing needs across the country, with more people slipping into a state of acute malnutrition year after year. This has only worsened with the onset of COVID-19. Analysis of available nutrition data shows that the year-on-year rising food insecurity situation, combined with other aggravating factors, has created a severe deterioration in the nutritional status of children and PLWs. In 2021, around 3.1 million out of 7 million, or almost 1 in 2 children under five will suffer from acute malnutrition and will be in need of specialised treatment services to survive. Of these, 2.2m will be MAM cases while the other 895,000 will be SAM cases. Similarly, an estimated 720,000 or 1 in 4 PLW will be undernourished and require life-saving nutrition services throughout the year.

In 2021, the Nutrition Cluster will continue to provide life-saving treatment and preventive services in priority locations while implementing the precautions required to curb the spread of COVID-19. As its primary strategy, the Cluster aims to ensure timely access to the full package of life-saving emergency nutrition services for acutely malnourished children under five and PLW and those who are nutritionally vulnerable in all functional static nutrition sites. The Cluster will continue to improve community-level screening and referrals, as well as utilising mobile delivery of nutrition assistance in HTR areas and places where there has been a significant decline in care-seeking

behaviour at static facilities. 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 by promoting proper maternal and infant young child feeding practices, and helping children and mothers access a more comprehensive package of nutrition assistance, including food.

During the pandemic, nutrition partners demonstrated their ability to quickly scale-up their response – pivoting BPHS implementing partners to the emergency nutrition response – and adopting flexible, mobile-based delivery. Even prior to the pandemic, an analysis of the Cluster's historical response shows that partners have been able to reach up to 80 per cent of planned beneficiaries (particularly in 2019 and 2020). The number of MHNTs operating in HTR areas alone has increased from 39 in 2017 to 51 in 2020. With COVID-19 showing no signs of slowing down, the Cluster will continue to use MHNTs and Rapid Response Teams (RRTs) to extend nutrition services into communities in 2021.

The Cluster was also able to expand the scope of the nutrition response to vulnerable children and PLW in urban and peri-urban areas of the country in 2020 and this will continue in 2021. Lack of cash for transportation to treatment facilities and associated travel costs for maharams to stay nearby is a challenge that contributes to low in-patient care. Because of high auxiliary costs, people may leave treatment as soon as they show signs of

improvement but before their full course is complete. This usually means starting again, often with higher risk of morbidity and mortality. In its 2021 response strategy, the Cluster has planned to incorporate cash-for-transport assistance to help ensure mothers and children can attend in-patient wards and complete the full course of treatment for malnutrition. The Cluster is engaging with the CVWG to boost its expertise to deliver this type of assistance.

To mitigate against supply bottlenecks associated with border closures, the Cluster will pre-position nutrition commodities in key locations across the country and explore new corridors for importing supplies. Nutrition Cluster partners are steadily increasing and have expanded their RRT capacity to provide standby support whenever there is a surge in acute malnutrition cases. Past funding levels have prevented Nutrition Cluster partners from further scaling-up in all priority areas. While the Cluster will expand its fundraising strategy to reach a variety of donors, it has applied a strict prioritisation in its planned reach for 2021, focusing on top priority nutrition hotspots in the country.

Cluster Response Objectives

Guided by the nutrition needs identified in the humanitarian needs analysis for 2021 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 life-saving nutrition services and by boosting the resilience of vulnerable people through strengthened nutrition and health systems.

Under SO1 of the HRP, the Cluster aims to improve equitable access to timely and quality life-saving

curative and preventative nutrition services for vulnerable people through systematic identification, referral and treatment of acutely malnourished people, micronutrient supplementation, BSFP 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 deterioration in acute malnutrition through prevention-oriented services such as counselling to mothers on optimal care practices.

Response Plan

In 2021, the Nutrition Cluster plans to reach 2.6 million children and PLW with life-saving services. In line with the Cluster's sectoral areas of need,¹⁰⁶ the cluster has eight categories of response delivered through static and mobile facilities. These include i) treatment of SAM; ii) treatment of MAM; iii) TSFP for undernourished PLW; iv) BSFP for children between 6 and 59 months; v) micronutrient supplementation in emergencies; vi) infant and young child feeding (IYCF) in emergencies; vii) mother, infant and young child nutrition (MIYCN) for nutritionally at-risk under five children; and viii) BSFP for PLW affected by emergencies.

The Cluster has prioritised 27 provinces for the nutrition response. Given the COVID-19 socio-economic effects and fragile socio-political situation, the Nutrition Cluster considered the following indicators in its prioritisation: i) prevalence of 10 per cent or above in Global Acute Malnutrition (GAM) - phase 3 and above severity categories in the JIAF; ii) maternal malnutrition; iii) stunting rates among children under five; (iv) severity of food

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.15M	-	0.06M	5.13M	0.010M	5.4M
Planned reach	0.07M	-	0.03M	2.53M	0.005M	2.6M

insecurity (IPC 3 and 4); (v) prevalence of exclusive breastfeeding; (vi) prevalence of diarrhea and (vii) immunisation coverage. Applying these parameters, Badakhshan, Badghis, Balkh, Bamyan, Daykundi, Farah, Faryab, Ghazni, Ghor, Hilmand, Hirat, Jawzjan, Kabul, Kandahar, Kapisa, Kunar, Laghman, Nangarhar, Nuristan, Paktika, Panjsher, Samangan, Sar-e-Pul, Takhar, Uruzgan, Maidan Wardark and Zabul provinces have been prioritised.

The expansion of BSFP to all under five children and PLW in 2020 (as compared to past years where assistance was only provided to those aged between 6 and 23 months) will be continued in 2021. Furthermore, in 2020, Nutrition partners conducted a review of the management of at-risk mothers and infants under 6 months (MAMI) services in Afghanistan.¹⁰⁷ The review revealed that almost all infants under six months receive treatment only at in-patient treatment sites and that a gap existed in out-patient treatment services for this group. As a result, in 2021, the Cluster will scale-up the outpatient management of infants under 6 months. IYCF and MIYCN activities are expected to help promote a well-balanced, diversified, and nutritious diet starting from infancy. This is expected to contribute towards maintaining a strong immune system - a requisite to fight infections, survive illnesses and recover faster.¹⁰⁸ This is not only expected to improve their immediate wellbeing but boost longer-term health resilience of children, positively contributing to children's development.

To ensure efficiency in its response, nutrition partners will ensure timely procurement and pre-positioning of supplies in strategically located warehouses to guard against delivery disruptions. In addition, treatment services will be complemented by preventative services, wherever possible, so that children and women are not trapped in the repeated cycle of malnutrition. To minimise spread of COVID-19 and other communicable diseases and for people to feel safe in health facilities, physical distancing measures in facilities and other protection mechanisms by health and nutrition personnel will be improved in

2021, hopefully increasing confidence in these centres and the return of patients.

There are 51 nutrition partners operating in all 34 provinces, including BPHS implementers delivering humanitarian nutrition assistance. Some 85 per cent of the nutrition response is delivered by 20 of the largest partners. This means that any future pandemic-related reduction of smaller partners will have very limited impact on overall reach. A capacity analysis in 2020 shows that more than half partners can scale-up response capacity, should funding be available. As noted above, Nutrition partners have also expanded their RRT capacity to provide standby support whenever there is a surge in acute malnutrition cases.

Cost

The Nutrition cluster seeks \$120.7 million to reach 2.6 million people with nutrition services. The unit cost for in-patient SAM treatment services has increased from \$100 at the start of 2020 to \$129 in mid-2020. This is due to the additional cost for functional upgrading of inpatient wards (with provision of respiratory, hygiene and protective equipment and increased space between beds) to reduce transmission of COVID-19. The unit cost for in-patient SAM treatment also includes the compensation for transportation expenses for mothers and maharams to travel to health facilities for in-patient SAM treatment. The unit cost for conducting SMART and Rapid Nutrition Assessments has increased from \$19,000 per survey in 2020 to \$25,000 in 2021 to account for the cost of proper protective equipment for survey staff and so that more enumerators can be deployed to cover a broad base within shorter timeframes. Despite these increases, however, the cost-per-person for the overall emergency nutrition response has decreased from \$47 in 2020 to \$46 in 2021. This is largely due to the planned reach increasing mostly through the lower-cost activities of IYCF and MIYCN in emergencies activities.

Integrated programming and multi-sectoral responses

Nutrition Cluster partners will continue to engage with other nutrition-sensitive sectors (WASH, Health,

FSAC, and Education) to maximise prevention of and recovery from malnutrition. Nutrition partners will continue to strengthen the linkages between health and mobile nutrition teams (MNTs) and pursue integrated MHNTs wherever possible. The MNTs in HTR areas have expanded their purpose to serve as 'Nutrition +' mobile teams which integrate essential child health care services such as immunisation, integrated management of childhood illnesses (IMCI) 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 (GMP). Acutely malnourished children with medical complications are referred to higher level health facilities for better diagnosis and treatment.

To ensure a comprehensive and joint response package that address both food and nutrition security for vulnerable people, the Nutrition Cluster will work with FSAC to undertake collaborative assessments, share nutrition data for the bi-annual IPC analysis, and collect supplementary nutrition data in the yearly SFSA. The Nutrition Cluster and FSAC will improve targeting through joint prioritisation of people who are malnourished and require urgent livelihood inputs to protect and diversify their household income. Nutrition awareness, screening and referral capacity building will be provided to FSAC partners to assist in understanding the food utilisation and malnutrition situation of families. The Nutrition Cluster further works with the Health and WASH Clusters in disseminating messages on appropriate nutrition practices both at the facility and community levels.

Nutrition partners will continue to strengthen the linkages between the Nutrition and Protection Clusters through integration of early childhood development stimulation and PSS activities at stabilisation centres and nutrition sites. Nutrition services will be considered as potential entry points for GBV survivors looking for assistance, with nutrition staff trained on GBV referral pathways. Where funding allows, the Nutrition Cluster will provide hygiene kits to acutely malnourished children and their caregivers and ensure minimum WASH facilities are functional at nutrition service centres.

Cash programming

In 2021, the Nutrition Cluster will support the modest adoption of cash modalities, wherever applicable. Cash incentives will be provided to compensate mothers and caretakers for the cost of transport to attend in-patient SAM treatment sites with their children. This was piloted in a small scale in late 2020 and lessons learned are still being drawn. In 2021, this package will focus on in-patient SAM treatment recipients at provincial hospitals. About 13 per cent of people targeted for inpatient SAM treatment are expected to receive some form of cash-based top-up. If the Cluster expands its cash-based response, it will need to be accompanied by appropriate community engagement so as to relay messages on appropriate feeding which will inform families' expenditure choices (which ideally have to lean towards nutritious foods for young children and PLW).

Links to development programming

Malnutrition is a multi-causal problem which requires integrated and holistic programming for effective results. Therefore, the package of emergency nutrition interventions is designed in such a way that it takes advantage of and is complementary to ongoing, longer-term health and nutrition service delivery mechanisms funded by development actors. BPHS and Essential Package of Hospital Services (EPHS) 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 supply training to health workers and enhancing their monitoring capacity with regard to emergency nutrition responses.

Despite the need to address nutrition throughout different ages of life, for example in adolescence or old age, the Nutrition Cluster advocates that needs beyond young children and PLW be met through investment by development actors. The Nutrition Cluster has planned to reach nutritionally at-risk children and PLWs with BSFP, while simultaneously seeking complementary BSFP support from development partners for other age groups.

Analysis of past years' response shows that more than half of all children with acute malnutrition who live in areas below emergency thresholds (which are therefore not prioritised for nutrition response) have missed out on assistance altogether. The Cluster advocates that these needs must also be met through complementary development investments including preventive nutrition-sensitive services such as IYCF and social safety-net assistance. Furthermore, the Nutrition Cluster in collaboration with Global Nutrition Cluster and UNICEF conducted a case study on the Humanitarian-Development Nexus for Nutrition in Afghanistan to understand where humanitarian and development actions can be more genuinely complementary and mutually reinforcing. In 2021, the Nutrition Cluster will coordinate with the AFSeN-A and create a multi-stakeholder platform to identify specific areas of convergence and collaboration.

Monitoring

Nutrition Cluster partners conform to a National Nutrition Cluster Monitoring Framework. There are agreed cluster reporting templates through which all partners implementing integrated management of acute malnutrition (IMAM) through fixed health facilities and mobile teams will report to Public Nutrition Directorate (PND) of the MoPH and the Nutrition Cluster. This is done on a monthly basis to reflect progress in the overall Cluster response against the HRP targets. All data is captured in a national nutrition program database including response achievements, partner performance and supply usage as part of the nutrition information system for the country. The performance of nutrition treatment programmes will be assessed using standard outcome indicators including cure, default and death rates in accordance with SPHERE standards. These

results, along with the number and type of partners participating in the cluster response, will be reported in monthly Nutrition Cluster Dashboards. In 2021, the Nutrition Cluster will strengthen the existing system of online reporting by incorporating components on supply monitoring, screening results and reporting on accountability to affected people.

The Nutrition Cluster will conduct project coordination meetings on an ad hoc basis to discuss progress on project implementation, to identify problems, to take corrective measures and ensure efficiency of the response. The Nutrition Cluster will also conduct fortnightly meetings with members of its Strategic Advisory Group, partners and the Government to monitor the implementation of the nutrition response in priority provinces with a focus on COVID-19 risk and contextual challenges. Nutrition Cluster partners also conduct regular joint monitoring in the priority provinces. The sub-national cluster coordinators and provincial third-party field monitors (extenders), in their role as cluster focal points, support partners in field monitoring visits.

In the face of COVID-19 preventative measures and physical distancing requirements, mass screenings, SMART surveys and nutrition coverage assessments were placed on-hold in 2020. The Cluster has since developed specific nutrition assessment guidelines in the context of COVID-19 and nutrition assessments will resume in 2021. In addition, the Cluster will continue to capitalise on existing data and information systems (survey databases and HMIS data) and apply global tools and methodologies to evaluate changes in peoples' nutritional status and prioritise response.

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3.6 Protection

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
12.8M	4M	951K	1.9M	358K	114.6M	72

Multi-year strategy 2018-2021

The aim of the multi-year protection strategy is to ensure the immediate needs of affected people are addressed and to analyse and support in addressing the root causes of medium- to long-term protection needs and vulnerabilities. In parallel to tackling structural issues affecting the physical and mental wellbeing of vulnerable people, the strategy of the Protection Cluster focuses on building protection resilience by creating stronger synergies and opportunities for collaboration with development partners so that their response reduces underlying vulnerabilities.

The multi-year HRP and corresponding Protection Cluster Strategy has enabled partners to plan-ahead with responses in a holistic manner and avoid siloed, short-term approaches to programming. However, this robust planning has, unfortunately, not resulted in multi-year funding for the Cluster or most of its sub-clusters. Some MA partners were able to receive direct, bi-lateral multi-year funding, partly supported by the sub-cluster's response plan outlined in the HRP, but this has been the exception, rather than the rule.

Due to underfunding, intensifying conflict and recurrent natural disasters, the Protection Cluster has had limited opportunities to invest in more environmental and infrastructure aspects of protection, preventive activities or the capacity building and empowerment of existing national and local structures. This also includes supporting

communities to protect themselves and employ positive coping mechanisms in response to shocks. It further includes implementing all-encompassing child and adolescent protection programmes in HTR areas, to respond to complex needs. A focus on more long-term programmes, facilitated by predictable multi-year funding, would allow the Cluster to implement resilience-building activities that prevent and mitigate against threats such as GBV.

Global best-practice for HLP also suggests that integrated HLP responses that link legal assistance with other supporting actions, such as investments in shelter, livelihoods and other land ownership activities, are most effective in securing the rights of vulnerable groups.¹⁰⁹ Hence, the HLP-TF multi-year strategy (for 2020 and 2021)¹¹⁰ promotes partners' integrated HLP response by incorporating a dual-pillared approach: the provision of legal support and advocacy, and the promotion of gender-equitable HLP as a pre-requisite to sustainable investment in housing, local infrastructure and agriculture.

The COVID-19 pandemic has aggravated existing protection vulnerabilities. In 2020, Protection partners demonstrated agility in shifting their response to mobile approaches to reach people with specialised assistance that they are no longer able to receive in group settings, initially due to movement restrictions, but also as a result of physical distancing rules and reduced support-seeking behaviour. To address rising GBV and use of negative coping mechanisms

(such as child labour and early marriage), Cluster partners expanded access to specialised protection services for the most vulnerable, including a one-time cash top-up grant under a new Cash-for-Protection Programme that has proven extremely valuable for the most vulnerable, helping them to avoid dangerous negative coping approaches. Cluster partners also used flexible modalities to deliver psychosocial services (PSS), legal counselling and assistance on documentation and information, both through community centres and through mobile teams. The Cluster also tried to better understand the communication preferences of women and marginalised groups, and boosted RCCE activities on COVID-19 mitigation measures and isolation protocols, compatible with protection risks within households.

Over the past three years, Protection Cluster partners were also faced with multi-faceted access challenges, which hindered the delivery of activities, especially in HTR areas. The delivery of some protection activities, which are considered sensitive and not embraced by conservative communities (such as counter-trafficking activities for example), required innovative approaches to ensure that the needs of vulnerable people were met. The Cluster relied on the JOPS and focused on developing the access negotiation capacity of its local partners, supporting positive and accepting relationships with local leaders, removing some of the barriers to the delivery of assistance. The 2021 Protection Response Strategy will continue to rely on alternative modalities in line with COVID-19 hygiene protocols and response adjustments will be made according to shifting access constraints on the ground, new displacement waves and partners' capacity to respond to emerging needs.

Response Objectives

In 2021, the Protection Cluster will focus on a range of protection responses and advocacy through systematic information collection and protection analysis, to identify people with specific needs and reach the most vulnerable with life-saving protection services that build their resilience and reduce

the adoption of negative coping strategies. The Sub-Clusters have the following objectives:

Child Protection:

To provide age-and gender-sensitive child protection services to vulnerable and at-risk girls and boys, to ensure their protection against life-threatening risks including abuse, neglect, violence and exploitation.

GBV:

To provide access to life-saving, quality and survivor-centred services for GBV prevention, response and empowerment, especially for women and girls.

HLP:

To strengthen HLP rights (particularly in informal settlements), improve access to land for IDPs and returnees, and strengthen coordination mechanisms to mainstream gender-equitable HLP dimensions across the humanitarian response.

Mine Action:

To protect the lives of civilians from threats posed by explosive hazards, particularly improvised mines,¹¹¹ ERW and landmines through the provision of land clearance, risk education and Explosive Ordnance Disposal (EOD) activities.

The Cluster's objectives align with the HRP Strategic Objectives. In line with SO1, life-saving activities will be implemented in Protection, GBV and Child Protection to the most vulnerable people, including women and children, to protect their physical wellbeing. MA clearance and demining activities, as well as risk education and EOD will save people's lives.

In line with SO2, the Monitoring and Reporting Mechanism (MRM) on grave violations against children will contribute to increasing respect for IHL, and through advocacy, to reducing protection violations. The Protection Cluster will also strive to reduce civilians' exposure to protection threats through its case management and awareness raising efforts. Furthermore, the HLP-TF strategic outcomes

promote respect for IHL by asserting the rights of those under threat of eviction.

In line with SO3, Protection Cluster partners will contribute to communities' resilience. MA will focus on the clearance of areas that have the potential to support the socio-economic development of the country. Additionally, HLP partners will strive to improve people's living standards through targeted and integrated HLP support, including Information Counselling and Legal Assistance (ICLA) as well as increased access to land allocation mechanisms and support for an institutional and regulatory environment to secure HLP rights.

Response Plan

In 2021, the Cluster plans to reach 4 million people with a comprehensive set of protection activities. The Cluster will continue to respond to critical needs emerging from shocks and disasters and will aim to provide a modest range of tailored assistance that supports recovery. The Protection response will be guided by the HCT Protection Strategy (endorsed by the HCT in December 2020).

The Cluster will continue to provide specialised protection services, particularly to highly vulnerable groups such as IDPs, refugees, undocumented cross-border returnees, vulnerable host communities and those who are vulnerable from a protection perspective as a result of COVID-19. PSNs, including people with disability, will be reached through the provision of case management and IPA which can be in-kind or cash. Referrals to specialised services will be offered to these groups. IPA aims to address protection risks that are time-sensitive and require

immediate action. Launched in 2020 to support destitute households likely to resort to negative coping strategies as a result of the pandemic, the Cash-for-Protection programme is a one-time cash top-up grant to the most vulnerable households identified through other multi-sectoral assessments and through protection monitoring. These people have underlying, and unaddressed protection needs and Cash-for-Protection assistance aims to prevent their imminent exposure to further risks that may jeopardise their physical and mental wellbeing. Follow-up through case management enables these households better adapt to shocks such as sudden loss of income. PSS, legal counselling and assistance with documentation and information will be provided through community centres and mobile teams. PSS was critically recognised as one of the most pressing needs in 2020. Protection partners will also 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, respect for International law, peaceful co-existence and durable solutions.

In 2020, protection activities targeting local re-integration (of IDPs, returnees and refugees) were drastically reduced due to the pandemic but this is expected to be scaled-up through expanded HLP support in 2021. The Protection Cluster will endeavour to improve its analysis of the protection situation in the country and will use robust field data to inform tailored protection programming and improve the impact of advocacy initiatives. Although the Protection Cluster strives to respond to the needs of all affected people, its planning prioritises the

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.39M	0.71M	0.60M	11.29M	0.07M	12.8M
Planned reach	0.15M	0.71M	0.18M	2.91M	0.02M	4.0M

most vulnerable demographics: women and children who head households, the elderly, people living with a disability and destitute households facing extreme socio-economic hardship.

Protection partners' priority areas of intervention will be based on the severity of the protection risks and highest needs identified by the WoA Assessment and a subsequent analysis done using the JIAF approach.

Priority locations for response include provinces in the country's south (Kandahar, Hilmand, Zabul, Uruzgan and Nimroz); south-east (Ghazni, Paktya, Paktika and Khost); east (Nangarhar, Laghman, Kunar and Nuristan); north (Faryab, Sar-e-Pul and Samangan); west (Farah, Hirat and Ghor); centre (Kabul, Maidan Wardak, Logar, Daykundi, Parwan and Kapisa); and north east (Kunduz and Takhar).

SUB-SECTOR

Child Protection

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
4.8M	1.3M	290K	687K	107K	18.7M	33

In 2021, Child Protection partners will scale-up life-saving services to prevent, mitigate and respond to abuse, neglect, exploitation and violence faced by girls and boys. The Child Protection Sub-Cluster will prioritise the provision of equitable and safe access to quality services for all conflict- and shock-affected children, including children with special needs and children with disabilities. This will be enhanced through expanding child protection specialised services for the most vulnerable children, including children who have been recruited by parties to the conflict, children who have been put to work, child GBV survivors and children at risk of GBV, and unaccompanied and separated children. Child Protection partners will promote the use of the Minimum Standards of Child Protection in Humanitarian Action across the response. Activities will be provided through fixed and mobile Child Friendly

Centres. PSS will be provided to children and their caregivers. The most vulnerable children will be identified and referred to other services (including development sector services) through the existing case management system. In 2021, the Case Management SOPs on GBV survivors will be enforced, and child protection activities will be implemented in close coordination with local communities involving community structures and adolescents as agents of change.

Separation from caregivers can be both voluntary and involuntary, leaving children in unsafe and unmonitored care arrangements. Child Protection partners will continue to strengthen family tracing and reunification mechanisms in 2021. These services will be extended to unaccompanied and separated returnee children in the border areas, as many children here are

in a dire need due to traumatic experiences from their time on the move and are in need of comprehensive child protection services. Child Protection partners will continue to respond to gender differences in needs through Girl Friendly Spaces and other tailored activities. Internally, partners will hold trainings on the core concepts of GBV, adapt gender mainstreaming approaches, recruit more female staff and capture gender-disaggregated data on key issues. Enhanced engagement will be forged with the GBV Sub-Cluster, the MHPSS WG, the EiEWG, the WASH and Health clusters, as well as involving development actors in discussions relating to social protection.

CPIE responses will include the provision of integrated, age- and gender-sensitive case management services; the implementation of the Inter-agency Child Protection Information Management System

(CPIMS+); the provision of social reintegration support for children in conflict; the provision of 'Life Skills' activities to adolescent girls and boys; targeted awareness raising campaigns about the dangers of negative coping mechanisms; capacity building of the child protection workforce on the MRM on Grave Child Rights Violations to enhance actor's engagement in monitoring and documenting, and the provision of child-friendly EORE to children and communities.

Inclusion of children with special needs will continue to be a priority, while there will be a new focus in 2021 on adolescent programming, including life skills assistance and establishing adolescent clubs and friendly spaces to address their needs, and empower adolescents to be reach their full potential as agents of positive change. Re-integration programmes and strengthening the response to child survivors of SGBV will

support a more robust and holistic approach to adolescent needs. Planned disability assessments are expected to facilitate the delivery of safe and equitable access to services for children with disabilities. In 2021, training modules on working with children with disabilities will be developed to build staff capacity on disability inclusion. Materials for PSS and COVID-19 awareness raising will be developed to support the participation of children with different abilities in their homes and in the broader community.

The Child Protection Sub- Cluster Leads are in the process of recruiting a full-time ProCap Coordinator for six months. This recruitment will support the capacity building of local partners and will enable better monitoring of the implementation plan for child protection activities. This will increase accountability and will strengthen existing reporting mechanisms.

Due to limited partner presence in many areas of the country, the Sub-Cluster will focus on addressing needs in Zabul, Farah, Kapisa, Uruzgan, Ghor, Daykundi, Hilmand, Kandahar and Samangan which are all areas identified as having high child protection needs. The priority locations were identified in the Child Protection needs analysis for 2020 and supported by the WoA Assessment for 2020. The Child Protection Sub-Cluster will aim to extend assistance broadly, including into these areas, but is challenged by funding. High risk provinces in the west (with conflict, widespread harmful practices and low coverage of services) – Hirat and Badghis – will also be prioritised. Nangarhar, Kunar, Balkh, Kunduz and Takhar provinces where there is ongoing conflict and a high number of IDPs with complex needs, are also among the priority areas for the Child Protection response.

SUB-SECTOR

Gender-Based Violence

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
7.4M	1.4M	675K	576K	140K	38.7M	20

The GBV Sub-Cluster response will include the provision of psychosocial, health and legal services to conflict- and natural disaster-affected populations, including IDPs, returnees, vulnerable people in need of humanitarian assistance, and

host communities in areas of displacement and areas of origin. In 2021, the GBV Sub-Cluster will focus on building the capacity of service providers to deliver higher quality and harmonised services in line with minimum standards, and will continue to

support integrated, survivor-centred GBV services, including PSS and community mobilisation as a prevention measure, adapting programme design and entry points to meet the specific needs of diverse groups.

Women, girls, men and boys at high risk and survivors of GBV will receive assistance, while priority will be given to women and girls, with special consideration for at-risk groups such as those living with a disability, older women, adolescent girls and women and girls from IDP and returnee populations as they face more barriers to accessing services. While community-based resilience and recovery programming will be part of this humanitarian response, activities that exclusively target men and boys, as well as institution- and policy-building activities (such as long-term behavioural change and legislative reform initiatives), will be covered by development partners. The GBV Sub-Cluster will coordinate with development actors to ensure complementarity and avoid duplication. The promotion of case management

and other response activities, working through a survivor-centred approach, will guide a response that is tailored to the gendered and personal differences of the population that is served. Activities will be delivered through both static and mobile approaches to meet the diverse needs of the targeted groups. The Sub-Cluster will implement service provision in line with best practices and international minimum standards.

The GBV Sub-Cluster will scale-up its activities in 2021 to provide improved access to information about and services for GBV survivors, expanding integrated service approaches for GBV case management and PSS. The Sub-Cluster will continue facilitating the distribution of kits to help women and girls maintain their dignity during humanitarian crises, as a fundamental activity

to preserve self-esteem and confidence. Direct support will be provided to survivors of GBV using both static and mobile approaches (Family Protection Centres, static facilities, mobile teams, distribution of dignity kits). Remote modalities of assistance will be explored to limit movement during COVID-19. Advocacy tools will be deployed to ensure the needs of survivors of GBV remain at the forefront of the humanitarian response.

GBV priority locations have been determined through secondary data¹¹² collection on areas with the highest reported prevalence of GBV. This prioritisation was based on reported cases of intimate partner violence; non-survivor centred community and individual attitudes; areas heavily affected by conflict, recent displacement and natural disasters.

SUB-SECTOR

Housing, Land and Property

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
5M	236K	47K	111K	21K	4.8M	7

The HLP response has three streams:

1. Increased emergency support to communities under immediate threat of eviction including the provision of ICLA to IDPs; advocacy on key HLP issues with authorities; eviction monitoring; verification of land ownership and rights (HLP due diligence) ahead of

shelter interventions, and capacity building of humanitarian actors and other stakeholders.

2. Transitional and durable solutions for protracted IDP and returnee settlements including supporting data collection and needs assessments in these sites across Afghanistan, the provision of legal support services

to residents to strengthen their HLP rights through formal and informal systems, including acquiring improved tenure and identity documents; support to inter-cluster responses to upgrade housing, local infrastructure, key services, and livelihoods in partnership with community groups and local authorities; support to HLP components of IDP

Provincial Action Plans (PAPs), and the promotion of gender equity in accessing HLP rights.

3. Improving access to land and housing for those displaced by conflict and climate-related disasters including technical support to the Government in the implementation of regulations and procedures to identify and make available state land for allocation to IDPs, returnees and other vulnerable groups; awareness raising around land allocation schemes, application processes and eligibility requirements; technical support for the Government in the drafting of regulations and procedures for beneficiary selection for state land allocation; support to ensure newly-settled households have access to tenure documents; support in the preparation of policy documents, such as SOPs, HLP legal guides, and HLP knowledge projects; and ensuring gender mainstreaming in all land allocation activities.

Studies¹¹³ have shown that COVID-19 has had particularly severe impacts for residents in urban informal settlements, exacerbating already insecure HLP rights, and impacting women the hardest. The majority of those impacted by COVID-19 will be reached through the existing activities outlined above. Pressures may include landlords seeking to sell land and evict residents, or renters being unable to meet land and housing costs because of financial stress related to COVID-19 and associated

restrictions on economic activity.¹¹⁴ In such cases, the existing HLP response provides support to residents to remain in place, or to access allocations of secure land from government land mechanisms if they are eligible. There is an emerging HLP threat associated with stigmatisation of returnees who are suspected of carrying the virus, particularly in areas of high return (Hirat, Kabul and Kandahar). Hence, HLP partners will tailor existing activities (information sharing, counselling and legal assistance) to support this at-risk group in 2021 as high numbers of returnees from Iran and Pakistan are again expected.

The HLP response will be heavily weighted towards large cities including the capital, Kabul, where a significant portion of the displaced population eventually gravitate for social and economic opportunities, and relative security. In cities, displaced groups often suffer very high land tenure insecurity because competition for land is high. HLP costs (such as rent and utilities payments) also tend to be greater than those in rural areas.

The multi-year HLP response approach detailed in the HLP-TF Strategic Plan enables a sequential framework for HLP activities, which links emergency responses to durable solutions. Global best practice on HLP, including components of the Voluntary Guidelines on the Governance of Tenure (VGGT), emphasise the importance of a sequential

approach to strengthening the land rights of vulnerable populations. To this end, sequential HLP actions work towards secure, gender-equitable land rights by transitioning to stronger tenure documentation as occupancy histories become established over time. In Afghanistan, a first step is the provision of civil documentation, such as a Tazkera, marriage certificate, or other legal identity document. From this base, people are supported to obtain more secure tenure documentation, such as customary ownership documents, written rental agreements, or court-issued documents. As property rights claims become more established over time, beneficiaries can be supported to access documentation to consolidate their land rights, such as Safayi tax receipts and an Occupancy Certificate. A similar process occurs for the HLP rights conferred through land allocation schemes. Under the Presidential Decree 108, beneficiaries are first supported to access documents that establish their occupancy history, and therefore their eligibility for land allocation registration under the law. Once a beneficiary is provided with a land parcel, they receive a building permit to establish an intermediate occupancy claim, and after this has been established over a period of time, beneficiaries are supported to obtain a land title deed. A title deed is the most secure form of ownership under the law.

SUB-SECTOR

Mine Action

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
3.5M	1.2M	194K	474K	123K	9.2M	10

In 2021, MA AoR efforts will address threats posed by improvised mines and ERW - responsible for 98 per cent of civilian mine and ERW casualties in 2019, with a similar trend in 2020.¹¹⁵ This will be done through land clearance and EOD activities. In addition, face-to-face and mass media EORE activities will be delivered, along with advocacy for the rights of mine and ERW victims. MA partners will reach different population groups, including displaced and non-displaced conflict-affected people, as well as returnees and refugees. A special focus will be placed on reaching people in HTR areas, as well as enabling and supporting the COVID-19 response and recovery from the negative impacts of the pandemic.

Dedicated gender focal points who work with project teams during the planning and implementation phases will ensure the consideration of gendered differences in needs and an

appropriate response to them. This will be achieved through specific activities and measures, such as reaching out to women during surveys to capture their inputs and hiring female personnel to deliver project activities to maximise impact and ensure that women and girls receive an equal level of information. MA partners will endeavour to either directly address the needs of people with disabilities (e.g. victim assistance projects) or consider their specific needs as part of demining projects. These needs are identified in more detail during the planning phase of the projects, and their consideration during the implementation phase is monitored by the Directorate of Mine Action Coordination (DMAC) and third-party monitors.

While substantial progress was made in 2020 in addressing needs, further action is needed when it comes to the clearance of improvised mines. The Mine Action Programme of Afghanistan

(MAPA) made significant progress in building the capacity of partners in the clearance of improvised mines, however funding for such projects has remained low. To address this gap, the MA AoR is prioritising improvised mine clearance activities for funding in 2021. MA activities will continue to be conducted in accordance with the Afghanistan Mine Action Standards. Activities planned under the HRP will be implemented directly in communities whenever possible, while risk education activities will be implemented both through face-to-face sessions and mass media, with strict adherence to the COVID-19 guidance issued by the DMAC.

MA activities also enable other humanitarian and development activities by clearing contaminated land. In this sense, MA activities need to be properly sequenced to take place before others to ensure the safety of beneficiaries and response personnel.

Overall Protection Cost

The average cost-per-person of the Protection response has decreased from \$39 in mid-2020 to \$29 in 2021, due to an increase in high-reach and low-cost activities. The increase in the absolute number of people to be reached with Cash-for-Protection and more comprehensive Child Protection and GBV

response packages is comparably much lower than those planned to be reached with lower-cost activities such as awareness raising, EORE and capacity building activities.

Integrated programming and multi-sectoral responses

The Protection Cluster and its sub-clusters-AoRs will engage with the Health Cluster to ensure that the specific needs of Mine and ERW victims are included in the Health Cluster's planned assistance, and to support focused advocacy efforts around disability. The Protection Cluster supports the impending establishment of a Disability Inclusion Working Group to ensure full attention to disability issues in humanitarian and development assistance. The GBV Sub-Cluster will maintain ongoing discussions with the Health and WASH Clusters to enable key areas of cross-over in the provision of clinical services for sexual assault survivors, gender-sensitive COVID-19 messaging, services for child survivors of GBV, and coordination of the provision of dignity and hygiene kits to maximise the impact of the response. The GBV Sub-Cluster Referral Pathways Task Force, formed in 2020, includes key actors across Clusters to ensure a multi-sectoral and integrated response for survivors of GBV. The HLP TF has developed a series of knowledge products to inform coordinated programming and has conducted associated trainings and awareness events. The priority in 2021 will be to fundraise around the themes presented in these products to promote cross-sectoral HLP programming with other Clusters. Child Protection will strive to pursue stronger engagement with the WASH and Education sectors, and the MHPSS WG, to reinforce multi-sectoral and integrated responses to the needs of vulnerable children. As a priority, children released from armed forces and armed groups, as well as children released from detention will benefit from joint programming including education, livelihood, legal aid and health, to maximise their chances of reintegration into society. On community engagement, Child Protection will coordinate with the relevant ministries (mainly MoLSA and its branches at the provincial level), the Child Protection Action Network (CPAN) and other community-based structures. Updated inter-sectoral mapping and safe referral pathways will be prioritised in 2021.

In order to promote the centrality of protection in all humanitarian action, the Protection Cluster will ensure that protection is mainstreamed in all clusters'

planned interventions. Support and guidance will continue to be provided to all clusters according to their sectoral needs, through bilateral consultations, learning sessions and dedicated technical notes. In addition, the revision of the HCT Protection Strategy aims to ensure a comprehensive, system-wide accountability and multi-sectoral approach is in place to prevent and respond to the most serious protection risks facing affected people. It also aims to ensure high-level support for the Centrality of Protection in all humanitarian action undertaken in Afghanistan through the nomination of responsible agencies and clusters in a time-bound work plan. Depending on the lessons learned from the Area-Based Response pilots launched in 2020, and under the leadership of the ICCT, the Protection Cluster may explore opening further community centres in which multiple services responding to different sectoral needs will be delivered. This is also dependent on result, availability of funding and the progress of the COVID-19 pandemic.

Cash programming

The protection response will continue to provide modest cash assistance where security allows, where access to markets is possible and it is safe for those receiving it. The cash assistance component will include providing emergency cash to address the urgent protection needs of families or individuals and using cash to complement other protection assistance within the case management system. In addition to the existing emergency cash component of the IPA, a COVID-specific Cash-for-Protection programme was introduced in 2020 as an additional one-off cash grant, to be provided to extremely vulnerable households that are facing acute, protection-specific risks. The Cash-for-Protection programme is designed to achieve specific protection outcomes in the context of the pandemic which restricted people's access to livelihood opportunities, pushing already vulnerable households into extreme destitution. In 2020, 1,499 households made up of 9,624 people received Cash-for-Protection assistance of 22,000 AFN/\$280 per household ensuring they did not slip into a negative coping situation. Consequently in 2021, Cash-for-Protection will be provided to people

at risk of immediate harm, as well as in cases where individuals or households face protection concerns that negatively impact wellbeing. This cash approach is designed to prevent people from engaging in actions that put the lives of women and children at risk, for instance, through forced child marriage or forced hazardous work.¹¹⁶ The amount has been aligned with the MEB calculated by the CVWG.

Due to inherent protection risks linked to exploitation of abuse of women and children and the lack of streamlined child protection safeguards, Child Protection and GBV partners will not use stand-alone cash programming for their specialised protection interventions. The GBV Sub-Cluster will use cash in exceptional circumstances, guided by GBV specialists, as a component of GBV prevention and response programming. This will be determined in strict consultation and co-ownership with women and other community members. Cash assistance as part of GBV case management will be considered on a case-by-case basis, and as such, no preliminary planned reach is provided. Across all interventions utilising cash and voucher modalities, GBV risk mitigation measures will be strongly encouraged, to ensure that risks facing women and girls, including GBV survivors, are not exacerbated in emergency situations by use of this approach.¹¹⁷

Links to development programming

Addressing underlying protection needs requires long-term planning and funding streams. The Protection Cluster has engaged in discussions with the World Bank to fine-tune its Cash-for-Protection strategy to align with existing relief efforts and identify complementarities. While this is a short-term activity that accompanied the COVID-19 pandemic, it will further open discussions with the World Bank and other development actors to support medium- and longer-term development aims and durable solutions. This is a cornerstone objective of the HCT Protection Strategy.

The nature of the MA response is also as a de facto enabler of development activities. Strong linkages and information sharing between MA partners and

development stakeholders allow for development activities to materialise once lands are cleared of explosive hazards and are therefore safe to use. Such cooperation increases the chances of legal and sustainable land use after clearance, for instance for training in agricultural best practices. To support COVID-19 response and recovery efforts, partners will aim to provide logistical support through the provision of MA assets as needed.

Increasing the security of gender-equitable HLP rights paves the way for long-term development investments in settlement upgrades. HLP partners provide documented evidence of land rights through community mechanisms. These activities establish a land ownership history that enables development programmes to provide more secure forms of formal tenure documents, such as Occupancy Certificates and land titles. In this way, formalising HLP rights integrates vulnerable groups, such as IDPs and returnees, into formal socio-economic and governance structures and will lead to long-term gains in their development. It will also allow for linkages with development programmes that increase public revenues (through land taxes), utilities, services and infrastructure (through enabling user fees), housing investment (through securing property rights) and a broad range of other development outcomes.

The Spotlight Initiative, a UN-EU project developed within the framework of the Agenda 2030's guiding principle of 'leaving no one behind', is a comprehensive programme which seeks to support capacity development of partners including the Government, civil society, women's organisations, religious leaders and scholars to prevent and respond to GBV and harmful practices. The GBV Sub-Cluster will continue to forge connections with Spotlight Initiative actors to create better service coverage across the development and humanitarian spectrum.

Monitoring

The Protection Cluster will ensure quality programming by investing in evidence-based, robust, protection monitoring, and information and reporting systems. The Cluster will continue to employ

harmonised protection monitoring tools for data collection and analysis and will support the training of partners conducting assessments. In 2021, the Protection Cluster will strive to mainstream the use of the Protection Incident Monitoring Mechanism (PIMS) to identify and record violations of human rights. UNAMA data collection on Protection of Civilians (POC) issues is also critical to the protection response.

The Protection Cluster will also maintain systematic and timely reporting to ReportHub for close monitoring of outcome and output indicators. The Cluster will develop indicators and reporting guidance for partners, complemented by regular trainings at national and regional levels. All of the Protection Cluster's reporting mechanisms will be disaggregated by age, sex and disability to enable the monitoring of the response for groups presenting specific vulnerabilities. In 2021, the Protection Cluster will endeavour to produce further sector-specific dashboards and operational presence maps with real time information, which will enable monitoring of the protection response on the ground and facilitate the early identification of gaps.

The Protection Cluster will maintain fruitful relationships with affected communities and political actors to allow monitoring visits to take place in a safe manner, and to improve communities' acceptance of activities viewed as sensitive in the most conservative parts of the country. Should field visits be limited by access, security or health constraints in 2021, remote data collection tools will be explored to overcome the challenges, in partnership with the regional coordinators. The Awaaz hotline and sector-specific feedback mechanisms also support the collection of comments from affected people receiving protection

services and help identify emerging trends in needs. As an active member of the AAPWG, the Protection Cluster will aim to ensure that all feedback and participation systems in place are inclusive of age, gender and disability considerations.

The rollout of CPIMS+ will enable real time data to be collected on cases being managed and will contribute to better monitoring and rollout of quality of case management services for children at risk. The CPIMS+ will also improve service delivery, facilitate referrals, and enhance data confidentiality. An online Kobo tool will capture partners' information on needs, constraints and challenges. The GBV SC will work closely with partners to strengthen capacity for internal programme monitoring and will work on the rollout of the Gender-Based Violence Information Management System (GBVIMS+) that will harmonise and standardise GBV data management across GBV responders providing psychosocial case management services. Additionally, the GBVSC will track GBV assessments, providing guidance to partners on methodology, training materials and referral pathways throughout 2021.

All MA activities in Afghanistan are monitored by 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 tracks activities through reporting, third-party monitoring visits, and field missions, to measure the impact of MA interventions on all population groups.

Existing large datasets, for instance on urban informal settlements held by REACH and DTM, will be built on to continue to monitor existing and emerging needs.

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3.7

Water, Sanitation and Hygiene



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)	PARTNERS
8.8M	3.6M	951K	1.9M	358K	114.6M	37

Multi-year strategy 2018-2021

Despite years of investment, decades of conflict and recurrent sudden-onset natural disasters have inflicted damage on the limited WASH infrastructure that is in place across Afghanistan. As a result, the proportion of the Afghan population with access to safe drinking water remains among the lowest in the world. With the COVID-19 pandemic still impacting on every corner of the country, lack of access to water, as well as hygiene materials and practices, is directly contributing to the spread of the virus, leading to infections and deaths. Building on the multi-year strategy implemented over the past two years, the WASH cluster aims to continue strengthening safe water, sanitation and hygiene preparedness and response to the acute vulnerabilities of people affected by conflict and violence, disasters, food insecurity, malnutrition and other public health issues.

The onset of the COVID-19 pandemic and the massive increase in WASH demands across the country highlight the strength of a multi-year strategy that focused on preventing major interruptions in WASH services through the pre-positioning of stocks; established partner contracts; relationships built with local vendors; building capacity of WASH actors and local authorities; and enhancing engagement with development counterparts. In 2020, the Cluster saw that multi-year thinking and associated preparedness planning was critical to preventing major interruptions to WASH services, particularly disruptions from the first wave of COVID-19 lockdowns and border

closures in neighbouring countries. The onset of the pandemic, and the massive increase in WASH needs as a result, also affirmed the rapidly scalable capacity of WASH actors, when funding is made available. This was demonstrated in the ability of WASH actors to expand hygiene promotion as a core element of a broader strategy to slow the spread of the pandemic. However, limited predictable, multi-year funding continues to impact on WASH reach, forcing WASH actors to continue to rely on short-term funding and limiting their ability to build more cost-effective durable WASH solutions.

In 2021, in line with lessons learned in the previous years of the multi-year strategy, WASH Cluster partners will continue to work in close collaboration with existing authorities and local leadership to strengthen mitigation measures and strengthen recovery capacity. The Cluster will continue to apply a protection lens to its work through targeted and safe access of water and sanitation facilities for women, children and people with disabilities. Additionally, drawing on lessons from the mid-2020 floods in Parwan province, the Cluster will also expand capacity building and standby agreements with urban and provincial stakeholders. Doing so will facilitate faster repair of water networks in urban contexts when these are affected by shocks. The WASH Cluster will also continue to encourage its coordination teams and key partners to participate in the Water and Sanitation Working Group led by the MRRD to address related development issues in the sector. This collective

humanitarian-development bridge contributes to harmonising and promoting sustainable solutions (such as using gravity-fed drinking water networks instead of fragile handpumps or wells), as well as building the capacity of IDPs, host communities and returnees through the sharing of risk reduction techniques to augment their coping capacity. It is still expected that a common framework will be further be developed between humanitarian and development partners to outline collective targeting criteria in areas with poor availability of WASH services. At an operational level, WASH partners collaborate with local communities and leaders, as well as government line departments, to identify and prioritise both immediate and medium-term needs of affected people through their increased participation in the project design, implementation and post-implementation phases of the response.

Response Objectives

The Cluster's objectives fall within the umbrella of the HRP's Strategic Objectives. Under SO1 and SO3, the WASH Cluster plans to provide timely access to sufficient quantity and quality of safe water, gender-sensitive sanitation facilities and promotion of hygiene practices that focus on proper handwashing. Also, in line with SO2, the WASH Cluster will continue to be attentive to cross-sectoral issues in 2021 by applying an AAP approach and integrating new indicators, such as on the leveraging of WASH for GBV mitigation.

In line with SO3, the Cluster will work with development partners to strengthen the resilience and coping capacity of systems, communities and

vulnerable households to support immediate recovery and their ability to handle shocks. In particular, the Cluster will integrate local perceptions and look at existing traditional approaches to improve management of water resources, sustainable eco-sanitation facilities and culturally-appropriate, water-efficient handwashing systems.

Response Plan

Against the backdrop of the COVID-19 pandemic, the cluster has adopted a 'kite strategy' that approaches WASH response planning from four angles: scaling-up to address WASH-related acute vulnerabilities; adapting WASH support to mitigate against COVID-19 transmission and stigmatisation (integrating disinfection and risk communication); enhancing flexibility and rapid mobilisation of the response to emerging COVID-19 hotspots or heightened risk factors; and providing sustainable handwashing access by linking humanitarian and development handwashing promotion activities.

In implementing this updated approach, the WASH Cluster will continue to target the most vulnerable people exposed to risks from using unsafe water sources, lack of hygiene and unimproved sanitation facilities. This will primarily focus on displaced populations, those living in conflict-prone areas and those who are vulnerable to disasters. This will include displaced households in the provinces found to be in a catastrophic situation¹¹⁸ where at least 20 per cent reported insufficient water for drinking or only surface water (Badghis, Baghlan, Faryab, Ghor, Nuristan, Samangan, and Sar-e-Pul), as well as those reporting neither sufficient water for handwashing nor

Projected 2021 needs and planned reach

	PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
Projected needs	0.29M	0.62M	0.37M	7.58M	0.04M	8.8M
Planned reach	0.26M	0.56M	0.24M	2.50M	0.04M	3.6M

availability of soap at home (Badghis, Hirat, Paktya and Sar-e-Pul). Provinces found to be in a critical situation in relation to water for handwashing will also be prioritised (Badakhshan, Baghlan, Daykundi, Farah, Faryab, Ghazni, Ghor, Hilmand, Jawzjan, Kandahar, Khost, Kunar, Kunduz, Laghman, Logar, Nangarhar, Nuristan, Paktika, Parwan, Samangan and Uruzgan). Additionally, building on analysis of cross-sectoral needs, as identified in the JIAF, the cluster will also prioritise displaced households in provinces found to be in a critical situation where at least 40 per cent of children under five years in displaced households have been reported as experiencing AWD in the two weeks prior to the WOA assessment (Badakhshan, Bamyan, Daykundi, Ghor, Hilmand, Nangarhar, Parwan, Samangan and Sar-e-Pul).¹¹⁹ The Cluster will also prioritise provinces in a critical situation where well over a third of displaced households reported at least three locations (such as roads, markets, and health facilities) where women and girls feel unsafe. Priority provinces include Badakhshan, Daykundi, Faryab, Hilmand, Laghman, Logar, Parwan and Zabul. Finally, drawing on the latest IPC data to analyse needs beyond those facing IDPs, the Cluster will also prioritise rural and urban areas, including border entry points, with limited access to WASH services (Badakhshan, Badghis, Baghlan, Balkh, Farah, Faryab, Ghor, Hirat, Jawzjan, Kabul, Khost, Kunduz, Laghman, Nimroz, Takhar and Zabul). WASH Partners will continue to manage the WASH facilities at border crossing points and respond to the acute needs of the more than 72,000 refugees living in Afghanistan. Support for internal IDP returnee populations from displacement sites in the west also remains a priority, with a focus on repairing damaged and dysfunctional water infrastructure, reducing the chance of re-displacement due to poor water access.

Across all geographic areas, the response priority is firstly to deliver a WASH minimum package of services at community level targeting the acute needs of the most vulnerable people, as well as to set up sustainable handwashing stations in remote health care facilities and public spaces. The minimum package includes the provision of safe drinking water either through rehabilitation, extension or setting up

of new water points, water trucking as a last resort, appropriate toilets and showers, functional hand washing facilities supported by hygiene promotion and possibly hygiene kit distribution. This will include a focus on the procurement of core pipeline supplies including: soap, hygiene kits, hand washing devices, chlorine powder, water kits, water purification sachets, critical spare parts for water networks, latrines slabs etc. Additionally, in 2021 the WASH cluster will prioritise culturally-appropriate safe hygiene messaging with emphasis on the utilisation of water-efficient handwashing systems.

The Cluster will work closely with protection actors to ensure the construction and availability of water and sanitation facilities is tailored to deliver 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.

In line with the revision to WASH cluster plans in the June 2020 HRP, the high hygiene promotion planned reach figure will be maintained in 2021 given COVID-19 necessities. This reach is roughly the double the figure compared to the previous years and reflects priority COVID-19 interventions. At the same time, the safe water planned reach figure will come back to more normal levels. On the sanitation component, the Cluster will push for further support from development partners for the maintenance and implementation of more sustainable latrines in informal settlements, as well as through the expansion of the Community-Led Total Sanitation (CLTS) approach.

To enhance preparedness for potential emergencies and to improve efficiencies, the WASH Cluster will explore reverse osmosis solutions through studies for regions facing groundwater challenges, such as salinity in Badghis, and will carry-out assessments in high-risk areas to minimise water leakage and improve the efficiency of existing water systems (both for humanitarian water distribution systems, as well as broader water systems).

The Cluster will increase its efforts to promote gender equity by utilising female-led focus group discussions to more systematically consult women and girls in decisions on the location of WASH infrastructure (collective water points, toilets and showers, handwashing points), but also through the design of the related equipment and improvements to the content of the hygiene kits (sanitary pads, soap, containers, purification tabs or sachets etc). The Cluster will also engage closely with the GBV Sub-Cluster to ensure GBV mitigation is fully integrated into WASH activities.

Additionally, the Cluster will work to lower barriers to access for people with a disability firstly by expanding the scope of assessments to ensure the specific needs of people with physical disabilities are appropriately addressed, and secondly through the collection of properly disaggregated data to capture the real percentage of vulnerable people supported on the ground. Information on barriers and enablers will be collected at upstream level, not only through assessments but also by knowledge, aptitude and practice (KAP) surveys, focus groups, pilot designs or prototypes, based on preferences and feedback mechanisms involving people with disabilities from a complete AAP perspective. To expand physical access, challenges will be assessed at collective water points, shared toilets and showers, handwashing stations and distribution points. The cluster will focus on reasonable distance, clear routes free of obstacles, drainage systems to prevent surfaces from becoming slippery, ramps, handrails, doorways wide enough for wheelchairs, sufficiently sized cubicles, markers for people with visual impairments, and low-level and easy-to-use taps for handwashing. Whenever possible WASH partners will organise dedicated queues for people with disabilities or specific distribution times for WASH NFIs, optionally adapted with smaller water containers that would be easier to carry.

WASH Cluster capacity remains largely unchanged, despite COVID-19. There are 38 WASH partners¹²⁰ operating across all 34 provinces in the country and the Cluster's presence and capacity is expected

to remain unchanged in 2021. To mitigate against logistical risks to the Cluster's planned activities, WASH partners are pre-positioning key supplies in 45 locations across 27 provinces.

Cost

To respond to the severe and extreme shelter and NFI needs of 3.6 million people across the country, the WASH Cluster seeks \$93.7 million in 2021. The WASH cost is calculated using sectoral sub-components per individual or institution, based on a collective multi-year analysis of AHF proposals and various other projects. Resulting analysis has revealed that the average cost-per-person has decreased from \$40 at the middle of 2020 to \$26 in 2021. The drop in per-person costs is related to the proportional increase in high-reach, lower-cost critical activities, such as hygiene promotion - which has increased within the WASH portfolio from one-half of the overall planned reach at the mid-year 2020 point, to two-thirds in 2021.

Integrated programming and multi-sectoral response

All WASH interventions will be carefully conducted in collaboration with related clusters, sub-clusters and specialised working groups (AAP, CVWG, GBV, HAG, PSEA). The Cluster will ensure its partners have robust accountability mechanisms in place for all programmes including the establishment of a two-way communication system and the community being made aware of the Awaaz toll free number to raise their issues and complaints. Distribution of WASH NFIs will continue to be coordinated with other clusters, namely the Protection and ES-NFI clusters. Additionally, the Cluster's increased support for WASH services at the institutional level will require enhanced collaboration with the Health Cluster and EiEWG, including for infrastructure and handwashing systems in remote health care facilities and COVID-19 isolation wards, and water supply, handwashing stations, and rapid disinfection of shared equipment in schools. The Cluster will also engage with health and nutrition actors in a pilot using vouchers for SAM patients who might be assisted at household level with water treatment and handwashing devices. This pilot recognises the centrality of good hygiene

in successful malnutrition treatment and recovery. Finally, in the context of COVID-19, the WASH Cluster will improve collaboration with the Health Cluster by reinforcing field-level links between hygiene promotion, led by WASH actors, and the rumour tracking and feedback mechanisms led by the RCCE WG. Beyond the pandemic, the two clusters will also use joint information, education and communication interventions related to hygiene behaviours.

Cash programming

During 2019 and 2020, cash programming comprised less than one per cent of WASH interventions. The WASH Cluster has increased engagement with the CVWG to explore opportunities for a more appropriate level of cash use for WASH outcomes. This engagement concluded that in specific instances, cash programming can be safely used as an alternative – particularly in cases where movement restrictions inhibit the delivery of products and where quality hygiene supplies are available in local markets. Further, WASH Cluster partners will explore the feasibility of expanding the use of cash to enable vulnerable households in informal settlements to access water supplies, to top-up Nutrition Cluster interventions that include hygiene materials available at local markets, and for the purchase of safe water for handwashing in schools, TLS, child-friendly spaces and CBE centres. The WASH Cluster will continue to work with the CVWG, giving additional emphasis to engaging in discussions on the MEB calculations for hygiene kits.

Links to development programming

The WASH Cluster remains committed to delivering durable, rather than emergency solutions wherever it can, bridging water system management and handwashing promotion, with a more comprehensive social approach. The Cluster will continue to focus on new or rehabilitated resilient and durable-type WASH infrastructure in HTR areas by mobilising the existing operational development networks on the ground such as the CLTS framework, and emphasising culturally-appropriate, water-efficient functional handwashing systems through a more comprehensive approach. The Cluster continues to advocate for

the establishment of durable solutions and the use of more resilient components to reduce the cycle of breakdowns and repairs for WASH infrastructure arising from shocks as floods, drought etc.

In response to enhanced linkages with development actors and the need to focus limited humanitarian resources, in 2021, the WASH Cluster plans to partially hand over sanitation activities, particularly in protracted settlements, to development actors. In order to systematise linkages with development counterparts and support best-practice information sharing, advocacy for integrating the Humanitarian-Development nexus and updates from the Water and Sanitation Group will be a standing agenda item in the WASH Cluster monthly meetings. The nexus agenda will also aim to address gaps falling under the umbrellas of the Health and Education sectors, namely the need for sustainable WASH services in remote health care facilities and the 6,000 schools which remain without access to safe water.

Monitoring

In 2021, the Cluster will improve monitoring through the integration of updated data obtained from Geographic Information System (GIS) unit of MRRD. To the extent possible, the WASH cluster will also use HEAT data, information from OCHA sitreps and dashboards, the Cluster's zonal focal points and partners to monitor changes in the context (including conflict patterns, sudden onset emergencies, population movements, etc.) to inform WASH needs and responses.

The WASH Cluster will also build on COVID-19 adaptations implemented in 2020 by maintaining COVID-19-specific indicators and regularly updating 4W activities. Additionally, in partnership with the Global WASH Cluster's Quality Assurance and Accountability Initiative (QAAI), the Cluster will improve the monitoring and reporting of new strategic WASH cross-sectoral indicators, including the number or percentage of people assisted through WASH services (e.g. water supply at collective water points or points-of-use) where the location was chosen after a GBV risk analysis, safety audit or focus group

discussions conducted by female staff with women and girls. The Cluster will also track the number or percentage of WASH projects with services designed in consultation with people in disabilities.

The Cluster will continue to work with Awaaz to track AAP issues related to WASH responses and will monitor AWD and SAM cases reported by the Health and Nutrition Clusters as proxy indicators of poor or potentially absent WASH services.

COVID-19 physical distancing requirements come with challenges around data collection, assessments

and monitoring, however, Cluster partners will explore remote monitoring options, especially through use of mobile phones. The Cluster will continue working with the CVWG to obtain more information and reporting data on cash and voucher use, encouraging reporting on WASH-specific cash and voucher responses. Through joint market monitoring and analysis, the Cluster will track changes in market prices and functionality that might have a bearing on cash and voucher use by the WASH cluster or market-based programming.

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3.8

Coordination and Common Services

REQUIREMENTS (US\$)	COORDINATION	ASSESSMENTS AND INFORMATION MANAGEMENT		AVATION
36.1M	AAP: 1.7M OCHA: 10.4M	DTM (IOM): 2.77M iMMAP: 0.2M	REACH Initiative: 0.2M	UNHAS: 19.65M

Coordination

OCHA leads coordination of the humanitarian response with the Government, particularly ANDMA and MoRR. OCHA also leads coordination between international and national humanitarian actors through the HCT at the strategic level, and the ICCT at the operational level, both in Kabul and in the field. In OCHA Afghanistan will continue to scale-up its efforts in response to COVID-19, as well as ensuring a well-coordinated response addresses needs arising from conflict and natural disasters. OCHA leads on the HPC including response planning through the ICCT and regional and provincial coordination platforms and continues to support humanitarian partners with joint advocacy and access and civil-military coordination. OCHA's unique information management capacity allows real-time sharing of heavy loads of data in the most user-friendly way, allowing donors and partners to easily grasp the humanitarian situation and response. This plays an instrumental role in fundraising for the response. OCHA also manages the Afghanistan Humanitarian Fund. In 2020, the fund disbursed more than \$100 million (both pooled fund and CERF allocations), enabling 53 humanitarian response projects through an inclusive and coordinated allocation process, boosting confidence among the donor community. The AHF was among the first pooled funds in the world to release resources for COVID-19 response. Since the onset of the COVID-19 pandemic, OCHA has been working closely with WHO to publish dedicated strategic and operational briefs, including on the multi-sector response to COVID-19.

These are proving a vital and regularly updated source of information about the response for both donors and fellow responders. At the same time, in recognition of the more chronic impacts of the pandemic, OCHA has expanded its cooperation and advocacy with development actors to advocate for needs that go beyond the scope of humanitarian activities. To support coordination in 2020, OCHA requires \$10.4 million.

Accountability to Affected Populations (AAP)

Revitalised in 2020, the AAPWG has set out to support a humanitarian response that takes into account the voices of affected people, their communication and response preferences and their feedback received through collective mechanisms. In 2021, the AAPWG plans to further strengthen and expand collective feedback mechanisms, build AAP systems and sub-national AAP capacity. In 2021, AAP and community engagement tools will be harmonised. Additionally, the Working Group will provide responsive and proactive AAP and community engagement technical support to the humanitarian response. This also includes the rollout of a multi-stakeholder platform, an RCCE training module developed in 2020 by the RCCE sub-group and a second feedback and complaint communication channel, including through face-to-face means. Two-way communication channels for giving feedback that will be strengthened are expected to allow identification of specialised ways to reach women, people with disabilities, older people and children. To support this collective AAP

effort, \$1.7 million is required for 2021. This includes costs of a permanent AAPWG coordinator, translation services for collective AAPWG content, trainings, website development for a multi-stakeholder platform that would hold ‘communicating with communities’ documents and the “common service” outlined in the AAP section on page 51.

Evidence-based response

The HRP also includes funding for common data collection, management and analysis services to support an evidence-based response. IOM’s Displacement Tracking Matrix requests \$2.77m to continue its work on monitoring and analysing population flows both across borders and within the country. This includes additional resources needed for increased tracking of movements in light of COVID-19. The REACH Initiative requests \$1.4m to support its data collection, including the vital WoA and HTR Areas assessments on which collective needs analysis and response planning are based each year. In 2021, efforts to better reflect and capture the views of women in the WoA Assessment will continue through the hiring of more female enumerators that will enable separate data collection from women living in male-headed households. REACH Initiative will also continue supporting the CVWG on the JMMI to standardise partners’ market monitoring tools to facilitate more comprehensive analysis and support the production of a single monthly factsheet on market trends. This will support more effective analysis of the potential for cash-based responses and appropriate setting of cash assistance packages.

This has already allowed Clusters to increase the cash-component of their response. REACH Initiative is also expanding its data collection on the situation facing those living in informal settlements – locations of increasing importance in the COVID-19 response but places where the aid community has not traditionally collected comprehensive data in the past. This ISETS data will inform increased collaboration with development partners in 2021 to extend durable solutions to vulnerable people in protracted state of displacement and with chronic needs (see box text on pg 22).

The overall ask also includes \$200,000 for iMMAP to continue maintenance, support and training for ReportHub, a platform commonly used by all actors in the response to monitor performance against the HRP targets.

UNHAS

UNHAS’ updated budget is estimated at \$19.65 million for 2021 to maintain essential domestic air services for humanitarian personnel and cargo. This will allow UNHAS to maintain its regular daily domestic operations and provide reliable access across the country to meet the needs of aid organisations to send staff members on essential missions. The revised budget also includes medevac capacity for personnel working with UN agencies, NGOs and diplomats to enable them to stay and deliver despite the continued threat posed by the COVID-19 pandemic. It does not include the cost of an international air bridge in 2021.

Part 4: Refugee Response

KHOST, AFGHANISTAN

Refugees collect water near Gulan camp in Gurbuz district.

Photo: OCHA/Ahmad Javed Ahmady



Refugee Response



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)
72K	72K	16K	43K	6K	18M*

*This chapter represents an extracted summary of refugee responses which are also costed in the relevant clusters' requirements. While they appear in two different places in the HRP, it should be noted that these costs are only included in the overall HRP requirement once.

Overview

There are 72,445 refugees living in Afghanistan. The vast majority of this group were displaced from Pakistan to Afghanistan in 2014 and settled in areas of Khost and Paktika provinces. A small number (approximately 380 people) reside in urban areas of Kabul and other cities. Refugees constitute one of the most vulnerable populations in the country. They face significant legal challenges due to the fact that the National Law on Asylum still has not been enacted. This means that there is no legal framework to delineate the rights of refugees and asylum-seekers or ensure their access to basic services. While the host communities in Khost and Paktika have been welcoming, and provincial government structures have progressively included the refugee population in their planning, the lack of legal guarantees and documentation has, in some instances, made it difficult for this population to enrol their children in school, work in the formal sector, enter into legal agreements, rent property, open businesses, or buy land. This situation undermines refugees' progress toward self-reliance and keeps them in humanitarian need.

The socio-economic impact of the pandemic has deepened the vulnerability of refugees. Refugees' overwhelming reliance on daily wage labour - one of the most insecure forms of employment - to meet their basic needs magnified the impact of COVID-19 movement restrictions. The spike in staple food commodity prices since the start of the pandemic, coupled with rising year-on-year inflation trends and escalating debt, has further impacted

on refugees' food security. According to the 2020 WoA Assessment, refugees have the highest levels of borderline and poor FCS when compared to other population groups surveyed (at 65 per cent and 29 per cent, respectively).¹²¹ Three quarters (77 per cent) of refugees were found to have severe or extreme food security needs. Alarming, 94 per cent of refugee households reported having limited access to food as a result of COVID-19.¹²²

Food insecurity was the primary driver of refugee household debt in 2020. According to the 2020 WoA Assessment, refugee households reported spending approximately 50 per cent more on food compared to other displaced populations, and more than 90 per cent of refugee households surveyed reported borrowing food or borrowing money to buy food. This trend has fed high levels of overall indebtedness among the refugee population: more than 90 per cent of households surveyed were carrying debt, among whom 80 per cent reported that their level of household debt has increased since March 2020.¹²³ On average, refugee households have nearly twice as much debt compared to other households (85,484 AFN/\$1,100 for refugees as compared to between 42,000 AFN and 48,500 AFN (\$545 and \$630) for other households).¹²⁴ The median net income for refugee households is approximately -3,000AFN/- \$39. Moreover, most refugee families (61 per cent in Khost and 77 per cent in Paktika) also report that their monthly income remains lower than normal and that there were reduced employment opportunities at the time of assessment, which poses a significant challenge going forward in terms of debt repayment.

In terms of other sectoral needs, refugees similarly reported the highest level of severe or extreme ES-NFI needs (at 60 per cent).¹²⁵ Some 91 per cent of refugees live in informal settlements, 23 per cent of whom reportedly live in inadequate shelters (tents, open space, makeshift shelters, and collective centres). Refugees also had the highest level of severe and extreme EiE needs (at 83 per cent), with the overwhelming majority having no access to remote learning.¹²⁶ Refugees had the second-highest level of severe or extreme health needs, at 68 per cent.¹²⁷ Mental health and psychosocial issues are persistent, particularly among the refugee community in Paktika, where significant levels of behavioural changes related to conflict or financial stressors were reported. Refugees also reported difficulties accessing water as a result of the distance to the nearest water point, as well as social barriers to accessing water, particularly in Paktika province.¹²⁸

In 2021, the Government will require continued support from humanitarian and development actors to address the needs of these vulnerable people, in terms of food, emergency shelter and NFIs, health, and WASH. Education also remains a critical need, as many refugees have opted to continue with the Pakistani curriculum, in anticipation of their eventual return to Pakistan.

Response Strategy

Humanitarian assistance to refugees builds on support from the Government and from host communities, who have strong social and cultural ties with the refugees. The Government has adopted the Comprehensive Refugee Response Framework (CRRF), which aims to integrate refugees in government-provided services and in development planning. UNHCR recognises that more support and advocacy is required for the Government to continue to make progress toward inclusion of the refugee population, as well as to realise its commitments pursuant to the 1951 Convention relating to the Status of Refugees.

While continued advocacy for the passage of the National Law on Asylum is a key component of UNHCR's strategy, supporting the provincial

authorities' capacity to assess needs, coordinate humanitarian assistance, and ensure access to fundamental rights and basic services for this population group remains important in 2021. Given the strain on government resources imposed by the COVID-19 pandemic, ongoing support to local government structures will be essential. UNHCR has committed technical and financial support to the Government in 2021, with a particular focus on providing support in the form of human resources. UNHCR will continue to fund key positions within the Department of Refugees and Repatriation (DoRR) in Khost, as well as ensuring, through implementing partners and contracted staff, a comprehensive programme of training and on-the-job mentoring. In 2021, UNHCR plans to support the updating of registration data, with a view to providing technical support to the Government to take on this responsibility in the longer-term. With the passage of the National Law on Asylum, it is anticipated that the population of concern in Khost and Paktika will have improved access to documentation, education and employment, as well as greater freedom of movement enabling them to become more self-reliant over time.

In line with the refugee response strategy in the mid-year revision of the 2020 HRP, the refugee response in 2021 will continue to focus on meeting refugees' acute needs while also supporting refugees' integration into government programmes and services. Evidence-driven responses across multiple sectors will meet immediate needs, while advocacy efforts and capacity development contribute to progress toward the Government's assumption of responsibility for providing these services in the longer-term. For those refugees in Khost and Paktika who may choose to voluntarily return to Pakistan, assistance will be provided to facilitate their transportation and durable reintegration in their areas of origin.

Response Plan

All clusters have planned to reach refugees with a multi-sector response in 2021 based on assessments to determine degrees of need. The Protection Cluster and EiEWG have planned to reach the entire refugee population with a comprehensive package of assistance. Refugees will receive protection

assistance through a whole-of-community approach, ensuring that refugees are part of Community Based Protection Monitoring (CBPM) and PSN programming, in addition to specifically tailored programmes to respond to COVID-19 (including the provision of Cash-for-Protection to the most vulnerable families). Similarly, FSAC has planned to reach all refugees in Khost and Paktika.

The ES-NFI, Health, and WASH Clusters will also reach a significant portion of the refugee population with assistance. WASH will reach 54 per cent; ES-NFI plans to reach 44 per cent and Health will assist 34 per cent of this population group based on needs. The direct impact of COVID-19 in Khost and Paktika has been limited to date, with relatively few confirmed cases in the two provinces. Programmes to mitigate against the spread of COVID-19 – such as hygiene promotion and distribution of hygiene kits – will continue to be provided to this group. The indirect impact of the lockdown in 2020 continues to be felt, however, as refugees head into winter with no savings and considerable levels of debt. The second wave of COVID could be devastating for this already-vulnerable population, resulting in more severe food insecurity and many families resorting to harmful coping mechanisms. Vulnerable families among host communities are also targeted for assistance, helping to preserve the positive relationship between refugees and the surrounding population.

As noted above, the refugee response strategy is built around enabling and supporting the assumption of responsibility for refugees by the Government at the provincial and national levels. Developing the capacity of the Government to effectively accommodate and integrate the refugee population will serve to ensure

the sustainability of the response and associated support, as well as peaceful co-existence between the refugee population and host communities. Engagement with refugee-hosting communities, particularly through community development councils, shuras, and civil society organisations to promote inclusion and participation, especially of youth, girls and women, and to support development through a whole-of-community approach, will be central.

Cost

The total cost of multi-sector response to refugees is \$18 million. This includes \$5 million for food and livelihoods assistance; \$271,000 for nutrition services, \$4.3 million for emergency shelter and NFI assistance; \$1 million for WASH; \$3 million for Protection; \$2.5 million for Health; and \$1.9 million for EiE. This chapter represents an extracted summary of refugee responses which are also costed in the relevant clusters' requirements. While they appear in two different places in the HRP, it should be noted that these costs are only included in the overall HRP requirement once.

Monitoring

Sector-specific responses to refugees will be tracked based on each cluster's monitoring tools and reported on via ReportHub under each sector. Protection actors will continue to regularly visit communities hosting refugees and meet with local government officials as well as refugee elders. Protection monitoring will continue to inform evolving and emerging protection needs and highlight any gaps in the response. Common feedback mechanisms such as Awaaz will also help actors on the ground to better understand how people perceive the response and facilitate prompt identification of emerging needs.

Contact

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Part 5:

Annexes

HIRAT, AFGHANISTAN

A young girl plays at an IOM-managed Transit Centre for Afghan nationals who have returned from Iran. Photo: OCHA/Linda Tom



5.1

Participating Organisations








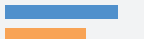








SECTOR	PARTICIPATING ORGANISATIONS	COUNT
Education in Emergencies	ACTED, AWEC, BEST, BRAC, CARE, COAR, CRS, CWW, ECW, IRC, IRW, MPO, NRC, OHW, SCA, SCI, SVA, TLO, UNICEF, WADAN, WCC, WVA	22
Emergency Shelter and NFI	AAH, ACTED, ADA, AFGHANAID, AKAH, ANDMA, ARCS, BDN, BVWQ, CARE, CARITAS-G, COAR, CORDAID, CRDSA, CWW, DAARTT, DHS, DRC, HRDO, HRRHAC, IMC, IOM, IRC, IRW, ME, MRRD, NCRO, NERDO, NRC, OHW, ORD, OXFAM, PIN, PU-AMI, RRAA, SCI, SHPOUL, UNHCR, UNICEF, WAW, WHH, ZOA	42
Food Security and Livelihoods	AAH, ACTED, ACTIONAID, ADA, AFGHANAID, AHDA, AKAH, AMRAN, ANCC, AOAD, APWDO, ARDHO, AREA, AWRO, BRAC, CAHPO, CARE, CARITAS-G, CHA, CORDAID, CRDSA, CRS, CWSA, CWW, DACAAR, DCA, DRC, ECW, FAO, FGA, FRDO, GAALO, GWO, HHAQ, HOSAA, HRDA, ICRC, IRC, IRW, KRO, ME, MEDAIR, MHI, MSSAA, MWA, NAC, NCA, NCRO, NEI, NRC, OCHR, OHW, ORCD, ORD, OSCEW, OXFAM, PACO, PIN, PRB, RAADA, RCDC, RI, RRAA, SCI, SFL, SHPOUL, SOFAR, STARS, WCC, WFP, WHH, WSTA, WVI, ZOA	74
Health	AADA, AAH, ACF, ACTD, ACTED, AFGA, AHDA, AHDS, AHEAD, AKHS, ARAA, ASCHIANA, AVDA, AYSO, BARAN, BDN, CARE, CARITAS-G, CORDAID, CRS, DAQ, DRC, EMERGENCY, HADAF, HELP, HEWAD, HI, HN-TPO, HRRAC, IMC, INTERSOS, IOM, IRC, IRW, JACK, JUH, MADERA, MOVE, MRCA, MSF, NRC, OHPM, OHW, ORCD, ORD, OXFAM, PU-AMI, RAADA, SAF, SCA, SCI, SDO, SHUHADA, TDH, UA, UNFPA, UNHABITAT, UNHCR, UNICEF, WADAN, WASSA, WHO, WVI, YHDO, ZOA	65
Nutrition	AADA, AAH, ACBAR, ACTION, AFD, AFSEN, AHDS, AIL, AORSS, ARCS, ARDHO, AWERDO, AWRO, BARAN, BDN, CAF, CARE, CWW, FEWS NET, GAC, GHQ, HADAA, HN-TPO, HRRAC, IFRC, IMMAP, INTERSOS, IRC, JACK, MEDAIR, MOVE, MRCA, MSF, OHPM, ORCD, PU-AMI, RI, SAF, SCI, SHDP, SWRO, UNICEF, WFP, WHH, WHO, WVI	46
Protection	AABRAR, AAH, ACTIONAID, ADWSO, AFGA, AOAD, APA, AREA, ASCHIANA, ATC, AWEC, BEST, CARE, CARITAS-G, CHA, CIC, CORDAID, CRDSA, CRSDA, DAFA, DDG, DRC, ECW, ETCPGWA, FSD, HADAA, HALO, HI, HN TPO, HRDA, HRRAC, HTAC, IMC, INTERSOS, IOM, IPSO, IRC, IRW, JIA, MA, MCPA, MDC, MOLSA, MWA, NRC, OHW, OMAR, ORD, OXFAM, PU-AMI, RI, RSSAQ, SCI, SHAO, TABISH, TACT, TAF, TDH, UN-HABITAT, UNHCR, UNICEF, VOPOFA, WADAN, WAW, WC-C, WC-UK, WHH, WSTA, WVI, WW, YHDO, ZOA	72
Water, Sanitation and Hygiene	AAH, ACTED, ACTIONAID, AKAH, CARE, CARITAS-G, COAR, CORDAID, CRDSA, CRS, CWW, DACAAR, ECW, HAPA, HHAQ, IMC, INTERSOS, IRC, ME, MEDAIR, MERCYCOPRS, MHI, MRRD, NCA, NERU, NRC, OCHR, ORD, OXFAM, PU-AMI, UNHCR, UNICEF, VWO, WHH, WHO, WVI, ZOA	37








5.2

Planning Figures by Sector and by Geography

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
18.4M	15.7M	\$1.3B	162






By sector

SECTOR/MULTI-SECTOR	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
 Education in Emergencies	2.6M	1.0M		84.5M	22
 Emergency Shelter and NFI	6.6M	1.0M		109.2M	42
 Food Security and Agriculture	17.6M	14.2M		553.9M	74
 Health	14.5M	10.3M		169.0M	65
 Nutrition	5.4M	2.6M		120.7M	46
 Protection	12.8M	4.0M		114.6M	72
 Water, Sanitation and Hygiene	8.8M	3.6M		93.7M	37
 Aviation	-	-		19.7M	
 Coordination	-	-		16.5M	

	PLANNED REACH	BY GENDER (%) FEMALE MALE	<div><div>FEMALE</div><div>MALE</div></div>	BY AGE (%) CHILDREN ADULTS ELDERLY		WITH DISABILITY	IDPS	RETUR-NEES	SHOCK-AFFECTED	VUL. PEOPLE	REFU-GEES
	1.0M	40 60	<div><div></div><div></div></div>	100 0 0	<div><div></div><div></div><div></div></div>	4%	0.17M	0.15M	0.07M	0.63M	0.024M
	1.0M	57 43	<div><div></div><div></div></div>	51 49 0	<div><div></div><div></div><div></div></div>	9%	0.23M	0.21M	0.16M	0.37M	0.032M
	14.2M	51 49	<div><div></div><div></div></div>	54 43 3	<div><div></div><div></div><div></div></div>	8%	0.45M	0.19M	0.16M	13.3M	0.072M
	10.3M	52 48	<div><div></div><div></div></div>	52 45 3	<div><div></div><div></div><div></div></div>	8%	0.27M	0.27M	0.58M	9.16M	0.025M
	2.6M	33 67	<div><div></div><div></div></div>	64 34 2	<div><div></div><div></div><div></div></div>	7%	0.07M	-	0.03M	2.53M	0.005M
	4.0M	53 47	<div><div></div><div></div></div>	47 50 3	<div><div></div><div></div><div></div></div>	9%	0.15M	0.71M	0.18M	2.91M	0.018M
	3.6M	56 44	<div><div></div><div></div></div>	49 48 3	<div><div></div><div></div><div></div></div>	9%	0.26M	0.56M	0.24M	2.50M	0.039M

By geography

PROVINCE	TOTAL POPULATION	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
Badakhshan	1.4M	0.8M	0.8M		55.4M 	31
Badghis	0.7M	0.4M	0.5M		36.4M 	21
Baghlan	1.3M	0.4M	0.3M		28.2M 	32
Balkh	1.9M	1.0M	0.7M		60.7M 	37
Bamyan	0.6M	0.3M	0.2M		18.2M 	26
Daykundi	0.7M	0.4M	0.4M		24.7M 	21
Farah	0.7M	0.4M	0.3M		24.6M 	23
Faryab	1.4M	0.9M	0.7M		59.3M 	29
Ghazni	1.8M	0.7M	0.4M		37.7M 	17
Ghor	1.0M	0.6M	0.6M		47.0M 	26
Hilmand	1.9M	1.1M	0.7M		67.8M 	31
Hirat	2.8M	1.5M	1.5M		122.0M 	45
Jawzjan	0.8M	0.5M	0.4M		30.7M 	23
Kabul	6.7M	2.4M	2.4M		125.3M 	38
Kandahar	1.8M	0.8M	0.6M		49.7M 	45
Kapisa	0.6M	0.2M	0.1M		11.5M 	10
Khost	0.8M	0.3M	0.2M		20.6M 	19
Kunar	0.6M	0.3M	0.3M		27.0M 	35
Kunduz	1.5M	0.5M	0.3M		31.1M 	37
Laghman	0.6M	0.3M	0.2M		21.5M 	28
Logar	0.6M	0.2M	0.2M		15.2M 	16
Nangarhar	2.2M	1.1M	1.0M		90.1M 	55
Nimroz	0.2M	0.4M	0.4M		30.3M 	29
Nuristan	0.2M	0.1M	0.1M		8.0M 	13
Paktika	1.0M	0.3M	0.2M		19.8M 	13
Paktya	0.8M	0.2M	0.2M		17.8M 	16
Panjsher	0.2M	0.1M	0.0M		3.9M 	6
Parwan	0.9M	0.3M	0.2M		13.7M 	10
Samangan	0.6M	0.3M	0.3M		24.6M 	13
Sar-e-Pul	0.8M	0.4M	0.3M		25.0M 	19
Takhar	1.4M	0.6M	0.4M		37.2M 	35
Uruzgan	0.6M	0.3M	0.3M		21.8M 	30
Wardak	0.9M	0.4M	0.3M		23.3M 	15
Zabul	0.5M	0.2M	0.2M		15.6M 	20

PROVINCE	PLANNED REACH	BY GENDER (%) FEMALE MALE	 FEMALE  MALE	BY AGE (%) CHILDREN ADULTS ELDERLY	 CHILDREN  ADULTS  ELDERLY	WITH DISABILITY	IDPS	RETUR-NEES	SHOCK-AFFECTED	VUL. PEOPLE	REFU-GEES
Badakhshan	0.8M	48 52	 	54 44 3	  	8.3%	24K	8K	22K	746K	-
Badghis	0.5M	48 52	 	53 45 3	  	8.4%	19K	12K	37K	389K	-
Baghlan	0.3M	48 52	 	53 44 3	  	8.3%	38K	14K	15K	251K	-
Balkh	0.7M	48 52	 	53 44 3	  	8.4%	33K	13K	44K	624K	-
Bamyan	0.2M	48 52	 	53 44 3	  	8.4%	2K	4K	7K	228K	-
Daykundi	0.4M	48 52	 	53 44 3	  	8.4%	1K	7K	12K	366K	-
Farah	0.3M	46 54	 	51 46 3	  	8.6%	17K	17K	33K	208K	-
Faryab	0.7M	47 53	 	53 44 3	  	8.4%	33K	25K	37K	570K	-
Ghazni	0.4M	47 53	 	51 46 3	  	8.6%	3K	7K	45K	391K	-
Ghor	0.6M	48 52	 	53 44 3	  	8.4%	12K	21K	13K	591K	-
Hilmand	0.7M	48 52	 	53 44 3	  	8.4%	8K	9K	44K	653K	-
Hirat	1.5M	41 59	 	46 51 3	  	9.1%	10K	380K	43K	1.1M	-
Jawzjan	0.4M	48 52	 	53 44 3	  	8.4%	8K	7K	23K	367K	-
Kabul	2.4M	49 51	 	54 44 3	  	8.3%	6K	41K	42K	2.3M	0.2K
Kandahar	0.6M	49 51	 	53 44 3	  	8.3%	8K	26K	30K	533K	-
Kapisa	0.1M	48 52	 	52 45 3	  	8.5%	2K	3K	8K	110K	-
Khost	0.2M	49 51	 	54 43 3	  	8.3%	4K	1K	7K	184K	36K
Kunar	0.3M	49 51	 	54 43 3	  	8.3%	31K	2K	14K	278K	-
Kunduz	0.3M	47 53	 	53 44 3	  	8.4%	36K	22K	10K	272K	-
Laghman	0.2M	48 52	 	53 44 3	  	8.4%	4K	4K	10K	192K	-
Logar	0.2M	48 52	 	53 44 3	  	8.4%	1K	4K	8K	147K	-
Nangarhar	1.0M	49 51	 	54 43 3	  	8.3%	36K	32K	24K	934K	-
Nimroz	0.4M	26 74	 	33 63 4	  	10.5%	2K	250K	5K	104K	-
Nuristan	0.1M	49 51	 	53 44 3	  	8.3%	1K	-	4K	91K	-
Paktika	0.2M	49 51	 	54 43 3	  	8.3%	4K	1K	7K	191K	36K
Paktya	0.2M	49 51	 	53 44 3	  	8.4%	2K	3K	10K	202K	-
Panjsher	0.0M	53 47	 	47 50 3	  	9.0%	1K	0K	4K	39K	-
Parwan	0.2M	48 52	 	52 45 3	  	8.4%	0K	4K	11K	187K	-
Samangan	0.3M	48 52	 	53 44 3	  	8.3%	4K	3K	8K	277K	-
Sar-e-Pul	0.3M	47 53	 	53 44 3	  	8.4%	15K	18K	18K	253K	-
Takhar	0.4M	47 53	 	53 44 3	  	8.4%	70K	20K	32K	314K	-
Uruzgan	0.3M	48 52	 	53 44 3	  	8.4%	5K	1K	21K	281K	-
Wardak	0.3M	49 51	 	53 44 3	  	8.3%	2K	3K	6K	285K	-
Zabul	0.2M	48 52	 	51 46 3	  	8.6%	5K	1K	24K	142K	-

5.4

Sectoral Activities and Costing

Education in Emergencies

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
MINIMUM CBE PROGRAMMING/PACKAGE			
Student kit	647,500	12	7,770,000
Classroom kits	18,500	170	3,145,000
Teachers kit	18,500	35	647,500
Hygiene kit	647,500	7	4,532,500
Text book pack	647,500	6	3,885,000
Classroom heating and cooling	18,500	130	2,405,000
Shura training	18,500	150	2,775,000
Teacher incentive	18,500	1,000	18,500,000
Teacher training	18,500	130	2,405,000
Minimum WASH for CBEs (drinking and hand washing water etc)	18,500	1,000	18,500,000
Purchase and installation of tents to be used as TLS	1,000	1,400	1,400,000
Provision of school based Child Protection activities	18,500	50	925,000
SELF-LEARNING PACKAGES			
Self-learning packages	200,000	20	4,000,000
SUPPORT TO PUBLIC SCHOOLS			
Student kit	193,577	12	2,322,925
Teacher kit	7,527	35	263,442
Hygiene kit	193,577	7	1,355,039
Text book pack	193,577	6	1,161,462
Teacher training	7,527	130	978,500
Minimum WASH for Schools (drinking and hand washing water, disinfection etc)	2,500	2,500	6,250,000
Capacity building trainings and orientation to the Government (MoE, PEDs, DEDs...)	500	500	250,000
Provision of school based Child Protection (CP) activities	10,000	100	1,000,000
Total	1M	\$81	\$84.5M

Emergency Shelter and NFI

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
Emergency shelter assistance (cash-for-rent)	167,476	293	6,998,113
Emergency shelter kit (tent + 2 pcs of plastic tarpaulin)	116,382	500.	8,312,984
Support to construct transitional shelter	119,419	1,625	27,722,204
Shelter repair/reconstruction	321,279	390	17,899,839
Shelter repair (reconstruction toolkit)	321,279	65	2,983,307
Non-food items assistance	943,631	137	18,400,807
Assistance to cover winterisation needs	725,050	260	26,930,429
Total	1M	\$109	\$109.2M

Food Security and Agriculture

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	DURATION (MONTHS)	TOTAL COST (US\$)
FOOD SECURITY				
Food assistance to IDPs	450,000	19	3	25,650,000
Food assistance to returnees	192,300	19	4	14,614,800
Food assistance to people affected by sudden-onset natural disasters	160,000	19	2	6,080,000
Food assistance to refugees	72,065	10	6	4,323,900
Food assistance to COVID-19-affected people	3,248,637	10	2	64,972,740
Seasonal support to vulnerable people with humanitarian needs	7,730,333	10	4	309,213,306
LIVELIHOODS				
Livelihoods support to IDPs	80,000	35	1	2,800,000
Livelihoods support to people affected by sudden-onset natural disasters	160,000	20	1	3,200,000
Seasonal support	2,513,449	20	1	50,268,987
Asset creation	600,000	20	6	72,000,000
ASSESSMENT AND COORDINATION				
Assessment cost for SFSA				200,000
Cluster coordination cost				550,000
Total	14.2M	\$39		\$553.9M

Health

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
Support risk communication activities to ensure clear messaging on COVID-19 and maintaining essential health services	3,000,000	3	9,000,000
Strengthen surveillance systems for early detection, isolation and confirmation of suspected cases; ensure rapid detection and confirmation of suspected cases for immediate isolation and treatment of confirmed disease; support rapid response teams and provide technical guidance at all levels	1,500,000	10	15,000,000
Support of health and other teams for screening at Points of Entry (PoE), ground crossings and airports	315,908	20	6,318,160
Support the expansion of diagnostic facilities for COVID-19 confirmatory testing at national and sub-national levels	150,000	50	7,500,000
Support infection prevention and control (IPC) at identified health facilities, isolation centres and designated PoE including the provision of PPE; IPC training of health workers, support staff, cleaners and ambulance staff in designated health facilities and isolation centres	300,000	30	9,000,000
Support and equip isolation wards/ICUs in the designated national, regional and provincial hospitals; ensure availability of stockpiles of PPE and consumables	194,403	30	5,832,090
Strengthen health facilities for better preparedness and more effective response; expand services to underserved and HTR areas through MHTs and contribute to improved surveillance and response to any outbreaks	2,000,000	35	70,000,000
Establish trauma care facilities in conflict affected provinces; provide physical rehabilitation, equipment, training and human resource support	331,549	80	26,523,920
Improve blood banks at district level including equipment and training	157,096	40	6,283,840
Provide equipment, infrastructure and human resource support in physiotherapy, rehabilitation and prosthesis for war-related trauma	187,069	25	4,676,725
Provide psychosocial support for shock-affected people	184,242	20	3,684,840
Procure emergency trauma kits	20	11,845	236,900
Procure basic inter-agency emergency health kits	250	621	155,250
Procure supplementary inter-agency emergency health kits	100	7,116	711,600
Procure Cholera and Pneumonia kits	50	4,656	232,800
Improve hospital waste management and infection control	1	40,000	40,000
Fill vaccination gaps for U5 children	254,532	15	3,817,980
Total	10.3M	\$16	\$169M

Nutrition

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
Outpatient Treatment of SAM for children 0-59 months	400,000	101	40,399,997
Inpatient Treatment of SAM for children 0-59 months	44,000	129	5,676,000
Treatment of MAM children 6-59 months	759,277	36	27,333,987
Targeted Supplementary Feeding program for PLW	294,229	69	20,301,770
BSFP for children 6-59 months affected by emergency	177,090	30	5,312,711
Micronutrient supplementation to children 6-59 months affected by emergency	527,408	2	1,054,817
Infant and Young Child Feeding services in Emergency (IYCF-E)	443,711	15	6,655,659
Provide appropriate counselling on MIYCN to mothers of children U5 at risk of acute malnutrition	210,296	15	3,154,439
BSFP for PLW affected by emergency	112,853	37	4,175,569
Train nutrition service providers on promotion of maternal and child caring practices and orientation on IPC and programmatic adaptations on wasting management and IYCF	1,300	125	162,500
Conduct provincial nutrition surveys using adapted survey methodology for nutrition surveillance and monitoring during COVID-19 in Afghanistan	20	25,000	500,000
Maintain and strengthen cluster coordination mechanism at sub-national and national level			700,000
Total	2.6M	\$46	\$120.7M

Protection

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
GENERAL PROTECTION			
Provision of Individual Protection Assistance (IPA): In-kind and emergency cash assistance	110,000	150	16,500,000
Provision of Cash for Protection (COVID-19 cash aligned on MEB)	21,000	195	585,000
PSN identification and referrals	15,000	14	210,000
Provision of Legal Counselling and Assistance (Identity and Civil documentation)	30,000	30	900,000
Provision of PSS assistance	300,000	30	9,000,000
Anti/counter Trafficking	7,000	285	2,000,000
Protection Monitoring	600,000	10	6,000,000
Community-based protection activities	2,000,000	4	8,000,000

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CHILD PROTECTION			
Provision of structured PSS for girls and boys in Child Friendly Spaces (CFS)	325,000	10	3,250,000
Provision of awareness and positive parenting sessions to parents and caregivers to support their children's psychosocial wellbeing	100,000	5	500,000
Provision of PSS for girls and boys with alternative modalities including home based and outdoor smaller groups and community-based activities	75,000	3	225,000
Community-based awareness raising on child protection issues and wellbeing messaging and support community capacity building on these topics (parents/ community members)	700,000	3	2,100,000
Capacity building and mentoring of child protection workers on the norms and standards of child protection and to adapt new tools and working modalities, including PSS, Caring for Child Survivors (CS) of SGBV Case Management, Psychosocial First Aid (PFA), and COVID-19 messages (social workers, case workers, authorities, staff members)	2,500	75	187,500
Provision of social reintegration and life skills assistance to children and youth who have suffered from grave child rights violations (including former CAAC)	2,000	175	350,000
Provision of education reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC)	5,000	100	500,000
Provision of economic reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC)	3,000	800	2,400,000
Strengthening the monitoring and reporting system on grave violations, including capacity building of service providers and other stakeholders	500	75	37,500
Strengthen community based systems and structures to prevent grave child rights violations	15,000	10	150,000
Establish adolescent-friendly centres (adolescent Social Hubs & Girl-Friendly facilities) to provide life skills and new generation skills (Computer skills, Internet, use of Social media etc.)	50,000	102	5,100,000
Establish adolescent clubs (boys and girls clubs) in the community for peer-to-peer support	10,000	102	1,020,000
Develop contextual adolescents Life Skills Module and build capacity of social workers and adolescent facilitators on the module.			55,000
Identification, registration, referrals, facilitation of access to services, and follow up of case management services in line with the Afghanistan SOP for Case Management	15,000	30	450,000
Provision of cash as a component of the Case Management services	5,000	70	350,000
Set up the Inter-agency CPIMS+ to improve Case Management service delivery, mitigate risks and support data protection safeguarding and accountability, including offline modes and translated versions.			350,000
Providing Unaccompanied and Separated Children (USAS) with interim family-based care or other suitable interim alternative care arrangements	3,000	200	600,000

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
Provision of GBV response to child survivors and children in risk of gender-based and sexual abuse, including child marriage	3,000	150	450,000
Provision of Family Tracing and Reunification (FRT) services to UASC	5,000	116	580,000
GENDER-BASED VIOLENCE			
Provision of life-saving information on services available, updated referral pathways and meaningful inclusion of diverse women and girls.	434,142	4	1,671,446
Provision of quality GBV prevention and empowerment programming, including through specialised curricula (both static and mobile modalities), gender responsive livelihoods activities and meaningful inclusion of diverse populations.	430,711	45	19,295,866
Comprehensive, inclusive and specialised GBV response services including; case management, PSS, legal services, as well as mental health and reproductive health and rights services (incl. CMR). This should include both static and mobile modalities and incorporate both rural and hard to reach locations.	517,199	34	17,584,772
Capacity building of frontline GBV actors and service providers to ensure safe meaningful access to life-saving GBV services.	17,948	9	163,500
MINE ACTION			
Land clearance of known explosive hazards	289,395	19	5,498,505
Provision of behavioural change-focused EORE programmes to vulnerable people	950,261	2	1,900,522
Conflict-affected people benefit from EODI and survey activities	362,848	5	1,814,240
HOUSING, PROPERTY AND LAND			
Information Sharing on HLP, durable solutions, legal identity	236,500	9	2,128,500
Counselling on HLP, legal identity	23,000	13	299,000
Legal Assistance on HLP, legal identity	39,000	26	1,014,000
Capacity Building for duty-bearers	3,560	40	142,400
Land identification, allocation	30,000	40	1,200,000
Total	4M	\$29	\$114.6M

Water, Sanitation and Hygiene

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
Provision of safe drinking water, including by water trucking (where critically necessary), handpump and well construction, and or provision of water purification to the population in need	648,138	25	16,041,409
Provision of gender-appropriate emergency latrines and bathrooms to protect the health and dignity of the affected population	312,228	20	6,353,839
Reach affected people with safe hygiene messages focusing on proper handwashing with soap at critical times and safe water chain	3,457,647	10	34,230,707
Sufficient quantity of WASH NFIs are pre-positioned (Family Hygiene Kits, Family Water Kits, storage tanks, water purification tablets and bathroom and latrine kits) in line with ICCT pipeline stock strategy and Cluster Contingency Plan	1,020,174	7	6,733,148
Provide appropriate emergency WASH facilities in TLS, CFS and schools supporting affected children and WASH facilities in health centres and child feeding centres supporting the emergency affected population	200,136	25	5,003,402
Carry out rapid needs assessment of affected people and communities to determine the need for further analysis	1,799,114	3	4,497,786
Undertake the in-depth needs assessment of affected population to identify specific WASH needs and plan response	1,199,410	4	4,197,934
Coordination, workshops or sessions with MRRD and partners on WASH in Emergency Guidelines and EP&R/COVID-19 Lessons Learned			260,000
Provision of safe drinking water, through rehabilitation, upgrading, extension of water supply infrastructures (solar operated networks, gravity fed networks, etc)	421,795	32	13,687,239
Provision of improved sanitation facilities and improvement of existing community sanitation facilities	107,916	25	2,670,928
Total	3.6M	\$23	\$93.7M

5.5

What If We Fail To Respond or Mobilise Enough Resources?

Despite escalating conflict and the added burden of the COVID-19 pandemic which continues to challenge the response, humanitarian partners in Afghanistan have been able to sustain their far-reaching presence across the country. Humanitarian partners have demonstrated their capacity to scale-up assistance and flexibly adapt to new delivery modalities in line with the new reality that requires caution in undertaking face-to-face and large group-based response activities.

An ICCT capacity analysis in late 2020 demonstrated scope for even further scale-up. However, underfunding continues to curtail partners' ability to deliver a meaningful package of response, despite the substantial increase in needs. Often, humanitarian partners have had to prioritise low-cost activities that are life-saving and critical but do not offer the required depth of relief or contribute to people's overall wellbeing and dignified living standards without an accompanying package of costlier durable assistance. As a result, there has been a regression in

health conditions over 2020 and many are left needing continued support to survive. People's inability to recover in 2020 also meant that they had intensifying vulnerabilities with every shock and that many have been forced to adopt negative coping mechanisms, including life-threatening and sometimes irreversible sale of assets affecting future independence.

This section outlines the consequences of underfunding and how each cluster will triage its planned response activities at different funding levels - a quarter, half and three quarters of requirements.

Seasonal needs requiring time-sensitive funding disbursements to mitigate against predictable climate-related access challenges and logistics constraints are also discussed. Timely replenishment of critical commodity pipelines and early pre-positioning remains critical to avert delayed response which will have life-threatening consequences if critical delivery windows are missed, ultimately requiring a costlier response to later address the deteriorated needs.

Education in Emergencies

Failure to Respond

Investing in education in emergencies is an investment in children's psychological wellbeing and their future. Schools and CBEs offer crisis-affected children safe and protective environments and also give better access to life-saving services and messaging. When education is interrupted or denied, children's safety and mental health are placed at grave risk. School-age children who have access to education are less vulnerable to recruitment by

parties to the conflict, trafficking and abusive work. Failure to provide education in a timely manner results in increased protection risks, perpetuates the vicious cycle of violence and poverty and increases inequalities, especially for girls.

Without adequate support to ensure children continue education through winter and without provision of WASH options in schools that reassures parents that they can safely send their children to school

amid COVID-19, the education interruption period will be prolonged, potentially leading to permanent drop-outs. Already, evidence shows that households in remote and HTR areas, where children's right to education is less institutionalised, have been slower to re-enrol children in schooling, as COVID-19 may have precipitated child labour and other forms of exploitation during the closure period.¹²⁹

Children without access to education in their early years will miss out on the critical early childhood development window. Contemporary research has shown that the investment in early education – particularly among disadvantaged children – improves not only cognitive abilities, but also critical behavioural traits like sociability, motivation and self-esteem.¹³⁰ In the future, this limits their earning potential and economic contribution, as well as their quality of life. For a child, each completed school year is associated with an average of about 10 per cent higher income in many countries.¹³¹ Adequate funding for complementary humanitarian and development education initiatives is critical to ensuring children can transition from emergency education to formal schools which offer sustainable pathways to higher or tertiary education.

Triaging response in the event of underfunding

As reflected in the sector overview, the EiE response for 2021 is divided into three components: (1) supporting vulnerable children to safely access education through CBE; (2) supporting children in HTR and inaccessible areas through the deployment of self-learning modalities; and (3) supporting vulnerable children in hub schools.

If the EiEWG receives 75 per cent (\$63 million) of the required funding, partners will reduce the number of children reached with each category of EiE assistance. This means that an additional 260,000 children will be out of school and unassisted.

If only 50 per cent (\$42 million) of the required funding is secured, then the EiEWG will focus on the CBE and self-learning components of the response and will leave some 520,000 children out of school and unassisted.

If only 25 per cent (\$21 million) of the required funding is secured, then all the funding will go to ensuring vulnerable children have access to education through the CBE modalities alone, leaving some 760,000 children without support to access education. CBEs usually run from until grade six, and do not offer long-term learning opportunities required by children but they do create immediate safe spaces where learning can continue despite the difficult situations their families are living in.

Reduced funding for EiE will ultimately increase the number of out-of-school children in Afghanistan, thereby increasing their vulnerability and perpetuating the vicious cycle of poverty, conflict and abuse.

Seasonal or intermittent needs

The last four months of 2020 saw a continued escalation of the conflict and the ICCT common scenario analysis projected that this will continue into 2021. This undoubtedly affects children's access to education as students and their teachers are often forced to flee in search of safety and can no longer attend their local school. Though difficult to predict when fresh waves of fighting and the corresponding displacements will occur, it is critical that the EiEWG is ready to respond during the traditional spring fighting season to get children back into safe and protective learning environments, especially during displacement. The longer children stay away from school following displacement, the less likely they are to return to learning.

The harsh winter also creates challenges for the education system in Afghanistan. Funding needs to be available for children to continue with their education during the winter which can last for three to four months, starting in November. Winter requirements include heating for classrooms (wood and stoves) and winter clothes for children. Funding must be received in time to allow pre-positioning of supplies. Failure to plan and respond to the climate will further challenge the ability of children to access schooling during these months, extending the period of learning loss due to COVID-19 in 2020, and increasing the risk of permanent dropouts.

Emergency Shelter and NFI

Failure to Respond

Poor shelter, lack of winter heating and clothing, and other household items leaves millions of people vulnerable to disease, protection threats and preventable mortality. Failure to improve shelter conditions and access to essential household items, particularly for those who are newly displaced or are residing in informal settlements, means that people will be left to live in open spaces, risking their lives. It would also mean that people are forced to live with limited or no privacy and in conditions that lack dignity, exposing vulnerable groups – women, children, people with disability and the elderly – to protection risks and heightened chances of COVID-19 and other disease transmission. Furthermore, failure to invest in transitional shelter will have ongoing financial implications for the humanitarian response in Afghanistan. A one-off additional investment of \$19 per person to provide transitional shelter (lasting two to five years) would save \$59 every year for each emergency shelter beneficiary.

Triaging of response in the event of underfunding

Affected people report shelter to be their second highest priority need after food.¹³² In 2018 and 2019, only 10 and 3 per cent respectively, of the people reached through ES-NFI assistance received transitional shelter support including shelter repair or upgrades. Funding towards transitional shelter responses has remained sub-optimal, with most of the funding towards the Cluster earmarked for less expensive, short-term emergency responses. This leaves many people without access to adequate shelter, unable to contribute to their own recovery and leaving them in a position where they continue to require annual winterisation support.

If 75 per cent (\$82 million) of the required funding is received, the ES-NFI Cluster will prioritise the provision of emergency, transitional shelter and NFIs to geographic locations with catastrophic, extreme or severe ES-NFI needs across all 34 provinces. This means that some 250,000 people, including newly

displaced and non-displaced people, cross-border returnees, refugees and acutely vulnerable people will miss out on critical lifesaving assistance and will be unable to contribute to their own recovery.

If 50 per cent (\$55 million) of the required funding is received, the ES-NFI Cluster will prioritise the provision of only life-saving assistance – emergency shelter and NFIs – to affected people, in 30 priority provinces reaching those with catastrophic or extreme ES-NFI needs. As a result, almost 500,000 people will miss out not only on critical lifesaving assistance but also access to transitional shelter, leaving them unable to fully recover and in need of annual winterisation support to survive.

If only 25 per cent (\$27 million) of the required funding is received, the ES-NFI Cluster will prioritise the provision of just life-saving assistance – emergency shelter and NFIs to affected people – in only 5 priority provinces reaching those with catastrophic ES-NFI needs including people located in high altitude provinces with the most severe winter. As a result, almost 750,000 people will not have access to life-saving emergency shelter, NFI and seasonal assistance leaving them vulnerable to diseases, including respiratory infections, and putting them at risk of preventable mortality.

Seasonal or intermittent needs

People who have been displaced multiple times are acutely vulnerable due to their depleted financial and emotional reserves. Poor shelter, lack of winter clothing, and other household items leave people vulnerable to disease and unable to cope with Afghanistan's harsh climate, where average monthly temperatures can reach as low as -12.1 degrees centigrade between November and March. Each year, freezing winter temperatures, especially in high altitude locations, drive the need for life-saving winter assistance as existing shelters do not protect people from the cold. The majority of affected people do not

have the financial capability to purchase fuel and heaters, winter clothes and blankets.

According to the 2020 WoA Assessment, more than 61 per cent of displaced household report reducing money spent for food and other expenditures such as healthcare to survive the winter. Approximately 68 per cent of displaced households report borrowing money or going into debt during the winter.¹³³ The lack of warm clothing, insulation and heating heightens the risk of respiratory infections, hypothermia and preventable mortality, especially among children and the elderly. Equally, household air pollution is

particularly acute during the winter with more than 28 per cent of IDPs using waste (paper, plastic, cardboard, etc.), as their primary source of energy for heating.¹³⁴ Women and children are at particular risk of exposure as they stay at home more than men.¹³⁵ Similarly, a staggering 61 per cent of IDPs report possession of less than one blanket per member and 55 per cent displaced households report having no winter clothes for all children.¹³⁶ For the 2021 portion of the 2020-2021 winter season, \$48 million is needed to address seasonal winter needs for more than 725,000 people to enable them to cope with the harsh winter conditions.

Food Security and Agriculture

Failure to Respond

People cannot survive without food. Without timely food assistance, the most vulnerable risk a deterioration of their wellbeing and nutritional health. In order to survive, they are often driven to adopt negative coping mechanisms that include heavy debt, child labour and early forced marriage.¹³⁷ Food is the most common reason for people to borrow money.¹³⁸ Each passing day without delivering food aid has physical, emotional and cost implications for families that are struggling to cope. Providing food assistance through supplementation in the short-term is cheaper than responding in the longer-term to SAM – a life-threatening condition requiring additional specialised nutrition commodities and medicines to avert death and stunting, and a condition with lifelong health and cognitive implications.

The proportion of households living with an 'emergency' LCSi score has increased from 16 per cent in 2019 to 42 per cent in 2020.¹³⁹ This means that two in five people are employing the most severe category of coping mechanisms – such as selling land – which not only affects future productivity but is more difficult to reverse in the future, trapping people in long-term poverty. This is particularly concerning as none of the population groups of the HRP had a net positive income in 2020. Without

timely livelihoods assistance, smallholder farming households and share-croppers consume their limited seed stocks instead of cultivating and selling their livestock and other productive assets, creating new waves of additional urgent food insecurity before the next harvest.

Triaging of response in the event of underfunding

The priority for FSAC continues to be urgent life-saving activities under S01 of the HRP - providing urgent food assistance and livelihood inputs. The phased support to the various population groups such as vocational skills trainings to IDPs and certified seed support to people in IPC 3 and 4 food insecurity is necessary to safeguard human lives and ensure survival in 2021. Afghanistan already has the second highest number of people in emergency food insecurity in the world (5.5 million people). Underfunding in 2021 is likely to see this figure increase as people progressively move into more serious phases of food insecurity. While all activities are part of a complementary ecosystem of support and have an important role to play in safeguarding people's access to the minimum kilo-calorie intake required to sustain their survival, underfunding may force the Cluster to triage its assistance in order of the urgency below.

If \$415 million or 75 per cent of required funding is received, seasonal agriculture inputs and livestock support will not be extended, meaning 3.5 million people will miss out on assistance. This means that vulnerable host communities, IDPs and returnees will fail to re-start agriculture and livestock activities, they are likely to adopt negative and unsustainable coping strategies and will remain dependent on humanitarian assistance for longer.

If \$276 million or 50 per cent of required funding is received, the time-critical life-saving food and livelihood needs of targeted groups during winter and peak hunger season activities will not be addressed, meaning 7.1 million people will miss out on assistance when they need it the most. This means that people affected by multiple shocks, including conflict and natural disasters, will not be able to meet their minimum food needs and will struggle to survive. Some may see a slide into a state of acute malnutrition – a health condition requiring specialised foods and treatment to avert death.

If \$138 million or 25 per cent of required funding is received, timely food and livelihoods support will not be extended to all people under the acutely vulnerable category. This means 10.6 million people will miss out on assistance. The consequences of this will be the number of food insecure people will significantly increase resulting in large-scale malnutrition,

morbidity and mortality. Negative coping mechanisms, including asset depletion, will further affect people's ability to recover and trap them into a prolonged cycle of struggle for survival.

Seasonal or intermittent needs

Timely and seasonally-aligned provision of agricultural assistance through seeds during the winter planting window is critical to reducing food insecurity for the upcoming year. Failure to provide seeds and livelihoods assistance ahead of this critical period means that people will have to wait until the next planting cycle, in some cases up to one more year, which inadvertently means that they will have to rely on costly external emergency food assistance to survive, generating additional and avoidable costs for donors in the long-term. Early funding is crucial for the effectiveness and timeliness of emergency food and livelihoods responses, especially during the winter avalanche and spring flooding seasons. It is important that funding be flexible and responsive in line with the bi-annual IPC analysis that provides up to date information on the food security situation of Afghan households in both the lean season and the post-harvest period. Lastly, funding should also be sufficiently responsive and anticipatory to address the forecast La Niña conditions that indicate drier than usual weather in Afghanistan during the winter - November 2020 to March 2021.

Health

Failure to Respond

Health projects that people in need will each require two medical consultations/procedures per year, meaning that continuation of timely life-saving health services is critical. With scenario analyses showing a bleak outlook for 2021, it is expected that injuries through conflict will increase. Without timely treatment being funded and available, hundreds of thousands of people may die or attain life-long impairments. More than 500,000 babies will require routine immunisation and an additional 320,000

children under 12 months old who were not fully immunised in 2020 will require supplementary immunisation. Without receiving these essential vaccines, children will be susceptible to severe health complications, recurring diseases and impaired growth. With Afghanistan being one of the three countries in the world where wild polio remains endemic, inability to provide vaccination means children will be exposed to the risk of polio-induced disability. Without adequate funding for Mobile Health

Teams, these will not be available in sufficient number to support delivery of COVID-19 vaccination if this becomes a reality, prolonging suffering and livelihoods interruptions. The Health Cluster is working side-by-side with the Government on its COVID-19 response and inadequate funding will affect the country's ability to fight the virus, identify cases, treat patients, train staff and provide frontline workers with PPE, further fuelling the virus' spread.

Sixteen disease outbreaks were reported across the country in 2020. While detection and response are possible through the support of humanitarian programmes, many areas remain at risk of recurring outbreaks due to under-investment in preventive measures. These have life-threatening consequences especially among children with acute malnutrition. Children with SAM must be treated differently because their physiology is abnormal¹⁴⁰ and failure to provide specialised treatment for AWD can be deadly.

Timely funding to maintain regular health activities is also critical. In 2020, suspension of health activities (through attacks on health care, COVID-19-related reduced care seeking behaviour or re-prioritisation of health response resources) affected 46 districts that had been providing over 450,000 medical consultations every month. The availability of predictable, sustainable, and flexible funding is essential to ensure the continuity of emergency health services that protect the immediate and longer-term wellbeing of Afghans.

Triaging response in the event of underfunding

In 2021, the Health Cluster response will focus on provision of life-saving health services for the most vulnerable and those who do not have access to basic support.

If \$120 million or 75 per cent of the required funding is received, the Health Cluster response will respond in all priority areas but will only be able to reach a reduced number of people and procure only three-quarters of the essential health supplies. As a result, 2.5 million people will miss out on critical health services risking avoidable morbidity and mortality.

If \$85 million or 50 per cent of required funding is received, the Health Cluster will – at a reduced scale and reach – continue to extend essential primary care, including referrals for comprehensive emergency obstetric and new-born care (BeMonc/ CeMonc), secondary trauma care and rehabilitation and integrated response for epidemic-prone communicable diseases (including diarrheal and vector diseases). However, it will only procure half of the planned essential health supplies and provide half the MHPSS services. This reduction means that some 5.5 million people will miss out on critical health services, including mental health support during one of the country's most stressful times.

If \$42 million or 25 per cent of required funding is received, the Health Cluster will have to drastically reduce its reach with essential primary health care but will keep emergency clinical packages targeting the most vulnerable displaced populations. While the Cluster will maintain its capacity to implement outbreak investigations and response for epidemic-prone diseases, it will only procure 30 per cent of essential health supplies. As a result, some 10 million women, girls, men and boys will miss out on a comprehensive package of lifesaving health assistance.

As Afghanistan continues to respond to COVID-19, attention must also be paid to maintaining the availability of essential, non-COVID health services across the country. Data from Q2 2020¹⁴¹ shows that essential service usage decreased between 20 and 48 per cent across the country. Disruption of health services for routine immunisation, communicable and non-communicable diseases has detrimental consequences on people's survival, quickly reversing gains made in health sector over past decades.

Seasonal or intermittent needs

Timely response to acute needs, including communicable diseases that arise seasonally - AWD in summer, CCHF in autumn and respiratory infections during the winter – is critical. Late funding and response to these time-bound and communicable diseases means that outbreaks will ensue, affecting

more vulnerable people and requiring increased human and financial resources to bring them under control at a later time. Furthermore, when a COVID-19 vaccine becomes available for Afghanistan, timely logistical support via MHTs, especially in HTR areas

will be critical in tackling the pandemic. Because the timeline for this provision is not yet confirmed, it is critical that MHTs are already activated and operating, so that this additional service can be additionally supplied in an integrated package.

Nutrition

Failure to Respond

A staggering almost one-in-two children under five and one-in-four PLW are suffering from acute malnutrition and are at high risk of death without the provision of treatment services to save their lives. Without timely provision of specialised foods and medical treatment, children with SAM are at a nine times higher risk of dying than their healthy peers. Children suffering from prolonged undernutrition who do survive often have a high chance of stunting, which impairs growth and can cause lifelong cognitive deficits, affecting their ability to realise their future potential. Studies¹⁴² estimate that undernourished children are at risk of losing more than 10 per cent of their lifetime earning potential, creating huge implications for national productivity and individual fulfilment. For those suffering as a result of stunting, estimates suggest their adult earning capacity may be reduced by as much as 22 per cent.¹⁴³

About seven million acutely malnourished children under five years old require timely life-saving treatment in Afghanistan. Despite a scale-up of treatment of acute malnutrition services, a significant proportion of children with acute malnutrition continue to have no access to or are missing treatment. Data on nutrition treatment provision shows a disturbing drop in people attending these services in health facilities primarily due to fear of contracting COVID-19. Missing or interrupting nutrition treatment has detrimental consequences for the health of children and women. Unless the full course of treatment is complete, patients usually regress back to an even worse state of malnutrition, especially with insufficient food intake opportunities at home. This typically means starting treatment again, but

often with higher risk of morbidity and mortality. In addition, women of reproductive age and adolescent girls affected by undernutrition suffer adverse impacts on their own health as well as, later, on the birth outcomes for their future children. Without assistance, the 720,000 PLW who are undernourished 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.

Triaging response in the event of underfunding

In 2021, the Nutrition Cluster response will focus on life-saving treatment services targeting children under five and PLW.

If \$91m or 75 per cent of the required funding is received, the Nutrition Cluster will prioritise life-saving treatment services for children under five and PLW in 27 priority provinces passing the emergency-level threshold of acute malnutrition with prevalence of aggravating factors.¹⁴⁴ As a result, more than one million people, including at nutritionally at-risk 6-59 month old children, pregnant women and mothers of children 0-23 months, will miss out on critical assistance. This means that their nutritional situation may deteriorate to MAM and further into SAM, requiring more costly, specialised tertiary hospital services with a prolonged stay to avert health complications and death.

If \$60m or 50 per cent of required funding is received, the Nutrition Cluster will prioritise life-saving treatment services only to children under five years in provinces with high levels of acute malnutrition

(based on WHO classification of wasting rate – more than 15 per cent GAM and/or ≥ 10 per cent GAM with prevalence aggravating factors) and provinces with emergency levels of food insecurity (IPC 4 and above). As a result, almost 1.3 million children under five and PLW will miss out on assistance.

If \$30m or 25 per cent of required funding is received, the Nutrition Cluster will prioritise life-saving treatment services targeting children under five years in areas of high malnutrition (referenced above) coupled with lowest coverage of nutrition services (less than 50 per cent of nutrition service coverage),¹⁴⁵ that are HTR, and impacted by conflict and internal displacement. As a result, more than 1.8 million children under five and PLW will miss out on lifesaving nutrition interventions.

SAM children who miss out on nutrition assistance are nine times more likely to die than children without malnutrition.¹⁴⁶ Malnourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. PLWs have increased nutritional requirements due to their physiological conditions – more so in Afghanistan where most households are food insecure. If not supported, malnutrition in pregnant women might have adverse birth outcomes including: low birth

weight babies, miscarriages and pre-mature deliveries with health complications. Nutritionally at-risk people also require preventive nutrition services and counselling in order to stop a deterioration of their nutritional status. If sufficient, timely and tailored care is not provided to these vulnerable groups, they are at high risk of becoming acutely malnourished.

Seasonal or intermittent needs

The Cluster's analysis of acute malnutrition trends over recent years reveals that there were seasonal peaks in acute malnutrition between the months of June and October, making it critical that funding is received by this time. These peaks usually see malnutrition levels exceed the emergency threshold in many locations. Seasonal increases in morbidity due to AWD (more prevalent during the flood season from March-June) also contribute to deterioration of nutritional status among children during this period. Timely pre-positioning of nutrition commodities and activation of response is, therefore, critical for this peak season. In addition, during winter, physical access to some locations of the country is challenged by heavy snow or muddy roads. Winter pre-positioning is, therefore, critical for continuation of regular and timely provision of life-saving MAM and SAM treatment services.

Protection

Failure to Respond

Without immediate protection and multi-sectoral support, the lives of hundreds of women and children will be put at urgent risk. Without assistance, many destitute families will resort to negative coping strategies, putting the lives of more children at risk as a result of being sold, forcibly married young, or forced to do hazardous work. Without safe places to turn for support, women will bear a disproportionate brunt of the crisis as their exposure to GBV will increase drastically during measured lockdowns or periods of financial stress. In the absence of

comprehensive mental health and PSS, people's emotional wellbeing and chances of recovery will be jeopardised. Returnees from neighbouring countries, and people perceived as being ill with COVID-19, will be at heightened risk of stigmatisation, compounding their risk of forced eviction and their inability to support themselves.

Mine action activities are crucial to protecting thousands of lives from explosive hazards, including people who are returning to Afghanistan in record

numbers. Without a comprehensive package of protection and mine risk education 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 wellbeing. Without humanitarian assistance, more children will be exposed to violence, separation from their families, risks of recruitment by parties to the conflict, severe psychosocial distress, child labour, early and forced marriages (especially girls), denial of education opportunities, and sexual exploitation.

The estimated 3.5 million people with insecure land tenure who are at risk of forced eviction will continue to live in limbo without access to their HLP rights and unable to support their own recovery from conflict and natural disaster. Lack of appropriate documentation (with people either having never had formal documents or having lost them during displacement), coupled with limited processes and infrastructure to formalise or re-issue documents, poses high risks of eviction, exploitation, rights violations (by landlords) and potential disputes due to the difficulties in demonstrating ownership of land or shelter. Some 50 per cent of non-recent IDPs, 46 per cent of recent IDPs, 45 per cent of non-recent returnees, 38 per cent of recent returnees, and 13 per cent acutely vulnerable people report living in a settlement without official permission to live or build.¹⁴⁷ A particularly vulnerable group is the large number of low-income renters – often returnees or IDPs – in urban informal settlements. Nearly a third of people who live in Kabul informal settlements are renters and some 13 per cent of women-headed households rely on begging to survive.¹⁴⁸

Triaging of response in the event of underfunding

If \$86m or 75 per cent of the required funding is received, almost a million people will miss out on assistance. Provision of IPA or one-off cash for protection, referrals and provision of lifesaving information and assistance fall under Protection's immediate response category. Some of these activities could be one off, quick impact or high reach interventions. Provision of case management,

especially concerning GBV and child protection cases, require more investment in financial and human resources (as they require specific expertise) and are usually more expensive and require longer-term interventions and funding. Triaged Child Protection activities include the provision of case management services, reintegration services for Children formerly associated with armed groups and forces (CAAFAG), case management for child GBV survivors, capacity building of social and case workers and enhance reporting of grave child rights violations. HLP will bring forward provision of support to those under immediate threat of eviction and support land allocations to those recently displaced and made homeless by conflict or natural hazards. If not fully funded, environmental building protection interventions that aim to create environment conducive to full respect of individual rights and building the capacity and resilience of vulnerable or at-risk households will have to be reduced.

If \$57m or 50 per cent of the requirements is received,

almost 2 million people will miss out on assistance and the needs of the vulnerable populations will accumulate, resulting in costlier future interventions overtime. Activities that restore or create protective environments are in fact a continuation of some of the immediate response activities that aim to address restoration and rehabilitation of specific needs, abuses or harm. Missing PSS and IPA and case management due to underfunding has immediate consequences for people's wellbeing. If needs are left unaddressed over time, this will mean costlier responses are needed such as longer and more advanced PSS or Cash-for-Protection to prevent destitute families from slipping further into negative coping mechanisms. Underfunding for comprehensive Child Protection responses means that child survivors would not receive individual support to cope and recover from their experiences. For GBV, shortfalls in funding will mean that immediate lifesaving GBV activities will be put before longer-term prevention and empowerment programming. This means that second and third tier activities – such as community dialogues, gender responsive livelihoods activities, among other activities – will be missed.

Without a full package of GBV prevention, response and empowerment activities, negative coping mechanisms observed in 2020, including the sale of girls, child marriage and sexual exploitation will likely have a more severe effect into 2021. Efforts to address insecure HLP rights, which preclude sustainable investments in shelter, services and infrastructure, consigning vulnerable households to inter-generational cycles of poverty and vulnerability will suffer if funding is reduced. MA will sequence its assistance so as to clear improvised mine contaminated areas first, especially in provinces that have been identified as intended areas for return and in areas where clearance will enable humanitarian response and recovery efforts. Insufficient funding means that lives will be lost and life-altering injuries from explosive hazards will be incurred, and children will be the primary victims.

If \$29m or 25 per cent of the required funding is received, this will exclude close to 4 million people from receiving critical protection assistance and accumulation of needs for a higher proportion of the population in need. With 25 per cent of funding received, protection interventions will be focused on mostly emergency, one-off, quick impact or high-reach interventions such as the provision of referrals through established and functional referral pathways, and/or one-off cash assistance to meet immediate needs, dignity kit distribution on a need-basis and providing the critical information and awareness raising on protection risks and available services. Protection partners would have to forgo providing remedial and environmental actions that are meant to restore the dignity of those suffered harm and rehabilitate and compensate the victim

of abuse. Past experiences have shown the critical and urgent need for building the technical capacity of GBV and child protection actors for a specialised response, to avoid causing harm. Building the capacity of the communities themselves to enable self-protection in situations of violence and armed conflict and recurring natural disaster are among the activities that would have to be dropped in case of reduced funding.

Seasonal or intermittent needs

Limited financial capability to purchase fuel and heaters during the freezing winter may potentially drive heads-of-household to resort to negative coping mechanisms including increased debt, child labour, and heightened risk of sexual exploitation for women and girls.

Major road blockages during the winter months also limit the provision of time-critical medical supplies to isolated communities, preventing meaningful access for women and girls to life-saving services. Winter in Afghanistan offers very limited opportunity for food production and income generation. As such, hunger in this season sees acute pressures on households. Evidence from ERM assessments reveals that within the household women receive food last, therefore the health and nutrition implications of food shortages during winter months disproportionately affect women and girls. Timely assistance ahead of winter is therefore critical. Restrictions on movement of humanitarian actors may potentially coincide with a spike in GBV incidents as survivors are trapped in the home with their perpetrators, without access to support.

Water, Sanitation and Hygiene

Failure to Respond

The provision of WASH services and supplies is crucial to fighting the spread of COVID-19 and other diseases and may result in avoidable loss

of life if not delivered on the expanded scale now planned for 2021. Inability to provide hygiene materials may heighten the chances of people contracting the COVID-19 virus and facing serious

medical complications and even death. Similarly, failure to extend sanitation options has detrimental consequences. Some studies¹⁴⁹ indicate that the COVID-19 virus can live for up to two days in faeces, putting people at high risk of contagion in areas where open defecation is prevalent. If adequate WASH assistance is not provided, millions will be deprived of the safe water they need for their dignity and survival, leaving them susceptible to preventable diseases. Water-borne and faeco-oral disease outbreaks spread quickly in the absence of sufficient water, sanitation and hand washing services, particularly in informal settlements and overcrowded urban settings. Treating and curbing the spread of disease outbreaks has both human and response cost implications. Failure to invest in WASH support will ultimately require more resources to be deployed by the already strained health system. Poor access to water and sanitation is also an indication of poor living standards and is associated with critical protection concerns as time spent fetching water, almost always by women and girls, exposes them to increased GBV risks.

Investment in water-efficient handwashing systems is not only cost-effective but will alleviate recurrent costs for short-term assistance (such as water trucking) that do not offer sustainable solutions. Deeper investment will not only reduce time spent in sourcing and collecting water but it will allow families to dedicate more time for other livelihoods activities and free-up children to go to school. Access to safe water and sanitation is a precursor to any form of sustainable development.

Triaging of response in the event of underfunding

If \$70m or 75 per cent of required funding is received, the WASH Cluster will drop recovery-oriented water and sanitation activities (more durable infrastructure) under SO3 and emergency sanitation activities under SO1, leaving some 500,000 people without assistance. This is particularly concerning with the COVID-19 pandemic still posing a grave threat to people's survival as the virus can live in faecal matter and open defecation and lack of sanitation is contributing to the spread of the virus.

If \$47m or 50 per cent of required funding is received, the Cluster will de-prioritise sanitation, as well as recovery-oriented water and sanitation activities (more durable infrastructure) activities, while reducing the number of people receiving emergency water assistance. This means that some 1 million people will miss out on assistance.

If \$23m or 25 per cent of required funding is received, the Cluster will further reduce hygiene assistance, a critical means of mitigating COVID-19 and other communicable diseases such as AWD, leaving 2 million people without assistance and basic hygiene support at the peak of a hygiene-related pandemic.

Seasonal or intermittent needs

Predictable floods in the spring and harsh winters affect WASH needs and people's access to assistance, further aggravating unmet needs. Maintaining a healthy pipeline of core WASH supplies and pre-positioning across key locations in the country ahead of the disaster-prone months are essential to ensure access to uninterrupted WASH responses.

5.6

How to Contribute

Contribute to the Humanitarian Response Plan

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

Contribute through the Central 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:

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

For information about the AHF, please contact:

ahf-afg@un.org

unocha.org/afghanistan/about-ahf

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

5.7

Logframe

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

1.1	ES-NFI	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Ensure population groups (IDPs, returnees, refugees, non-displaced conflict and natural disaster-affected and acutely vulnerable people) of all ages directly affected by new emergencies have immediate and adequate access to emergency shelter, household items, and seasonal assistance.	Proportion of IDPs, returnees, refugees, non-displaced conflict and natural disaster-affected and acutely vulnerable women, men and children of all ages receiving shelter assistance who express satisfaction about this support.	Total:	76%	80%	PDM
	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: Boys: Girls: Men: Women:	68,216 19,783 19,783 14,325 14,325	283,858 82,319 82,319 59,610 59,610	ReportHub
OUTPUTS		# of people receiving the standard winterisation package including through provision of heaters and fuel, winter clothing, blankets or quilts.	Total: Boys: Girls: Men: Women:	322,742 93,595 93,595 67,776 67,776	725,050 210,265 210,265 152,261 152,261	ReportHub
		# of people receiving basic household items/NFIs to meet their immediate needs.	Total: Boys: Girls: Men: Women:	233,988 67,857 67,857 49,138 49,138	943,631 273,653 273,653 198,163 198,163	ReportHub
ACTIVITIES	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: Boys: Girls: Men: Women:	64,548 18,719 18,719 13,555 13,555	321,279 93,171 93,171 67,469 67,469	ReportHub
	Response is inclusive and provides access to shelter and NFI assistance.	# of households with members with a disability receiving shelter and NFI assistance.	Total:	-	12,263	ReportHub
1. Provision of emergency shelter assistance including emergency shelter kits and reconstruction toolkits. 2. Provision of rental support/subsidy. 3. Provision of basic household items (standard NFI package). 4. Repair or upgrade of existing shelters that are in poor condition. 5. Provision of seasonal winter clothing and blankets/quilt sets. 6. Provision of heaters/fuel support during winter. 7. Provision of technical guidance and training on shelter construction techniques. 8. Advocacy for the establishment of a pipeline to improve emergency response time.						

1.2	FSAC	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Shock-affected people (IDPs, returnees, refugees, natural disaster-affected, people affected by COVID-19 and seasonally food insecure (IPC phase 3 and 4 people) of all ages have a minimum household food consumption score of above 42.5.	% of households with acceptable food consumption.	Total:	28%	40%	SFSA, SMART survey and PDM reports of partners.
	Necessary food assistance is provided to affected households in a timely manner.	# of shock-affected and vulnerable (IDPs, returnees, refugees, natural disaster-affected, people affected by COVID-19, and seasonal food insecure - IPC phase 3 and 4 people) women, men and children of all ages who receive adequate food or cash responses in a timely manner.	Total: Boys: Girls: Men: Women:	8,360,232 2,340,383 2,183,004 1,918,423 1,918,423	11,853,335 3,325,913 3,102,263 2,714,915 2,710,244	Quarterly reports of partners
OUTPUTS		# of affected people receiving in-kind food assistance.	Total: Boys: Girls: Men: Women:	7,329,537 2,051,848 1,913,871 1,681,909 1,681,909	9,768,543 2,740,944 2,556,629 2,237,409 2,233,560	Quarterly reports of partners
		# of affected people receiving cash transfers for food.	Total: Boys: Girls: Men: Women:	1,047,584 293,263 273,543 240,389 240,389	2,084,792 584,969 545,633 477,506 476,684	Quarterly reports of partners
		# of feedback calls related to food assistance responded to and resolved within a week.	Total:	45	75	Awaaz monthly, quarterly and annual report
ACTIVITIES	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, guide response preparedness and facilitate decisions on response modalities					
1.3	HEALTH	INDICATORS		BASELINE	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: Boys: Girls: Men: Women:	45% 45% 45% 45% 45%	45% 45% 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	ReportHub data
OUTPUTS	Additional FATPs are accessible to treat people with traumatic injuries.	# 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	ReportHub data

OUTCOME	People exposed to GBV who are 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	30	HMIS data
OUTPUTS	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:	83,000	83,000	ReportHub data
			Boys:	10,000	10,000	
			Girls:	8,000	8,000	
			Men:	25,000	25,000	
			Women:	40,000	40,000	
OUTPUTS	Women are provided with antenatal care in high-risk provinces.	# of women provided with antenatal care in high-risk provinces.	Women:	30,000	40,000	ReportHub data
OUTPUTS	Women, men, girls and boys 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:	6,000	4,100	ReportHub
			Boys:	500	300	
			Girls:	500	300	
			Men:	2,000	1,500	
			Women:	3,000	2,000	
OUTCOME	Immediate assistance is provided to people to reduce morbidity and mortality through MHTs.	# of people who received essential health services through MHTs.	Total:	825,000	1,030,000	ReportHub
			Boys:	75,000	100,000	
			Girls:	50,000	80,000	
			Men:	300,000	400,000	
			Women:	400,000	450,000	
OUTPUTS	COVID-19 risk communication campaigns reach targeted vulnerable people.	# of COVID-19 risk communication campaigns conducted to targeted vulnerable people.	Total:	120	300	ReportHub/RCCE WG
OUTPUTS	Healthcare workers are protected from COVID-19 infection.	% of healthcare workers provided with essential PPE.	Total:	10%	70%	MoPH data
			Men:	10%	70%	
			Women:	10%	70%	
ACTIVITIES	1. Provision of outpatient care and consultations					
	2. Provision of major and minor surgeries					
ACTIVITIES	3. Establishment of FATPs, stabilisation of FATP services and referral of patients in conflict-affected areas					
	4. Provision of MHPSS					
ACTIVITIES	5. Extension of mobile health services					
	6. Provision of antenatal care by trained personnel					
ACTIVITIES	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					
ACTIVITIES	9. Advocacy for improved access to emergency services and life-saving treatment					
	10. RCCE activities to disseminate health information and address rumours					
	11. Provision of essential PPE to frontline workers					

1.4	NUTRITION	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOMES	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 5 with SAM who are cured.	Total: Boys: Girls:	200,249 88,259 111,954	340,000 175,936 164,064	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 5 with MAM who are cured and PLWs who have improved nutritional status.	Total: Boys: Girls:	403,475 187,225 216,250	645,386 344,750 300,636	Nutrition online database
OUTPUTS	More boys and girls (6-59 months) with SAM are enrolled in outpatient and inpatient SAM treatment programmes.	# of boys and girls (6-59 months) from IDP, returnee, refugee, and non-displaced families with SAM receiving outpatient and inpatient SAM treatment	Total: Boys: Girls:	255,958 112,858 143,100	400,000 206,984 193,016	Nutrition online database
	More boys and girls (6-59 months) with MAM are enrolled in MAM treatment programmes.	# of boys and girls (6-59 months) from IDP, returnee, refugee, and non-displaced families with MAM receiving MAM treatment.	Total: Boys: Girls:	517,275 240,032 277,243	759,277 405,588 353,689	Nutrition online database
	More PLW are enrolled in targeted supplementary feeding programmes (TSFP).	# of PLW with acute malnutrition enrolled in TSFP.	Total:	248,006	294,229	Nutrition online database
	More boys and girls (6-59 months) with MAM are enrolled in BSFP.	# of boys and girls (6-59 months) from IDP, returnee, refugee, and non-displaced families with MAM receiving BSFP.	Total: Boys: Girls:	132,966 61,700 71,266	177,090 91,626 85,465	Nutrition online database
	More boys and girls (6-59 months) have access to increased treatment with RUTF.	# of BPHS clinics supplied with RUTF.	Total:	1,400	1,410	Nutrition online database
ACTIVITIES	1. Provision of outpatient and inpatient treatment of SAM children under 5 2. Treatment of MAM children between 6 and 59 months 3. Provision of TSFP for PLW 4. Provision of emergency BSFP for children aged between 6 and 59 months					
1.5	PROTECTION	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Civilian casualties from explosive devices are reduced.	% reduction in civilian casualties from explosive devices compared to the same time last year.	Total:	1,200	5-10%	1. Information Management System for Mine Action (IMSMA) database 2. UNAMA Reports on Protection of Civilians in Armed Conflict
OUTPUT	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:	254,314 71,358 66,559 58,249 58,148	289,395 81,201 75,740 66,284 66,170	Information Management System for Mine Action (IMSMA) database

OUTPUTS		Square metres of area cleared from known explosive hazards	Total:	9,402,336	7,106,935	Information Management System for Mine Action (IMSMA) database
	Behavioural change-focused EORE programmes are provided to vulnerable people.	# of vulnerable people receiving EORE.	Boys:	556,811	950,261	Information Management System for Mine Action (IMSMA) database
			Girls:	70,894	275,576	
			Men:	18,805	171,047	
			Women:	445,829	351,597	
	Conflict-affected people ¹ benefit from EOD and survey activities.	# of conflict-affected people benefitting from EODI and survey activities	Boys:	21,284	152,042	Information Management System for Mine Action (IMSMA) database
			Girls:	175,138	362,848	
			Men:	51,307	106,298	
			Women:	47,940	99,323	
			Men:	37,419	77,524	Information Management System for Mine Action (IMSMA) database
			Women:	38,471	79,703	

ACTIVITIES	1. Provision of land clearance
	2. Provision of EOD
	3. Expansion of MRE

1.6	WASH	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Affected people have access to COVID-19 tailored WASH services, facilities and supplies.	# of affected people receiving WASH as per cluster standard	Total:	1,306,108	4,144,223	WASH partner and Cluster reports
			Boys:	403,171	1,226,507	
			Girls:	367,190	1,021,392	
			Men:	269,689	1,012,820	
			Women:	266,058	883,504	
	Conflict-affected people, IDPs and returnees have access to the sanitation services and facilities they need.	# of affected people with access to functioning and gender-segregated sanitation facilities.	Total:	250,000	794,150	WASH partner and Cluster reports
			Boys:	77,376	239,556	
			Girls:	71,092	199,644	
			Men:	50,574	188,997	
			Women:	50,958	165,953	
OUTPUTS	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	4,076,723	WASH partner and Cluster reports
			Boys:	403,171	1,204,907	
			Girls:	367,190	1,001,142	
			Men:	269,689	1,000,670	
			Women:	266,058	870,004	
	Conflict-affected, IDPs and returnees have access to the safe water supply services and facilities they need.	# of affected people with access to safe water supply services and facilities.	Total:	1,100,000	2,053,766	WASH partner and Cluster reports
			Boys:	339,551	612,356	
			Girls:	309,246	527,990	
			Men:	227,131	476,430	
			Women:	224,072	436,990	
	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	82,800	WASH partner and Cluster reports
			Boys:	169,525	23,233	
			Girls:	158,540	21,670	
			Men:	115,931	18,965	
			Women:	116,082	18,932	

1.7	WASH	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	WASH assistance is delivered to women, men, boys and girls living in HTR areas and overcrowded settlements.	# of HTR districts and overcrowded settlements where underserved people have received WASH assistance.	Total:	68	80	WASH partner and Cluster reports
OUTPUT	The humanitarian system facilitates a timely and effective response to people in need.	# of underserved people in HTR districts and overcrowded settlements receiving WASH assistance.	Total: Boys: Girls: Men: Women:	250,000 78,251 73,936 47,485 50,328	1,000,000 313,000 296,000 190,000 201,000	WASH partner and Cluster reports
OUTCOME	Vulnerable women and girls have access to WASH facilities implemented after a WASH for GBV mitigation process supported by safety audits	# of vulnerable women and girls receiving WASH assistance as per cluster standard after consultations and GBV risk analysis.	Total: Girls: Women:	- - -	158,546 83,878 74,668	WASH partner and Cluster reports
OUTPUT	Vulnerable women and girls are provided with the WASH support they need.	# of vulnerable women and girls receiving WASH assistance.	Total: Girls: Women:	- - -	158,546 83,878 74,668	WASH partner and Cluster reports
OUTCOME	Vulnerable people with disabilities have access to appropriate WASH facilities after consultation on appropriateness of sites and design for people with special needs.	# of vulnerable people with disabilities receiving WASH assistance as per cluster standard after consultation on designs for people with special needs.	Total: Boys: Girls: Men: Women:	- - - - -	70,000 18,221 16,318 20,935 14,526	WASH partner and Cluster reports
OUTPUT	Vulnerable people with disabilities are provided with WASH support that meets their special needs.	# of vulnerable people with disabilities receiving WASH assistance.	Total: Boys: Girls: Men: Women:	- - - - -	70,000 18,221 16,318 20,935 14,526	WASH partner and Cluster reports
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 - scaling-up handwashing promotion in COVID-19 response. 5. Improvement of water and sanitation facilities, and distribution of hygiene kits and essential supplies at border crossing points (Iran and Pakistan).					
1.8	COORDINATION	INDICATORS		BASELINE	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 partners satisfied with the performance of the HCT (agree/strongly agree).		66%	70%	OCHA Annual Partner Survey
OUTPUTS	The coordination structure is fit for purpose and facilitates a timely and effective response to people in need.	# of joint ICCT/HCT meetings held.	Total:	4	4	HCT minutes
		# of mandatory area of responsibility presentations to the HCT.	Total:	49	48	HCT Minutes

OUTPUTS		# of ICCT updates delivered to the HCT.	Total:	16	12	HCT Minutes
		# of ICCT field trips	Total:	0	2	ICCT Minutes
	The annual HNO is evidence-based with data drawn from a range of coordinated, inter-sectoral needs assessments which accurately identify people in need.	# of rapid (HEAT) assessments completed in relation to displaced populations.	Total:	320	320	Assessment registry
	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	Assessment registry
ACTIVITIES	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:	16,000	20,000	REACH Initiative
	1. Plan, facilitate and provide secretariat support to HCT Meetings					
	2. Plan, facilitate and provide secretariat support to ICCT Meetings					
	3. Organise and plan ICCT Field Missions					
	4. Preparation of the HNO and HRP, as well as thematic contingency planning as required					
	5. Monitoring and quarterly HRP reporting					
	6. Coordination of multi-sectoral assessments and analysis of results					

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

2.1	EDUCATION	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOMES	School-aged girls and boys affected by shocks have access to quality, basic education in a safe learning environment.	# of school-aged girls and boys affected by shocks who have access to quality, basic education.	Total: Boys: Girls:	179,885 81,006 98,879	647,500 259,287 388,213	4Ws, field monitoring visits
	Formal and/or non-formal quality learning environments are safe and conducive for learners.	# of TLS, CBE, ALC, MBE with minimum WASH facilities established and maintained.	Total:	5,233	18,500	4Ws, field monitoring visits
	School-aged children are supported with the resources they need to stay engaged with their learning.	# of school-aged children receiving learning materials (student kits, teaching kits, classroom kits) and winterisation supplies.	Total: Boys: Girls:	179,885 81,006 98,879	647,500 259,287 388,213	4Ws, field monitoring visits, Winterisation dashboard
	Girls and boys continue to access education outside of a formal/non formal learning environment.	# boys/girls reached through self-learning materials, distance learning and some group activities.	Total: Boys: Girls:	123,656 58,008 65,648	200,000 80,089 119,911	COVID-19 4Ws
OUTPUTS	Children and community members are knowledgeable on disease prevention including COVID-19.	# of boys/girls/men/women reached with COVID-19 awareness messaging by EiE partners.	Total:	94,232 42,968 51,264	200,000 80,089 119,911	COVID-19 4Ws
	Male and female teachers are knowledgeable on safe schools protocols and on disease prevention including COVID-19.	# of teachers trained on safe schools protocols and disease prevention including COVID-19.	Total: Men: Women:	1,235 232 1,003	18,500	COVID-19 4Ws

ACTIVITIES	1. Establishment of Community Based Classes (CBCs), Temporary Classrooms (TCs) or 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 and learning spaces. 4. Training teachers on basic psychosocial support and group activities, safe schools and COVID-19.					
2.2	HEALTH	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	People affected by attacks on health facilities are provided with immediate emergency health services.	# people provided with a health consultation after the closure of a health facilities due to conflict.	Total:	20,500	30,000	SSA/WHO
			Boys:	3,000	5,000	
			Girls:	1,500	3,000	
			Men:	7,000	10,000	
			Women	9,000	12,000	
OUTPUTS	Enhanced documentation on conflict-related attacks on health services.	# of attacks on healthcare that are documented and recorded nationally.	Total:	87	90	SSA/WHO
	A coordinated response provides necessary protection of civilians in conflict-affected communities and supports people to mitigate against attacks on health facilities.	# of risk communication campaigns conducted to equip targeted vulnerable people (including health workers) to protect themselves.	Total:	-	20	SSA/WHO
2.3	PROTECTION	INDICATORS		BASELINE	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:	72%	90%	WoA Assessment, protection monitoring reports
	Enhanced analysis of the protection environment.	# of people reached through protection monitoring.	Total: Boys: Girls: Men: Women	91,282 13,496 13,520 38,425 25,841	600,000 168,000 150,000 144,000 138,000	Protection Monitoring reports
OUTPUTS	Individuals with specific needs or heightened vulnerability are reached with protection-oriented direct or referral assistance	# of protection monitoring reports circulated for protection advocacy and programme response.	Total:	24	6	Monitoring reports, confirmation emails to Protection Cluster
		# of people who were provided with direct and referral assistance.	Total: Boys: Girls: Men: Women	21,521 5,053 4,204 5,759 6,505	15,000 4,200 3,750 3,600 3,450	Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports
ACTIVITIES	1. Undertaking regular protection monitoring (including incident monitoring). 2. Carrying out protection analysis (including risk analysis) and production of monthly protection monitoring dashboard. 3. Provision of direct protection and referral services (IPA, PSS, cash-for-protection, case identification and referrals).					

2.4 PROTECTION		INDICATORS		BASELINE	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 women, girls, boys and men receiving services who are satisfied with the protection response.	Total:	80%	80%	ReportHub monthly reports, Activity reports, WFHS, FPCs, PSS Outreach teams reports, dignity kit distribution reports
	At-risk vulnerable people receive a multi-sector GBV response (psychosocial, safety, health and legal) through facility and community-based interventions.	# of at-risk IDP, returnee and non-displaced conflict or natural-disaster-affected people receiving multi-sectoral GBV services (psychosocial, legal, safety, health and case management)	Total:	85,476	694,933	ReportHub monthly reports, WFHS, FPCs, PSS Outreach teams reports, referral reports, regional case management quantitative summary reports
			Boys:	2,439	36,078	
			Girls:	14,505	230,535	
			Men:	6,408	24,019	
OUTPUTS	Increased community awareness of and capacity to respond to GBV.	# of community members mobilised through community dialogues to prevent and respond to GBV.	Women:	62,124	404,302	Community dialogue agency activity reports, advocacy events reports
			Total:	572,792	100,000	
			Boys:	107,936	5,192	
			Girls:	75,169	33,174	
	GBV risks are reduced and protection is enhanced for women and girls.	# of women and girls in need are reached with dignity kits.	Men:	107,367	3,456	Dignity kit distribution reports
			Women:	282,320	58,179	
			Total:	2,708	493,910	
			Girls:	299	189,489	
	Improved livelihoods and empowerment for women and girls to reduce risks and address GBV.	# of women and girls reached with livelihood and leadership interventions.	Women:	2,409	304,421	Monthly ReportHub reports, project reports
			Total:	-	40,500	
			Girls:	-	15,538	
			Women:	-	24,962	
OUTPUTS	Increased opportunities for children to develop, learn, play, and strengthen resilience and psychosocial wellbeing, and families are provided with information and tools to create a safe and nurturing environment at home.	# of children and their caregivers reached with centre, mobile and home based activities to improve their mental health and psychosocial well-being following program completion.	Total:	162,567	400,000	CFS attendance records and Activity reports
			Boys:	70,892	111,121	
			Girls:	75,043	102,507	
			Men:	7,449	96,080	
	Children with protection needs are identified and have their needs addressed through provision of case management, including alternative care, family tracing and reunification, and integrated PSS and referrals to relevant service providers.	# of girls and boys at risk, including unaccompanied and separated children, and child survivors of SGBV identified, documented, and received case management services.	Women:	9,183	90,292	Case management records
			Total:	3,257	15,000	
			Boys:	2,344	7,800	
			Girls:	913	7,200	
	Children who suffered from grave child rights violations are supported to successfully reintegrated into their communities.	# of girls and boys who have suffered from grave child rights violations (including former CAAC & children in detention) benefitted from social and economic reintegration and life skill assistance.	Total:	555	5,000	Activity reports
			Boys:	437	4,000	
			Girls:	118	1,000	
OUTPUT	Communities and families understand child protection risks and actively prevent children from being exposed to abuse, exploitation, violence, and neglect.	# of people who have been reached by information on the dangers and consequences of conflict, hazardous child labour, child marriage, trafficking, other harmful practices and negative coping mechanisms.	Total:	356,463	700,000	Activity reports
			Boys:	76,830	194,462	
			Girls:	82,606	179,388	
			Men:	94,902	168,140	
			Women:	102,125	158,010	

ACTIVITIES	1. At-risk vulnerable people are provided with a multi-sector response (psychosocial, safety, health and legal) including provision of PEP kits, enhanced PSS outreach through mobile teams.						
	2. Community members (women, girls, men, boys, community elders, religious leaders, community gatekeepers) are involved in community dialogues and awareness raising on key GBV issues focusing on social and behavioural aspects of COVID-19 and advocacy.						
	3. Provision of dignity kits to women and girls in need..						
	4. Economic empowerment programming, community leadership models.						
	5. Provision of PSS to children by designing and provide pedagogical material for girls, boys, and family members to use in their homes and other safe spaces to strengthen coping and resilience mechanisms when public health measures preclude face-to-face contact.						
	6. Provision of case management services, PSS and referrals to children at risk of abuse, neglect, exploitation, violence, including SGBV survivors and children in risk of marriage.						
	7. Community-based awareness raising on child protection issues and dissemination of COVID prevention and wellbeing messaging; support for community capacity building on these topics.						
2.5 PROTECTION							
INDICATORS		BASELINE		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 [as a result of legal assistance].	Total:	80%	70%	Quarterly 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%	Quarterly outcome surveys Beneficiary feedback and reporting	
OUTPUTS		# of people receiving information on HLP rights.	Total:	60,000	183,750	Case files	
			Men:	35,000	110,250	Case database	
			Women:	25,000	73,500	Photos	
		# of people receiving counselling and/or legal assistance on HLP rights.	Total:	6,000	47,844	Case files	
			Boys:	3,600	4,784	Case database	
			Girls:	2,400	4,784		
			Men:		22,966		
			Women:		15,310		
		# of government, humanitarian and other partners receiving training and/or technical support on HLP.	Total:	3,000	2,750	Attendance sheets	
			Men:	1,800	1,650	Training Reports	
			Women:	1,200	1,100	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 2021	MEANS OF VERIFICATION
OUTCOME	Vulnerable IDP, returnee, refugee and non-displaced conflict and natural disaster-affected women, men and children of all ages are protected through provision of transitional shelter aimed at building their resilience and preventing recovering communities from slipping back into humanitarian need.	% of IDP, returnee and non-displaced conflict-affected women, men and children of all ages receiving shelter assistance who express satisfaction with this support.	Total:	91%	95%	PDM
	Transitional shelter support is provided to affected people in a timely manner.	# of people receiving support to construct transitional shelters.	Total: Boys: Girls: Men: Women:	44,010 12,763 12,763 9,242 9,242	119,419 34,631 34,631 25,078 25,078	ReportHub
ACTIVITIES	1. Support the construction of transitional and permanent shelters. 2. Provision of technical guidance and training on shelter construction techniques.					
3.2	EDUCATION	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTPUTS	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children.	# of teachers (f/m) recruited.	Total:	14,027	18,500	4Ws, field Monitoring visits
			Men:	7,003	8,880	
			Women:	7,024	9,620	
	# of teachers (f/m) trained on standardised teacher training manual including PSS.	# of teachers (f/m) trained on standardised teacher training manual including PSS.	Total:	12,062	18,500	4Ws, field Monitoring visits
			Men:	5,872	8,880	
			Women:	6,190	9,620	
# of community members (including School Management Shuras) sensitised on the importance of EiE.	# of community members (including School Management Shuras) sensitised on the importance of EiE.	Total:	21,947	55,500	4Ws, field Monitoring visits	
		Men:	11,849	26,640		
		Women:	10,098	28,860		
ACTIVITIES	1. Recruitment, training and deployment of teachers, particularly women. 2. Provision of professional development training on child-centred, 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 PSS, 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 2021	MEANS OF VERIFICATION
OUTCOME	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition.	Percentage of targeted people reporting an increase in food production or income	Total:	20%	30%	SFSA and PDM reports of partners.

OUTPUTS	Necessary livelihoods assistance is provided to affected people in a timely manner.	# of shock-affected and vulnerable (natural disaster-affected, people affected by COVID-19, and food insecure - IPC phase 3 and 4 people) women, men and children of all ages who receive adequate livelihoods assistance in a timely manner.	Total: Boys: Girls: Men: Women:	2,450,092 686,026 637,024 563,521 563,521	3,353,449 938,966 871,897 771,293 771,293	Quarterly reports of partners	
	Necessary livelihoods assistance is provided to affected people in a timely manner	# of women, men and children assisted through livelihoods asset creation/ rehabilitation activities.	Total: Boys: Girls: Men: Women:	330,762 92,594 86,368 75,900 75,900	600,000 168,000 156,000 138,000 138,000	Quarterly reports of partners	
		# of women, men and children receiving livelihoods assistance in-kind.	Total: Boys: Girls: Men: Women:	1,917,704 536,957 498,603 441,072 441,072	2,082,759 583,173 541,517 479,035 479,035	Quarterly reports of partners	
		# of women, men and children receiving livelihoods assistance in cash.	Total: Boys: Girls: Men: Women:	141,626 39,647 36,981 32,499 32,499	670,690 187,793 174,379 154,259 154,259	Quarterly reports of partners	
		# of women, men and children assisted through vocational skills livelihoods training activities.	Total: Boys: Girls: Men: Women:	60,000 16,800 15,600 13,800 13,800	82,200 - - 32,000 48,000	Quarterly reports of partners	
	ACTIVITIES	1. Provision of food or cash assistance to rehabilitate or construct livelihoods and mitigate against 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, constructing or rehabilitating 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							
OUTCOME	Additional FATPs are accessible to treat people with traumatic injuries.	# of new FATPs established and/or maintained in high-risk provinces	Total:	7	28	HMIS data	
	Health staff can provide services according to the national GBV protocol.	# of health staff trained on national GBV protocol.	Total: Men: Women:	4,600 800 3,800	4,800 800 4,000	Cluster data on training	
OUTPUTS	People living in HTR areas have access to health care.	% of people in HTR districts who live within 2 hours of health services.	Total:	30%	40%	HMIS data	

OUTPUTS	Female health staff are available in health facilities.	% of health facilities with female health staff.	Total:	40%	45%	HMIS data
	People can receive post trauma rehabilitative care.	# of people receiving rehabilitative care for conflict-related traumatic injuries.	Total: Boys: Girls: Men: Women:	3,600 200 100 2,500 800	3,600 200 100 2,500 800	Report Hub
	Health facilities are scaled-up to manage infectious diseases.	# of isolation wards established	Total:	-	20	Report Hub/HMIS
	People living with disabilities are provided with essential rehabilitation services.	# people provided with prosthetics and rehabilitation services.	Total: Men: Women:	400 400 -	800 600 200	Report Hub
ACTIVITIES <ol style="list-style-type: none"> 1. Provision of post-trauma physical rehabilitation services and assistive devices such as prosthetics. 2. Expansion of primary health care in HTR 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 protocols. 5. Establishment of isolation wards and scale-up health facilities. 						

3.5	NUTRITION	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	More PLWs are practicing optimal maternal nutrition recommendations.	# of IDP, returnee, refugee and non-displaced PLWs who received MIYCN.	Women:	120,495	210,296	Nutrition online database
	More children (6-59 months) affected by emergencies have access to micronutrient supplementation.	# of children (6-59 months) who received micronutrient supplementation.	Total:	232,877	527,408	Training report
OUTCOME	More PLWs are following optimal ICYF practices.	# of IDP, returnee, refugee and non-displaced PLW who received IYCF-E.	Women:	71,546	443,711	Nutrition online database/ Rapid Nutrition Assessment (e.g 24 hour recall)
OUTPUT	Service providers are trained on promotion of maternal and child caring practices.	# of service providers trained on promotion of maternal and child caring practices.	Total: Men: Women:	150 45 105	2,600 - 2,600	Training report
	ACTIVITIES <ol style="list-style-type: none"> 41. Provision of IYCF-E support for mothers and children among shock-affected populations. 2. Provision of MIYCN to PLWs from IDP, returnee, refugee, and non-displaced households. 3. Capacity building of frontline nutrition workers. 4. Provision of micronutrient supplements to shock-affected children aged between 6 and 59 months. 					

3.6	PROTECTION	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Community-based protection systems are strengthened to reduce community vulnerabilities.	% of communities reporting they have benefited from Community-Based Protection initiatives.	Total:	-	85%	Community Based Protection reports, PDM reports

OUTPUT	Community-based protection initiatives (including DRR) are conducted with affected communities to prevent and mitigate against the effect of armed conflict and/or natural disasters.	# of people benefiting from Community-Based Protection initiatives.	Total:	289,413	2,000,000	Community Based Protection reports, PDM reports, Monthly reporting ReportHub
			Boys:	70,369	560,000	
			Girls:	69,622	500,000	
			Men:	73,340	480,000	
			Women:	76,082	460,000	
ACTIVITIES	1. Provision of community-based protection assistance.					
	2. Advocacy with and sensitisation of authorities; community members, community and religious leaders, humanitarian actors and parties to the conflict on protection risks and COVID-19.					

3.7	WASH	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	Vulnerable people targeted for response have access to safe drinking water systems supporting handwashing promotion led by development networks	% of people gaining access to safe drinking water as a result of resilience building assistance.	Total:	-	100%	Monthly reports (ReportHub)
			Boys:		28%	
			Girls:		26%	
			Men:		23%	
			Women:		23%	
OUTPUTS	Improved availability of sustainable safe water supply facilities.	# of vulnerable people having access to at least 15 litres per person per day of safe drinking water.	Total:	-	1,187,233	Monthly reports (ReportHub)
			Boys:		333,124	
			Girls:		310,723	
			Men:		271,927	
			Women:		271,459	
	Increased availability of sustainable sanitation facilities.	# of vulnerable people having access to improved sanitation facilities.	Total:	-	397,784	Monthly reports (ReportHub)
			Boys:		111,614	
			Girls:		104,108	
			Men:		91,109	
			Women:		90,953	
3.8	WASH	INDICATORS		BASELINE	TARGET 2021	MEANS OF VERIFICATION
OUTCOME	WASH comprehensive package of resilient services is delivered to women, men, boys and girls living in HTR areas and overcrowded settlements.	# of HTR districts and overcrowded settlements where underserved people have received WASH assistance.	Total:	68	80	WASH partner and Cluster reports
OUTPUT	The humanitarian system facilitates a timely and effective response to people in need.	# of underserved people in HTR districts receiving WASH assistance.	Total:	250,000	1,000,000	WASH partner and Cluster reports
			Boys:	78,251	313,000	
			Girls:	73,936	296,000	
			Men:	47,485	190,000	
			Women:	50,328	201,000	
ACTIVITIES	1. Establishment and rehabilitation of durable WASH facilities.					
	2. Upgrading 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 HTR districts.					

5.7

Acronyms

AAP	Accountability to Affected People	FAO	Food and Agriculture Organisation
ACBAR	Agency Coordinating Body For Afghan Relief	FCS	Food Consumption Score
AFN	Afghani	FSAC	Food Security and Agriculture Cluster
ALP	Afghanistan Local Police	GAM	Global Acute Malnutrition
ANDMA	Afghanistan National Disaster Management Authority	GBV	Gender-Based Violence
ARTF	Afghanistan Reconstruction Trust Fund	GBVIMS+	Gender-Based Violence Information Management System
AWD	Acute Watery Diarrhoea	GiHA	Gender in Humanitarian Action
BPHS	Basic Package of Health Services	GiHAWG	Gender in Humanitarian Action Working Group
BSFP	Blanket Supplementary Feeding Programme	HAG	Humanitarian Access Group
CBE	Community Based Education	HCT	Humanitarian Country Team
CCHF	Crimean Congo Hemorrhagic Fever	HEAT	Household Emergency Assessment Tool
CFS	Child Friendly Spaces	HLP	Housing Land and Property
CPIE	Child Protection in Emergencies	HLP-TF	Housing Land and Property Task Force
CPIMS+	Child Protection Information Management System	HMIS	Health Management Information System
CVWG	Cash and Voucher Working Group	HNO	Humanitarian Needs Overview
DMAC	Directorate of Mine Action Coordination	HPC	Humanitarian Programme Cycle
DTM	Displacement Tracking Matrix	HRP	Humanitarian Response Plan
EiE	Education in Emergencies	HTR	Hard-to-reach
EiEWG	Education in Emergencies Working Group	IASC	Inter-Agency Standing Committee
EOD	Explosive Ordnance Disposal	ICLA	Information Counselling and Legal Assistance
EORE	Explosive Ordnance Risk Education	IPA	Individual Protection Assistance
EPHS	Essential Package of Hospital Services	ICCT	Inter-Cluster Coordination Team
ERM	Emergency Response Mechanism	IDP	Internally Displaced Person/s or People
ERW	Explosive Remnants of War	IED	Improvised Explosive Device
ES-NFI	Emergency Shelter and Non-Food Items	IHL	International Humanitarian Law

IMSMA	Information Management System for Mine Action	PDM	Post-Distribution Monitoring
IOM	International Organisation for Migration	PLW	Pregnant and Lactating Women
IPC	Integrated Food Security Phase Classification	PPE	Personal Protective Equipment
IRC	International Rescue Committee	PPIED	Pressure-Plate Improvised Explosive Device
ISK	Islamic State of Khorasan	PSN	Persons with Specific Needs
IYCF-E	Infant and Young Child Feeding in Emergencies	PSS	Psychosocial Services
JIAF	Joint Inter-Sectoral Analysis Framework	RCCE	Risk Communications and Community Engagement
JMMI	Joint Market Monitoring Initiative	rCSI	reduced Coping Strategy Index
JOPs	Joint Operating Principles	RRT	Rapid Response Team
LCSI	Livelihoods Coping Strategy Index	SAM	Severe Acute Malnutrition
MAIL	Ministry of Agriculture Irrigation and Livestock	SFSA	Seasonal Food Security Assessment
MAM	Moderate Acute Malnutrition	SOP	Standard Operating Procedure
MHNT	Mobile Health and Nutrition Team	TSFP	Therapeutic Supplementary Feeding Programme
MHPSS	Mental Health and Psychosocial Support	TLS	Temporary Learning Spaces
MHT	Mobile Health Team	UNAMA	United Nations Assistance Mission in Afghanistan
MIYCN	Maternal Infant and Young Child Nutrition	UNDP	United Nations Development Programme
MoE	Ministry of Education	UNHCR	United Nations High Commissioner for Refugees
MoPH	Ministry of Public Health	UNICEF	United Nations Children's Fund
MoRR	Ministry of Refugees and Repatriations	UNOPS	United Nations Office for Project Services
MRM	Monitoring and Reporting Mechanism	USAID	United States International Development Agency
MRRD	Ministry of Rural Rehabilitation and Development	WASH	Water Sanitation and Hygiene
NFI	Non-Food Items	WFP	World Food Programme
NGO	Non-Governmental Organisation	WHO	World Health Organisation
NSAG	Non-State Armed Groups	WoA	Whole of Afghanistan
OCHA	Office for the Coordination of Humanitarian Affairs		

5.8

End Notes

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**HUMANITARIAN
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AFGHANISTAN

ISSUED JANUARY 2021