

## HUMANITARIAN IMPLEMENTATION PLAN (HIP) AFGHANISTAN, PAKISTAN, IRAN

**The full implementation of this version of the HIP is conditional upon the necessary appropriations being made available from the 2021 general budget of the European Union**

AMOUNT: EUR 250 535 655.43

The present Humanitarian Implementation Plan (HIP) was prepared based on financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes<sup>1</sup> is to serve as a communication tool for DG ECHO<sup>2</sup>'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

### 0 MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

#### FIFTH MODIFICATION – 29/10/2021- AFGHAN CRISIS AND REGIONAL IMPACT

The humanitarian situation in Afghanistan and neighbouring countries is rapidly deteriorating, calling for an urgent assistance to prevent more dramatic consequences. Humanitarian needs in Afghanistan are expected to increase drastically in the coming weeks, adding to the already very dire situation due to decades of conflict, drought, a sustained drought, and the COVID-19 pandemic. The food security situation is further deteriorating in Afghanistan. While as of October highly food insecure people are already representing 18.8 million people, the situation expected for November to March will be marked by 22.8 million people in extreme situation (55% of the population). In detail, this means 8.7 million people in category 4 “people in emergency” and 14 million people in category 3 “people in crisis”. Up to 24 million people are expected to be in need of humanitarian assistance.

In this situation, DG ECHO received extra funds to ensure the immediate deployment of an operational response addressing critical humanitarian needs. The funds will be used to provide urgent assistance to the most vulnerable inside Afghanistan. It will allow DG ECHO to **top up the response and enlarge its scope to the most urgent needs**, including the provision of basic emergency services in the critical sectors of winterisation, food security, nutrition, health, education, protection and logistics (including transport). In addressing immediate and intermediate needs, DG ECHO proposes to build on and expand existing partnership agreements, thus increasing coverage to the most affected vulnerable population. The coverage will immediately impact on the life of **part of the 1.2 million children and women suffering from severe and moderate acute malnutrition**.

To this effect, an additional amount of EUR 100 000 000 will be allocated from budget transfers after approval of the relevant request by the Budgetary Authority. The full implementation of this version of the HIP is conditional upon the approval of the transfer by the Budgetary Authorities.

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<sup>1</sup> Technical annex and thematic policies annex

<sup>2</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

#### **Fourth modification – 08/09/2021- Afghan crisis and regional impact**

The situation in Afghanistan has dramatically changed with the progressive take-over of provincial capitals and of Kabul on 15 August. Since the announcement of the withdrawal of US and international forces by end of August, conflict intensity increased significantly, with a critical impact on the civilian population. Breaches in the International Humanitarian Law were observed, with civilian and humanitarian infrastructures suffering collateral damage. Since the beginning of August, some 570 000 persons had been initially displaced in 2021, among them 421 000 since May. From 6 to 15 August, some 17 600 people internally displaced from the provinces to Kabul.

The humanitarian situation in the country before 15 August was already very dire, with 18.4 million people estimated in need of humanitarian assistance as a result of four decades of conflict, the 2021 spring drought and the COVID-19 pandemic. The effects of the drought on food security and livelihood of vulnerable rural households (see the second modification of the HIP) are now even more severe due to the deterioration of household food stocks and resources to survive the impending winter and prepare the 2021/22 agriculture season. Price volatility is particularly critical for displaced families and vulnerable urban households fully depending on markets for food and other basic needs.

The impact of the fall of the former government and takeover by the Taliban is and will be significant both inside Afghanistan and on neighbouring countries (Iran, Pakistan and Central Asian countries, mainly Tajikistan, Uzbekistan and Turkmenistan, which share borders with Afghanistan).

Inside Afghanistan, the suspension of development aid may have dramatic consequences on the delivery of basic services such as health and education. Conditionalities linked to the imposition of Sharia law, such as the exclusion of female staff, are a major concern to reach women and children in need. Breakdown of supply routes, contamination of explosive hazards, disruption in the banking system and high commodity prices are immediate concerns.

Iran and Pakistan have hosted some 6.5 million Afghans for the past four decades, in often difficult conditions. The UNHCR estimates that up to 515 000 Afghans could find refuge in neighbouring countries in the coming months, including 65 000 in Tajikistan. Numbers of Afghans trying to cross international borders is likely to sharply increase, adding to those already present. It is crucial to share the burden of their presence with hosting countries, which have shared scarce resources and have provided basic services.

Humanitarian assistance will have to be significantly stepped up and key principles for humanitarian engagement agreed upon. Urgent response to priority needs, such as health care, nutrition, food, and support to newly displaced population, winterisation, mine action, will have to be provided. Logistical support, and in particular an air bridge to ensure safe transport of supplies and staff will also be needed.

To this effect, an additional amount of EUR 69 035 655.43 will be allocated from budget transfers after approval of the relevant request by the Budgetary Authority. An amount of EUR 1 million will also be allocated from the Operational Reserve.

#### **Third modification – 06/07/2021 – COVID-19 in Iran**

Iran has been since the very beginning of the pandemic one of the most affected countries in the Eastern Mediterranean region, which according to WHO definition includes 22 countries in the Middle East, Northern Africa and Asia, and remains so to this day.

While the fourth wave, which hit the country in April 2021, is now over, figures remain high and show a worrying increasing trend, with the highest number of daily new cases in almost two months being registered on 5 July. The country continues to face many obstacles in its fight against the pandemic. Additionally, the influx of Afghans into Iran has increased over the past weeks due to the instability in Afghanistan, putting an additional burden on the health system.

In particular, Iran's difficulties in importing medical goods further increases needs in the health response, mainly due to over compliance of pharmaceutical suppliers, shipping companies and banks with US sanctions. Essential medical procurement is hampered amidst broader health challenges, hindering access to life-saving health treatments for both Afghans and Iranians, either due to lack of medicines and medical equipment or their unaffordability. So far, the country has received only a very limited number of vaccines, and only a small fraction of the 83 million population has received the two doses. As of 5 July, 4,475,154 people have received at least one dose while 2,001,166 people have received two doses, bringing the total number of administered doses to 6,476,320.

Afghans, which are among the most vulnerable in Iran, particularly suffer from the impact of the pandemic. The significant price increase in some essential medicines and the 65% increase of the Universal Public Health Insurance premium mean that less Afghans can afford medical care.

It is therefore necessary to support the procurement of essential medical items to help Iran fight against COVID-19, including support to vaccination roll-out. To this effect, an amount of EUR 1 500 000 is allocated through the Operational Reserve.

### **Second modification – 07/05/2021 – Drought in Afghanistan**

A meteorological drought is affecting Afghanistan, linked to the La Niña climatic phenomenon. October 2020 to February 2021 has been the driest winter in 40 years in the central and western regions of the country, and this trend is forecasted to continue until May 2021. The dry spell also further exacerbates the risk of flooding, with soils too dry to absorb melting snow or rain later in the year. FAO warns of early signs of an agricultural drought, due to the very dry soils and the lack of irrigation water for rangelands. A hydrological drought is visible through early indications showing low water levels for irrigation and low reserves in water basins towards the summer. It is expected that the wheat production in 2021 will suffer a medium to strong impact of La Niña and will experience a significant shortfall which could go up to only 43% of the annually required 6 636 MT.

On 4 March 2021, OCHA published a Spring Disaster Contingency Plan for Afghanistan. The plan highlights risks and the most urgent needs from March to June. The total requirements to meet urgent needs over the spring period and address humanitarian needs is USD 390 million. As of early May, the 2021 Humanitarian Response Plan (HRP) is only 12 per cent funded. Total funding requirements for the spring plan are drawn from the Humanitarian Response Plan and are a sub-set of the overall ask of USD 1.3 billion.

The latest Integrated Food Security Phase Classification (IPC) issued in April 2021 confirms that there are now 9.9 million people in “crisis” (IPC phase 3) and 4.2 million people in “emergency” food insecurity (IPC phase 4), requiring urgent actions to save lives and livelihoods. While these figures represent a slight seasonal improvement, the Food Security Cluster expects that the next round of data collection will reveal the full extent of impacts of low rainfall. WFP expects the total number of people in IPC 3 and 4 to reach 18.5 million during 2021, which is half of the population.

There is a strong correlation between areas affected by the drought and existing food insecurity. Increasing food insecurity and limited water availability will increase the prevalence of Severe Acute Malnutrition (SAM) in the population. The nutritional status of children under five continues to deteriorate, 27 out of 34 provinces are now above the emergency threshold for acute malnutrition. This makes continuation of life-saving Severe Acute Malnutrition (SAM) services critical.

The uncertainty about the political situation and the likely increase in insecurity linked to the withdrawal of US and international forces will add to the complexity of the humanitarian response in Afghanistan, and might require additional logistics.

It is therefore necessary to make additional funding available to address the needs stemming from the current crisis and drought in Afghanistan. DG ECHO will support activities that contribute to addressing the increased humanitarian needs in the country stemming from the complex situation compounded by the drought, including in the sectors of food assistance, nutrition, health, water-sanitation-hygiene (WASH) and logistics. To this effect, a further amount of EUR 25 000 000 is allocated from the European Union’s Solidarity Emergency Aid Reserve, after approval of the relevant request by the Budgetary Authority.

### **First modification – 04/01/2021 – impact of COVID-19, broader health challenges and ongoing economic crisis in Iran**

Iran has recently faced a severe deterioration of the humanitarian situation that is bound to worsen in the near future.

The country is harshly hit by multiple crises that have further exacerbated over the last weeks: 1) a health crisis, with a severe COVID-19 outbreak, aggravated by Iran’s challenges in importing medical goods, and the consequent limited access of the population (both Afghans and Iranians) to life-saving health services; 2) the 40-year Afghan refugee crisis, the country being host to an estimated 3.5-4 million Afghans (out of those, over 950 000 registered refugees), whose vulnerabilities and dependence on humanitarian aid have recently significantly increased due to the general deterioration of the humanitarian situation in Iran, especially for those undocumented; 3) a severe economic crisis compounded by the socio-economic impact of COVID-19, low oil prices, a drop in oil sales due to sanctions, and the imposition of new US sanctions, including the latest ones on 8 October. The dire economic situation has serious consequences on the population’s livelihood and a negative effect on food security and nutrition in rural areas.

According to WHO, Iran is the country most affected by the pandemic in the whole Eastern Mediterranean region<sup>3</sup>. The third wave was even more harmful than the previous two, with the whole country in a declared state of emergency. A fourth wave is expected. On 30 November, Iran’s Ministry of Health warned that infections are set to peak further during winter. On 3 December, humanitarian partners requested DG ECHO’s support to contribute to local efforts in responding to the pandemic in Afghan refugee settlements.

Despite the introduction of humanitarian exemptions, over-compliance of pharmaceutical suppliers, shipping companies and banks with US sanctions further constrain Iran’s capacity to fight the COVID-19 emergency. This hampers essential medical procurement, amidst broader health challenges creating obstacles for access to life-saving health treatments for both Afghans and Iranians, either due to a lack of medicines and medical equipment or their unaffordability (15-fold price increase for some medicines; 65% increase of Universal Public Health Insurance premium). Neonatal immunisation (e.g. for tuberculosis, hepatitis, polio) is also jeopardised. Moreover, 7 December, humanitarian partners warned against shortage of polio vaccines.

The COVID-19 pandemic has also severely affected the access to livelihood for both Afghans and most vulnerable Iranians, caused a sharp drop in the Gross Domestic Product (up to 15% in 2020, UN) and increased unemployment. A skyrocketing inflation causes food and housing prices to soar including for bread and other staple food, disproportionately hitting the population with the lowest income. As a result, a significant percentage of the population is reported below or just above the multidimensional poverty line, and the risk of food insecurity and malnutrition have deeply increased, especially in rural areas. In addition, most Afghan nationals in Iran fall under the three deciles with the lowest income. They are extremely vulnerable and dependent on humanitarian support.

It is therefore pertinent to make available additional funding to respond to the deepening humanitarian crises in Iran, aggravated by the ongoing COVID-19 pandemic, broader health challenges and the economic crisis. DG ECHO will support activities that contribute to addressing the increased humanitarian needs in the country, including in the sector of health, and to preserving the capacity of the population, both most vulnerable Afghans and Iranians, to cover their basic needs. DG ECHO will base its assistance on needs and vulnerability and act in full respect of the “do no harm” principle. To this effect, a further amount of EUR 4 000 000 is allocated from the Operational Reserve.

## 1 CONTEXT

DG ECHO’s Integrated Analysis Framework for 2020 identified extreme humanitarian needs in Afghanistan, high in Pakistan and high to very high in Iran. The vulnerability of the population is assessed to be very high in Afghanistan, high in Pakistan and high to very high in Iran. Forgotten crises have been identified in Pakistan (Afghan refugees and malnutrition) and Iran (Afghan refugees).

	<b>Afghanistan</b>	<b>Pakistan</b>	<b>Iran</b>
<b>INFORM Risk Index<sup>4</sup></b>	8.1 (2 <sup>nd</sup> )	6.1 (22 <sup>nd</sup> )	5.2 (35 <sup>th</sup> )

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<sup>3</sup> Eastern Mediterranean region as per WHO’s characterisation, including the following 22 geographical areas: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, occupied Palestinian territory (including East Jerusalem), Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

<sup>4</sup> INFORM is a global, open-source risk assessment for humanitarian crises and disasters

Vulnerability Index	8.4	5.7	5
Hazard and Exposure	8.8	7.2	6.2
Lack of Coping Capacity	7.3	5.6	4.5
<b>Global Crisis Severity Index<sup>5</sup></b>	<b>5</b>	<b>4</b>	<b>3</b>
Projected conflict risk	10	3	0
Uprooted People Index	9.7	7.6	8
Humanitarian Conditions	4	4	3.5
Natural Disaster Index	8.8	3	3
<b>HDI Ranking<sup>6</sup> (Value)</b>	0.496 (170 <sup>th</sup> )	0.560 (152 <sup>nd</sup> )	0.797 (65 <sup>th</sup> )
<b>Total Population<sup>7</sup></b>	<b>37 172 386</b>	<b>216 565 318</b>	<b>82 913 906</b>

In the three countries, the COVID-19 pandemic has had a very dire impact on the ongoing humanitarian crises. It has seriously affected the resilience, if not the survival, of large parts of the population, and particularly the most vulnerable, both in health and socio-economic terms. The already weak health systems in Afghanistan and Pakistan were unable to cope with the pandemic; in Iran, the health system, already significantly constrained by lack of equipment and drugs as a result of US sanctions, was overwhelmed by the particular severity of the pandemic in the country. In the three countries, a much wider contagion than officially reported is feared. Many patients kept away from health centres out of fear of contagion and stigmatisation, putting their own lives at risk and thereby increasing the secondary impact of the pandemic. The impact of the lockdown and the rise in food prices precipitated many daily labourers, informal workers and their families into destitution and increased malnutrition. The drop in remittances also affected the economy. As a result of the pandemic and the lockdown, domestic violence increased significantly, putting women and children's lives at risk.

According to the UN, **Afghanistan** is affected by one of the deadliest conflicts worldwide (UN OCHA), the world's third massive food crisis (World Food report 2020) and is the generator of the world's second largest displaced and refugee population. The heavy international military presence is reducing, with the US and NATO removing troops. The country is also very much disaster-prone (floods, flash-floods, earthquakes, drought etc.). The Humanitarian Response Plan (HRP) revised in June 2020 identifies 14 million people as in need of humanitarian assistance and more than half of the country's population living in areas highly affected by conflict. Although the Afghanistan peace negotiations officially started in Doha in September 2020, the level of hostilities and in particular violence against the civilian population has remained high. Forty percent of the civilian casualties are women and children, an increase of 10% compared to 2019. Alleged and proven violations of International Humanitarian Law (IHL) abound amongst all parties to the conflict. Since the start of the COVID-19 pandemic, attacks against medical missions multiplied. Attacks on educational facilities, teachers and students increased since 2015.

The increased financial and military withdrawal of the US (and others) from Afghanistan may destabilize the existing balance leading to new conflict dynamics and increased

<sup>5</sup> <http://www.inform-index.org/Global-Crisis-Severity-Index-beta>

<sup>6</sup> Humanitarian Development Index (HDI) developed by UNDP

<sup>7</sup> World Bank

insecurity and protection issues. The ability to deliver essential services in rural areas (hosting 75% of the population – World Bank) will likely rely more on humanitarian partners, both during and after the intra-Afghan talks.

**Pakistan** is affected by multiple crises: 1) the 40 year-long Afghan refugee crisis, the country being the second largest (registered) refugee hosting country worldwide (UNHCR); 2) internal displacement due to insurgency and counter-insurgency operations; 3) natural disasters such as drought, flooding, earthquakes, locusts, flash floods/Glacial Lakes Outburst Floods (GLOF) and 4) the COVID-19-pandemic.

Pakistan hosts an estimated 3 million Afghan nationals, among whom only some 1.4 million are officially registered refugees. Some 1.6 million either have an Afghan Citizens Card (ACC), an expired visa/passport or are undocumented. Many Afghans in Pakistan are vulnerable, facing protection problems. Most people internally displaced from past insurgency/counterinsurgency activities in Khyber Pakhtunkhwa (KP) Province and the former Federally Administered Tribal Areas (FATA) have returned to their places of origin, with limited access to services.

Natural hazards affect everyone in Pakistan. The country has been recurrently hit by drought since 2000, with a negative impact on food security and nutrition (UN), especially in Sindh and Baluchistan, where some 11 million people live in areas often hit by drought. Despite a better 2019-2020 agricultural season, the rural poor in Sindh and Baluchistan have not yet recovered from the effects of the 2018-19 drought. It has severely affected food production and livestock, pushing households into debt and to adopt negative coping strategies, such as child labour and early marriage. Social safety nets are insufficient and ineffective. Some 22.8 million children between the age of 5 and 16 were out of school before COVID. 51 million children suffered school interruption due to COVID-19, which may further increase the number of out-of-school children, especially girls.

**Iran** faces a significant deterioration of the humanitarian situation which is likely to further worsen in 2021. The country is severely hit by multiple crises: 1) the 40 year Afghan refugee crisis, hosting an estimated 3.5 million Afghans (out of those, over 950,000 registered refugees), many extremely vulnerable and dependent on humanitarian aid, especially those undocumented; 2) a health crisis, including a severe COVID-19 outbreak, exacerbated by Iran's challenges in importing medical goods as a result of US sanctions; 3) an economic crisis primarily triggered by unilaterally re-imposed US sanctions, low oil price, drop in oil sales, and the socio-economic impact of COVID-19, with serious consequences on the population's livelihood and negative effect on food security and nutrition in some rural areas; 4) natural disasters: Iran is among the 10 most disaster-prone countries in the world (with Tehran the 5<sup>th</sup> most disaster prone city according to OCHA), due to recurrent floods, earthquakes, heatwaves and locust infestation.

Iran was one of the first countries hit by the COVID-19 pandemic and remains the most affected country in the Eastern Mediterranean region and among the worst hit worldwide (WHO). A third wave is ongoing. Health challenges in Iran pre-existed COVID-19 as a result of over compliance of pharmaceutical suppliers, shipping companies and banks to US sanctions, despite humanitarian exemptions. Sanctions limit Iran's capacity to import medical goods, hampering access to life-saving health treatment for both Afghans and Iranians alike due to lack of medicines and medical equipment or their unaffordability. All health services are affected, including immunization.

The COVID-19 pandemic has also severely affected access to livelihood for both Afghan refugees and vulnerable Iranians and has caused a sharp drop in Gross Domestic Product

(GDP - up to 5% in 2020, IMF) as well as skyrocketing inflation. 46 million people are reported below or just above the multidimensional poverty line and 32 million people are at risk of food insecurity and malnutrition<sup>8</sup>.

## 2 HUMANITARIAN NEEDS

### 2.1 People in need of humanitarian assistance

<b>Population in Need (2019 figures in italics, where available)</b>	<b>Afghanistan</b>	<b>Pakistan</b>	<b>Iran</b>
<b>Total number of vulnerable people in need of humanitarian assistance</b>	<b>14 000 000</b> <i>(9 400 000)</i>	<b>8 900 000</b> <i>(7 900 000)</i>	<b>24 000 000</b>
People in need of health humanitarian aid	10 100 000 <i>(1 900 000)</i>	8 900 000	10 000 000
People affected by food insecurity and malnutrition.			
- People in “emergency” levels of food insecurity	4 000 000 <i>(2 438 000)</i>	4 200 000 <sup>9</sup> <i>(3 000 000)</i>	305 000 <sup>10</sup>
- Malnourished children under five (MAM/SAM)	2 883 000 <i>(2 500 000)</i>	6 950 680	N/A
Refugees and Returnees	642 000 <i>(337 000)</i>	3 000 000 <i>(id.)</i>	3 500 000 <i>(id)</i>
People affected by shocks, incl. natural disasters	700 000 <sup>11</sup> <i>(675 000)</i>	2 400 000 <i>(5m)</i>	24 000 000
- Of whom displaced	500 000 <i>(500 000)</i>	100 600	N/A
Children in need of EiE	2 600 000 <i>(1 700 000)</i>	5 060 000 <sup>12</sup>	3 000 000 <sup>13</sup>

#### 2.1.1 Population with health, food security and nutrition needs

In **Afghanistan**, the conflict continues to take a toll on the population, with significant civilian war casualties, mines and explosive remnants of war, forced recruitment, extortion, torture, arbitrary arrest and detention, and other types of threats and violence. Recent estimates also suggest that at least 2 million people are in need of essential health services, while 3.5 million have limited access (2019 figures). Rates of infant, under five and maternal mortality remain amongst the highest in the world (48/1000, 62/1000 and 638/100 000 - WHO). In 2020 attendance to antenatal care at district level decreased by 31% and the incidence of serious communicable diseases (as measles and acute watery diarrhoea - AWD) was high among displaced and conflict-affected people. Polio outbreaks also persist across Afghanistan’s provinces.

<sup>8</sup> UN Iran Socio-Economic Recovery Programme Against the Impact of COVID-19.

<sup>9</sup> Out of 42 million food insecure, 4.2 million are in crisis & emergency level (IPC phase 3, 4, FAO), however the IPC-process covers only part of the country and no national reliable figures are available.

<sup>10</sup>Recent data not available: 1 million children were already at risk of severe acute malnutrition prior to COVID, out of 32 million people affected by food insecure and malnutrition (40% of the total population).

<sup>11</sup> Based on extrapolation of figures observed from January to August 2020.

<sup>12</sup> Out of the total 22.8 million out of school children, 5.06 million are of primary school going age.

<sup>13</sup> UN estimates.



Women and girls continued to be disproportionately impacted by the armed conflict and COVID-19 in Afghanistan. Lockdowns, economic losses, deepening social stress and stigma place already vulnerable groups at increasing risk of violations, abuse and exploitation. Inequalities and discriminatory practices against women exacerbated during 2020, with increasing risk of gender-based violence (GBV), reduced access to sexual and reproductive health care, education disruption and growing food insecurity.

The pandemic is revealing the extremely weak state of the public health system in Afghanistan and its destitution in terms of equipment. The stigma linked to the disease has discouraged many patients with acute and chronic pathologies from attending health centres, which is likely to cause many avoidable additional deaths.

The pandemic is expected to bring up to 90% of the Afghan population into poverty (living on less than USD 1.9 per person a day – World Bank). Reduced income opportunities and remittances, food-price volatility, disruption of supply chains, border closure and reduced mobility of labourers will further impact food security with a consequential increase in malnutrition rates. Populations most severely impacted by COVID-19 are the rural poor making their living from casual labour, people not reached by humanitarian assistance and city-dwellers relying on markets to access food.

The FAO<sup>14</sup> Integrated Food Security Phase Analysis (IPC) reports 10.3 million people (more than a quarter of the population) in IPC 3 (crisis) and 4 (emergency) levels between June and November 2020, with the number of people in ‘emergency’ level of food insecurity increasing to almost 4 million people<sup>15</sup>. High rates of malnutrition will persist, with 26 out of 34 provinces now above the emergency threshold for acute malnutrition (OCHA). 783 600 children under five are now projected to suffer from Severe Acute Malnutrition (SAM) and need life-saving treatment while 2.1 million children are projected to have Moderate Acute Malnutrition (MAM) and need immediate assistance, together with 650 000 acutely undernourished pregnant and lactating women (PLW). Life-saving nutrition treatment is being compromised due to community fears of COVID-19 and limited infection control measures at health facilities.

The COVID-19 pandemic has also put further pressure on migration and forced return. In 2020, due to the economic crisis in Iran, the number of returns has sharply increased, with 571 800 people returned as of the end of September and approximately half of them deported (IOM).

In **Pakistan**, people most in need are the most vulnerable Afghans, both registered refugees and undocumented, the victims of insurgency/counter-insurgency activities who are displaced in tribal areas or who returned from Afghanistan, and the people most affected by natural disasters, including the recurrent drought, and epidemics (e.g. COVID-19). In 2019, over 3 million people were reported by FAO’s Integrated Phase Classification in phase 3, crisis and 4, emergency in most drought affected districts in Sindh and Baluchistan alone. A more recent IPC analysis in Khyber Pakhtunkhwa (KP) and Newly Merged Tribal Districts estimated 1.2 million people in IPC 3 and 4. IPC data is not available for all provinces. In 2020, COVID-19 affects large parts of the population, either through direct contagion or its side effects, in terms of reduced access to health care and socio-economic impact. According to the latest National Nutrition

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<sup>14</sup> UN Food and Agriculture Organisation

<sup>15</sup> Afghanistan HRP includes analysis produced by the Food Security Cluster based on population figures generated by Flowminder, and reports 12.4 million people in IPC 3 and 4 between June and November 2020.

Survey (2019), stunting nationwide stands at an alarming 40.2% and wasting at 17.7%. Overall, an estimated 2.1 million children under 5 suffer from SAM and 12 million children are stunted. These figures are likely to increase further due to the COVID-19 socio-economic impact. In a country where women are often subjected to violence (93%, UNODC May 2020), COVID-19 has also led to a sharp increase in domestic and gender-based violence (by 25%, reported in Punjab).

In **Iran**, humanitarian needs are the highest among the most vulnerable Afghans and Iranians, especially those most affected by COVID-19 and people affected by other critical health needs and natural disasters. COVID-19 has worsened a critical situation, both in terms of health and limited capacity to fulfil basic needs. Concerns have further increased for both Iranians and Afghans with limited access to basic services, especially health care, due to the impact of COVID-19, the country's ongoing economic crisis and the difficulty to import essential medical goods. COVID-19 has a severe impact on the socio-economic situation and causes loss of employment, especially for the poorest 40% of the population. Most vulnerable Afghans and Iranians increasingly resort to negative coping mechanisms; 46 million people live below or just above the multidimensional poverty line; 32 million people are affected by some food insecurity and malnutrition, with 1 million children already at risk of severe acute malnutrition prior to COVID-19; 3 million households are female-headed, and child-headed households are on the rise. Malnutrition is increasingly visible, in particular in rural and remote areas.

### *2.1.2 Refugees and returnees*

In **Afghanistan**, while returns from Pakistan remained significantly lower than in 2019 and 2018, voluntary and forced returns from Iran have increased in the margins of COVID-19 and the economic crisis. By 17 October 2020, IOM reports 638 733 returnees from Iran. Up to half of them could be deported. Worrying levels of human rights abuse and protection issues towards Afghans have been recorded at the border. Many of the deportees, particularly women and children and persons with specific needs, are highly vulnerable with no means of reintegration in Afghanistan. Afghanistan also shelters some 72 000 refugees from Pakistan, originally displaced as a result of military operations in the North Waziristan Agency in Pakistan (UNHCR). They still face legal challenges to access basic services and the labour market. In **Pakistan**, while the situation of Afghans is very diverse, a third are considered to be most vulnerable and in need of some form of assistance. In particular, access to health care and education are an issue, in a context where access to these services is also limited for Pakistanis. In addition, refugees are facing evictions from their settlements and other protection concerns. COVID-19 has further affected the basic needs of Afghan refugees. In **Iran**, out of the more than 3.5 million estimated Afghan nationals in the country, 951 142 are registered Afghan refugees and an estimated 2.5 million are either passport holders (approx. 450 000) or undocumented. 97% of the registered refugees live within Iranian communities, while 3% reside in refugee settlements. The deteriorating economic situation, further aggravated by the impact of COVID-19, has had a strong impact on Afghans in Iran, both on their livelihood and access to basic services, as well as on the capacity of the country to continue its current levels of support. The inclusive policies put in place by the Iran government to give them access to national systems for health and education are at risk to roll back. Many Afghans are very vulnerable and dependent on humanitarian aid, especially those undocumented. As for the most vulnerable Iranian population, Afghans may be at higher risk of suffering from effects of natural disasters.

### 2.1.3 IDPs (*Internally Displaced People*)

In **Afghanistan**, from 1 January 2020 to 3 September 2020, 162 489 individuals fled their homes due to conflict (OCHA) with many of them in need of emergency support. Overall, 4 350 900 IDPs currently reside in host communities across Afghanistan (IOM). In **Pakistan**, at the end of June 2020, UNHCR still reports some 100 600 registered people displaced since 2008. On top of this there are a number of unregistered people that remain displaced by internal conflicts in KP and former FATA. Conditions are not fully conducive to return, including due to ongoing conflict or lack of basic services. There are no registered IDPs in **Iran**.

### 2.1.4 *People affected by shocks, including natural disasters*

In **Afghanistan**, from 1 January to 2 September 2020, 67 916 people were affected by natural disasters, mainly floods in the southern and central parts of the country. Afghanistan is highly prone to intense and recurring natural hazards such as flooding, earthquakes, snow avalanches, landslides and droughts due to its geographical location and years of environmental degradation. On average such disasters affect 200 000 people every year. Both **Pakistan and Iran** are highly prone to intense and recurring natural hazards such as floods, earthquakes, snow avalanches, landslides, heatwaves, droughts, and locust infestations, the latter two with negative food security and nutrition impact. In **Pakistan**, the people affected by natural disasters include those affected by recurrent droughts, resulting in malnutrition and food insecurity, and those hit by flash floods and monsoon floods.. In **Iran**, a significant number of people are expected to continue suffering from the effects of climate induced and other natural disasters.

### 2.1.5 *Children and Youth*

In **Afghanistan**, some 3.7 million children were out-of-school before the COVID-19 outbreak. By June 2020, approximately 10 million children have had their normal schooling interrupted. 2.6 million children (52 % boys, 48 % girls) are in acute need of education support. Displaced children and those in areas hard-to-reach and controlled by Non-State Armed Groups (NSAG) are most at-risk, as families are often forced to resort to negative coping mechanisms such as child labour and early marriage. In 2019, UNAMA reported 70 incidents impacting access to education (attacks targeting schools, killing, injury or abduction of education personnel and threats against students). In the first quarter of 2020, UNICEF reported and verified eight attacks against schools and protected personnel. The Afghan conflict remains the deadliest for children globally (UNAMA). **Pakistan** has the world's second highest number of out-of-school children. An estimated 22.8 million children aged 5 to 16 (44% of the total population in this age group) are out of school, especially girls. Amongst refugees, 64% of the population is under the age of 24, the majority of whom have received little or no formal education. In **Iran**, Afghan children have equal access to education as Iranian children, thanks to the 2015 Supreme Leader's decree that allowed all Afghan children, irrespective of their documentation status, to access education free of charge. Besides the educational benefit, Afghan children's registration for education also increases the protection status of children and their families. However, the multiple crises affecting Iran since 2018 have overstretched national resources, making it increasingly difficult for Iran to maintain current levels of service provision.

## 2.2 Description of the most acute humanitarian needs

### 2.2.1 *Emergency multi-sector humanitarian needs*

In **Afghanistan**, localised displacement, due to conflict or natural disasters, triggers needs in food assistance, shelter, non-food items (NFIs), WASH and protection. Moreover, an increasing number of IDPs are becoming a ‘protracted’ caseload, many of them becoming permanently established in the peri-urban areas of provincial capitals, where scarce livelihood opportunities, limited access to services and lack of social and legal recognition add complexity to the needs. Those impacted by natural disasters (displaced or not) also require urgent multi-sector assistance. In **Pakistan**, multi-sector needs arise mainly in response to natural disasters: shelter, WASH, NFIs, according to the nature of the disaster. WASH assistance is still necessary in areas where IDPs/refugees return. In **Iran**, a multi-sectoral basic needs approach is necessary, to allow the most vulnerable Afghans and Iranians to meet their urgent needs. This is especially the case for those affected by COVID-19, to prevent further disease dissemination through risky practices to cover basic expenses, and negative coping mechanisms. The most pressing needs of both registered and undocumented Afghans continue to be protection, health, education, and WASH. In case of natural disaster, needs can also require multi-sector assistance.

### 2.2.2 *Health, Food Security and Nutrition*

In **Afghanistan**, access to adequate medical assistance, in particular for the war-wounded, is a priority need. Life-saving basic health care is required in areas where the provision of health services is disrupted due to conflict. In 2020, a larger share of the country no longer has government-supported health services and it may further expand. Potential needs linked to COVID-19 will also have to be addressed. Malnutrition, particularly amongst women and children, is a significant consequence of the crisis and ongoing COVID-19 epidemic, resulting from food insecurity and a lack of adequate access to safe drinking water, sanitation and hygiene. Timely and effective access to secondary and tertiary health services for civilians fleeing the conflict, wounded combatants, detainees, victims of explosive ordnances and those displaced is limited. The prevalence of mental health disorders (anxiety-depression) is increasing as a result of the hostilities, trans-generational learned behaviours, and COVID-19 related stressors.

In **Pakistan**, the already low level of public health services has been further compromised in 2020 due to the COVID-19 pandemic, which revealed many gaps in the system (i.e. inability to respond to infectious diseases, the lack of response to malnutrition, and lack of mother & childcare). The first half of 2020 saw a sharp decrease in the number of people seeking health services and most of the outpatient departments in the country closed out of fear of COVID-19. Health care needs for the most vulnerable Afghan refugees, IDPs, returnees as well as vulnerable Pakistanis have therefore increased. The impact of COVID-19 on the population excluded from the existing social protection systems is huge and some 10 million Pakistanis might slide below the poverty rate. 2.5 million children were added to the already existing 40 million food insecure and 12 million malnourished children, according to UNDP (May 2020).

Since the beginning of COVID-19, **Iran** has been one of the worst hit countries worldwide (WHO). A third wave is ongoing and is expected to continue in 2021. Supporting the local health system’s response is a priority: strengthening surveillance and treatment capacity, provision of personal protective equipment (PPE) to health and social workers, hygiene promotion linked to health, as well as testing and treatment for

particularly vulnerable groups. Iran's constraints in importing medical goods further increase challenges in the response and the need for international support. Mental health issues are also on the rise due to the impact of COVID-19. Lack of access to health treatment by the population is reported (both Afghans and Iranians), due to lack of medicines and medical equipment or unaffordable prices, including for immunization (15-fold price increase for some medicines; 65% increase of Universal Public Health Insurance premium). Although Afghans are included in national health care provision, undocumented Afghans are particularly vulnerable as they often cannot afford treatment. Food insecurity and malnutrition also affect large population numbers.

### 2.2.3 Protection

In **Afghanistan**, the crisis-affected population faces the following key groups of protection risks which are intrinsically interlinked and need to be addressed:

- Massive IHL and International Human Rights Law (IHRL) violations committed by all parties to the conflict expose the civilian population to death, injuries, violence, coercion, deliberate deprivation, abuse, displacement, confinement, etc.;
- Limited availability of specialised protection services, insufficient targeting of women and non-functional/passive referral systems reduce access to these services;
- GBV and child protection needs have significantly increased with COVID-19: resorting to negative coping strategies due to lack of income/livelihoods and/or access to services and assistance, leading the affected population to become even more exposed to violence, abuse, exploitation, etc.

In **Pakistan**, protection needs remain high for Afghans, especially those with an Afghan Citizenship Card and those undocumented who are not protected by international or national law and remain extremely vulnerable and at risk of deportation. They also remain high for IDPs/returnees, often caught between insurgency and counter-insurgency operations. In **Iran**, access to documentation and legal support continue to be needed especially for undocumented Afghans, at risk of deportation. Back and forth cross border movements, including of single women and unaccompanied minors, have increased between Iran and Afghanistan and more Afghans are becoming 'reverse-economic migrants' as the Iranian economy worsens. Protection is needed in line with International Refugee Law (IRL) and help to establish a better-informed, dignified transit system at the border.

### 2.2.4 Education in Emergencies (EiE)

In **Afghanistan**, education is needed for children deprived of an education by conflict in situations where their schools are occupied or damaged in fighting, when parents withdraw their children due to insecurity, or because of overcrowding due to displacement/returnee influxes. In **Pakistan**, needs remain high in particular for Afghan children and returnees to tribal areas. With low enrolment rates in general in Pakistan, safe and equitable access to education for Afghans (refugees and others) is insufficient. Returnees to tribal areas often find that there are no educational facilities available. In **Iran**, burden sharing assistance is key to support the country's inclusive policies granting all children, regardless of their nationality/status, access to public schools free of charge. Absorbing large number of additional children is a huge challenge for the national education system, increasingly under pressure with insufficient facilities, equipment and staff. Even if education is free, barriers to access education persist for more vulnerable children, e.g. cost of books/transport, restrictions on age/level, linguistic obstacles.

### 2.2.5 Disaster Preparedness (DP)

All three countries are highly exposed to natural hazards such as floods, flash floods, earthquakes, droughts, locusts and epidemics. It is therefore necessary to reinforce their systems to be able to prepare for and respond to these hazards. In **Afghanistan** a DP lens needs to be integrated in every humanitarian action. In **Pakistan**, high numbers of people affected by natural disasters as well as COVID-19 show a need for improved disaster preparedness and early warning. Urban risks, especially for Karachi (ca. 20 million, cyclone/flooding) and the north (earthquake) are high and additional resources could be efficiently used. In **Iran**, a continuous preparedness to respond to the frequent natural hazards as well as epidemics is needed.

## 3 HUMANITARIAN RESPONSE AND COORDINATION

### 3.1 National / local response and involvement

In **Afghanistan**, despite significant international assistance, access to public basic services remains very limited; the exhaustion of economic resources related with COVID-19 risks hampering possible resilience and recovery development. Political instability and the delayed government formation resulted in the reduced capacity of implementation for relevant intervention policies (e.g. COVID-19 Response Plan, IDP policy and National Asylum law) and action plans.

The Government of **Pakistan** has a decentralised setup with decision making power and budgets delegated to provincial level, meaning that cooperation is needed both on federal and provincial levels. Both levels have policies and budgets for IDPs/returnees, response to COVID-19 and natural disasters. The Commissioner for Afghan Refugees (CAR), which falls under the Ministry of States and Frontier Regions (SAFRON), is responsible for refugee related policies. There is an active network of international and national NGOs. However, their coverage, efficiency and capacity is not sufficient. The awareness of the national and provincial governments on the drought emergency in the south and the related malnutrition crisis has recently grown. International support remains however needed, both in terms of funding and technical expertise.

**Iran** has very inclusive policies towards Afghans, granting equal access to the national health insurance scheme to documented Afghan refugees and Iranians as well as allowing all children in the country to enrol in the national education system free of charge, independently of nationality/status. However, Iran's capacity to support the Afghan refugee caseload and ensure service provision to all populations in the country has been negatively affected by its economic challenges, US sanctions and COVID-19. Iran calls for greater burden sharing on refugees and international support is needed to support Iran in its own internal challenges, especially in health care. For disaster preparedness, although the Iranian relevant systems have considerable technical expertise, the economic crisis has led to a decrease in preparedness and ability to respond.

### 3.2 International Humanitarian Response

In **Afghanistan**, the humanitarian coordination and clusters are led by the Humanitarian Coordinator, who is also the Resident Coordinator and Deputy Special Representative of the Secretary General (DSRSG). The Humanitarian Country Team (HCT) aims to provide strategic direction for the collective humanitarian response and ensure that it is effective. Donors meet monthly through meetings coordinated by ECHO with all humanitarian donors, and via a monthly meeting between humanitarian donors and the

Humanitarian Coordinator. Humanitarian aid remains insufficient to respond to current humanitarian needs. The 2020 Humanitarian Response Plan (HRP) requested USD 1.1 billion in order to target and assist 11.1 million people out of the 14 million identified as in need of humanitarian assistance. As of 20 October 2020, the HRP is only 34% funded. Further to the support by International Organisations, a number of countries continue to support Afghanistan via bilateral agreements, such as the US, the UK, Denmark and Sweden. Of particular importance in Afghanistan is the engagement of the World Bank, especially through the Afghanistan Reconstruction Trust Fund (ARTF).

In **Pakistan**, humanitarian coordination is weak. OCHA has largely scaled down and cluster/sector activities depend on the members' pro-activeness. The UN Inter-sector COVID-19 Response Plan 2020 amounts to USD 145.8 million which is 52% funded, as of 20 October 2020. Pakistan's own Preparedness and Country Response Plan for COVID-19 requires USD 595 million of which a small part has been funded. Several international donors such as US, DFID and Japan have allocated bilateral support to Pakistan. UNHCR's requirements amounts to USD 99.7 million, funded at 54% as of September. Significant additional support (in billions) has been provided in response to COVID-19 by the World Bank, Asian Development Bank and the International Monetary Fund; more is pledged for both health and socio-economic sectors. In comparison to the massive needs, support to drought affected areas with subsequent malnutrition crisis is extremely limited.

In **Iran**, OCHA is not present and humanitarian coordination is efficiently led by the UN Resident Coordinator. The budget of the Country Preparedness and Response Plan (CPRP) amounts to USD 198.067 million and is 53% funded. UN Iran COVID-19 Inter-sector Response Plan has a budget of USD 117.3 million and is 63% funded as of 20 October 2020. UNHCR's requirements amounts to USD 99.9 million, funded only at 34% as of September. Iran applied to a USD 5 billion loan from the IMF in March 2020, not approved yet, and a 50 million loan from World Bank, reportedly granted. EU humanitarian support has a particular added value in Iran that can count on a very limited pool of possible donors (e.g. US-BPRM has stopped completely funding UNHCR Iran since 2018). Overall support is low and the humanitarian response is underfunded.

### 3.3 Operational constraints

#### 3.3.1 Access/humanitarian space

Access remains difficult for relief agencies in **Afghanistan** and incidents have occurred where they have been directly targeted, but delivering humanitarian aid is possible. Access negotiations conducted in principled manner can take time and impact the timely delivery of humanitarian assistance. Conflict and political instability also make it difficult for development programmes to achieve their socio-economic objectives. The likely withdrawal of international troops in the course of 2020 may lead to a further limitation of humanitarian space, and have direct operational consequences for humanitarian actors in terms of increased insecurity and increased difficulties in security management, and hence for humanitarian beneficiaries.

Access in **Pakistan** is severely constrained due to security issues, especially in tribal areas and Baluchistan. Lengthy and complex bureaucratic procedures also limit access to these areas, less to others. Overall, Non Objection Certificates (NOCs) are needed for need assessments and monitoring. In the context of COVID-19, the humanitarian space has slightly widened, thanks to a reduction in bureaucratic requirements for humanitarian

organisations. Armed escorts are imposed in some areas. Advocacy is needed to mitigate lack of awareness and respect for humanitarian principles.

In **Iran** only some international humanitarian partners are allowed to operate and NOCs are needed for needs assessments and monitoring missions. Project approval procedures are needed and can be lengthy. Advocacy is needed to facilitate awareness and respect for humanitarian principles, for example for independent monitoring and collection of data. Recently, Iranian authorities have shown positive signs of opening-up humanitarian space, especially in response to the 2019 floods and the COVID-19 pandemic.

### *3.3.2 Partners (presence, capacity), including absorption capacity on the ground*

In **Afghanistan**, there are severe constraints on access and on the daily operating capacity of partners due to conflict and the pandemic. . Such an environment implies additional operating costs and, in some instances, reliance on local implementing partners. Pressure and interferences on humanitarian actions by government and non-government actors pose a challenge to the delivery of principled assistance. In the COVID-19 context, the limited curative capacity in the country risks negatively impacting on the capacity of partners to deliver humanitarian services.

Despite many difficulties, DG ECHO's partners are able to work in most parts of **Pakistan**. Obtaining a Memorandum of Understanding (MoUs) has been easier for INGOs in 2020, but the NOCs to allow them to operate are regularly delayed, refused or the application remains unanswered. National NGOs also face complications. Complex and lengthy visa procedures are an obstacle to foreign presence. These administrative obstacles led to the departure of several reputable INGOs over the past years, limiting the absorption capacity on the ground. The needs are significant, but unavailability of accurate and reliable data, limited funding and a lack of humanitarian coordination structure hamper the humanitarian response in Pakistan.

In **Iran**, operational capacity is satisfactory although few humanitarian partners are present. The positive coordination efforts by the Resident Coordinator should continue and be inclusive of UN agencies, INGOs and International Organisations. Import of medical drugs, equipment and humanitarian funding into the country have been hampered and delayed as a result of US sanctions, despite humanitarian exemptions. Despite these challenges DG ECHO's partners present on the ground are able to work in Iran and have been able to provide a timely response to COVID-19.

### *3.3.3 Other*

In Afghanistan, while in the context of the COVID-19 pandemic negotiations had been underway to improve access, the latest developments indicate that non-government actors regain territorial control, in particular regarding the main highways. "Access fees" to pass through, or levies in relation to aid distributions are frequently demanded.

## **4 HUMANITARIAN – DEVELOPMENT – PEACE NEXUS**

In all three countries, the nexus presents multiple opportunities and specific context-related challenges. DG ECHO aims at achieving more coherent and complementary planning, programming and financing with increased cooperation and coordination between humanitarian, development and peace actors. A shared analysis of risks, needs, vulnerabilities, dynamics and cross-shared information on field realities is the basis of DG ECHO's programming and is systematically updated. The EU also takes part in the



Solutions Strategy for Afghan Refugees (SSAR) Support Platform and has recently joined the SSAR Core Group with some EU Member States and other donors.

In **Afghanistan**, in order to achieve the most effective use of resources, DG DEVCO, FPI and DG ECHO multiply their efforts to promote rationalisation and operational coordination, within our own institutions, with the Afghan government and with other donors and partners, e.g. the UN and the World Bank. DG ECHO will ensure that Humanitarian-Development-Peace (HDP) policies work together while protecting our mandate, principles and perception. In this light, DG ECHO and DG DEVCO will focus on few specific areas which could achieve tangible results and reduce the risk of scattering limited resources: i) streamline policy coherence in the health sector linking development and humanitarian investment in the area of nutrition (e.g. Ready to Use Therapeutic Food procurement), trauma and rehabilitative care; ii) support the HDP analysis and strategy to revise state-run livelihood programme in order to better cover protracted humanitarian needs, particularly among internally displaced population, aiming at promoting safe and dignified returns as a crucial element for sustainable peace; iii) support harmonious humanitarian-development actions in favour of Afghan returnees to ensure continued protection assistance and reintegration support (vocational training, livelihood, job-creation), thus supporting sustainable peace; iv) factor the steady urbanisation process in the development of humanitarian-development approaches for the coming years. DG ECHO also closely coordinates its actions with early recovery and development initiatives inter alia through the World Bank, the Humanitarian Donor Group, and works for the needs of vulnerable groups to be incorporated into long-term government policies.

In **Pakistan**, the context is very conducive for nexus. Since 2010, DG ECHO has been involved in food security and nutrition in drought-affected districts in Sindh that resulted in DG DEVCO's projects as follow up. There is an opportunity to extend cooperation to Baluchistan, where DG DEVCO has been already present for a number of years and DG ECHO more recently, as well as in the COVID-19 response. Refugees and nutrition are included in the Strategic Engagement Plan (SEP) EU-Pakistan, for which DG DEVCO and ECHO are co-chefs de file. Coordination is ensured on Afghan refugees, with DG DEVCO supporting UNHCR for its health, livelihood, protection and education response. On Education in Emergencies, DG ECHO's response should continue to be linked to longer term Education projects support by DG DEVCO and government actors.

In **Iran**, there are excellent opportunities for an enhanced operationalisation of the nexus, to continue to strengthen complementarities, maximise the impact of EU investment as well as further capitalise on lessons learnt for possible scale up of support and increased response sustainability. Both DG DEVCO and ECHO are supporting some of the same partners and have regular joint missions. Concrete complementarities have already been successfully achieved, e.g. on education, health and response to Afghan refugees, with a division of labour according to the type of activity. A positive example is DG ECHO's support to the Universal Public Health Insurance (UPHI) that was taken over by DEVCO and has made health insurance accessible to refugees. DG ECHO and DEVCO have also worked together contributing to Iran's response to COVID-19. Further nexus opportunities exist in several sectors: (1) health, both in response to COVID-19 and Iran broader health challenges; (2) education, continuing the successful EU humanitarian and development investments so far; (3) response to COVID-19's socio-economic impact, on livelihood and basic needs of the most vulnerable people, including for shock responsive social protection schemes/safety nets; (4) disaster preparedness, mainstreamed throughout the above sectors, for a shock responsive approach; protection and support to refugees, included in all priorities of engagement.

## **5 ENVISAGED DG ECHO RESPONSE AND EXPECTED RESULTS OF HUMANITARIAN AID INTERVENTIONS**

### **General considerations for all interventions**

The humanitarian response shall be compliant with EU thematic policies and guidelines that are described in detail in the HIP Policy Annex. For instance, mainstreaming of protection, gender (including mitigation of risks of GBV), age, and disability inclusion should be duly reflected in all proposals.

Furthermore, the increasingly negative consequences of environmental degradation and climate-related challenges and the COVID-19 pandemic will continue to impact humanitarian crises and the provision of humanitarian assistance for the foreseeable future. For these reasons, in their proposals partners are requested to follow an all-risks assessment approach, to contemplate measures to reduce the environmental footprint of operations and to factor in as appropriate the COVID-19 dimension.

DG ECHO will release an operational guidance on its renewed approach to preparedness in January 2021, for the consideration of its partners as well. This document will be the result of an extensive consultation with partners on the key policy elements and operational modalities of the approach.

### **5.1 Envisaged DG ECHO response**

#### *5.1.1 Afghanistan*

DG ECHO's strategy will be coherent with the deterioration of the humanitarian situation characterised by a significant increase in basic needs, IHL violations and protection challenges along with a reduction in aid resources and government capacity due to the COVID-19 economic crisis. DG ECHO will continue to support humanitarian assistance and protection of the most vulnerable populations in a gender, age and disability inclusive and conflict-sensitive manner. DG ECHO partners are expected to prioritise response to life-threatening humanitarian needs focusing exclusively where government and development services are not present or not accessible for populations at risk. Coordination and humanitarian access initiatives will be supported in order to promote efficiency of the humanitarian response. Priority will be placed on practical operational coordination, with a focus on the priority sectors of intervention and on support services with the aim of sustaining and improving the delivery of principled humanitarian aid, focusing on hard-to-reach, contested and non-government-controlled areas. Although there is no specific DP budget line foreseen for Afghanistan in 2021, DP will have to be integrated into overall DG ECHO programming by including contingency arrangements for additional or expanded activities in order to protect operations and beneficiaries from hazards and threats. Balanced humanitarian aid, protection and advocacy, in the best interest of the affected population, will be supported along the following priorities:

- Life-saving trauma care, access to essential health care (including sexual and reproductive health, mental health and psychosocial support) and nutrition services, in conflict prone areas and contested areas where regular services are disrupted by conflict.
- Multi-purpose emergency relief assistance for vulnerable shock-affected and newly displaced populations, catering for basic needs and protection of civilians in displacement. Sudden displacement requires a multi-sector rapid response through an Emergency Response Mechanism, which includes food assistance, shelter, NFIs and WASH to prevent families from reverting to negative coping mechanisms. Where local markets are functional (and allow for equal and safe access to them) and basic commodities' prices are stable, emergency multi-purpose cash is to be privileged.

- Protection, as an overarching concern, to be mainstreamed into all DG ECHO-funded actions by operationalising the four protection mainstreaming principles. Targeted protection programming should include a specific focus on gender, age and disability, measures to reduce/mitigate exposure to violations and increase the availability of basic and specialised protection response services. Solid protection information management systems and evidence-based advocacy are deemed essential to underpin the targeted programming, including promotion of IHL and International Human Rights Law (IHRL).
- Education in Emergency targeting children out of school as a result of conflict or disaster, including COVID-19, with the objective of enabling children to continue learning until they can successfully return to school. Actions should respond to the education and protection needs of children in an integrated manner, with appropriate responses to crisis-related risks for girls and boys attending school.

### 5.1.2 Pakistan

DG ECHO's response will focus on Afghans, IDPs/recent returnees and people affected by natural disasters including drought, without excluding any remaining COVID-19 related needs. Coordination, advocacy and common services are to be mainstreamed to improve the safety, principled nature and effectiveness of humanitarian action. Due to COVID-19, considerable changes in various sectors are observed and reliable primary data collection is needed. DG ECHO favours response in sectors and geographical areas where needs are overlapping and on the following priorities:

- Health and nutrition: including potential needs linked to COVID-19. This may include establishment of separate circuits for infectious diseases, maternal health care, immunisation and Risk Communication and Community Engagement (RCCE). Support will be linked to existing health structures to ensure continuity. Primary health care might also be included for vulnerable populations without access to health, e.g. due to conflict or natural disasters, including Afghans (both refugees and undocumented). Nutrition assistance is always to be integrated in the health system. Treatment of Infant and Young Child Feeding (IYCF) can be considered when needs are caused by natural disasters and/or aggravated by COVID-19. Activities should be linked to longer term development projects that include system strengthening to allow for phasing out.
- WASH in areas where IDPs/refugees return. A broad community approach must be adopted, to ensure adequate overall coverage of water supply, sanitation and hygiene promotion within targeted communities, including repair of water schemes. Solid engagement with relevant authorities must be ensured for sustainability.
- Protection and Education in Emergencies: protection interventions will be focused on specific protection needs of Afghans, e.g. documentation, legal support, registration and facilitation of voluntary return. Measures to prevent violence, abuse, harassment and exploitation have to be included as well as effective monitoring. Comprehensive protection risk analysis is crucial to target the most vulnerable. DG ECHO will actively support durable solutions for voluntary, safe and dignified return of refugees and IDPs. Focus will be on the most vulnerable, e.g. women, children, elderly, people with disabilities and minorities. Child protection is required in education projects. Education in Emergencies will focus on Afghans and IDPs/returnees out of school children, 5 to 16 years old. Equity for boys and girls will be pursued with a clear definition of needs and appropriate response. The COVID-19 context requires innovative responses to ensure children are back to learning in a safe and dignified manner.
- Disaster Preparedness: DP is to be integrated into the overall programming, including when targeting Afghans. With the dedicated DP allocation, future projects should

strengthen health/nutrition systems and build on lessons learned from ongoing DG ECHO's projects to improve shock responsiveness and local response to (seasonal) spikes, natural disasters and epidemics.

### 5.1.3 *Iran*

DG ECHO's response will continue to focus on the most vulnerable Afghans and Iranians, based on the significant increase in humanitarian needs and a reduction in local capacities. Priority will be given to those most affected by COVID-19 and its socio-economic impact as well as broader health needs and natural disasters, with a special attention for gender, GBV, age and disability. The focus will be on:

- Health and WASH: including response to COVID-19 and broader health humanitarian needs, on the basis of evolving necessities. Support will continue to ensure access to primary health care for the most vulnerable Afghans and Iranians, the latter for instance in relation to COVID-19 and the impact of US sanctions. Procurement of life-saving medical drugs and equipment is considered, including COVID-19 related equipment and input. Where possible, support should be linked to development aid that includes system strengthening. WASH interventions should adopt a broad community approach, to ensure adequate overall coverage of water supply, sanitation and hygiene promotion within the targeted communities. WASH can be linked to the health response and education.

- Livelihood/multi-purpose cash assistance to help most vulnerable Afghans and Iranians meet their urgent basic needs, especially those hit by COVID-19 and its socio-economic impact, to prevent negative coping mechanisms and avoid resorting to risky practices to make ends meet. A multi-sectoral basic needs approach would be needed. In compliance with the "do no harm" principle, host communities are included in the support to Afghans, based on needs/vulnerabilities. Close monitoring of the impact of US sanctions on the population in Iran is needed, especially on access to health care.. Recurrent locust plagues in the south need to be monitored in 2021, due to their potential food security/nutrition impact. Multi-sectoral emergency assistance can also be allocated to most vulnerable shock affected people, e.g. those hit by natural disasters, integrating elements of disaster preparedness. Where local markets are functional, allow for equal and safe access, and basic commodities' prices are stable, cash is to be privileged.

- Protection and Education in Emergencies: focused on specific protection needs for Afghans, such as documentation, registration, legal support and facilitation of voluntary return. Effective monitoring and comprehensive protection risk analysis are essential, based on primary data for needs assessments and monitoring. Projects should include measures to prevent violence, abuse, harassment and exploitation. DG ECHO will support durable solutions for voluntary, safe and dignified return. Child protection is required in education projects. Education in Emergencies interventions will focus on vulnerable Afghan children with otherwise little to no access to education, to boost enrolment, limit drop-outs and increase burden sharing considering the overstretching of the Iranian government's resources. Support may include school renovation and provision of equipment until development actors or the government can allocate sufficient funding. Equity for boys and girls will be pursued as well as inclusion of children with disabilities. The COVID-19 context requires innovative responses to ensure children are back to learning in a safe and dignified manner.

- Disaster Preparedness: to be mainstreamed in every intervention. A disaster preparedness specific pilot will be launched in 2021 to reinforce the capacity of the education and health systems to withstand emergencies such as natural hazards and epidemics. Focus will be on urban and border areas, where most Afghans live and transit.

## **5.2 Other DG ECHO interventions**

The Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of epidemics and natural disasters. The Small-Scale Response, Acute Large Emergency Response Tool (ALERT) and Disaster Relief Emergency Fund (DREF) may also continue to be successfully mobilised to respond to emergencies in the region.