

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

AFGHANISTAN, PAKISTAN, IRAN AND CENTRAL ASIA

The full implementation of this version of the HIP is conditional upon the approval of the transfer by the Budgetary Authorities.

AMOUNT: EUR 212 492 150

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2022/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes¹ is to serve as a communication tool for DG ECHO²'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.

MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

FOURTH MODIFICATION – 05/10/22 – PART 1: PAKISTAN FLOODS

This modification is intended to allocate an additional EUR 10 million to the EU flood response to very urgent humanitarian needs in Pakistan.

Since mid-June, above normal monsoon rains have caused major flash floods, affecting more than 70% of Pakistan. More precisely, since 14 June, according to UNOCHA at least 1 600 people died and 12 800 people were injured. More than 767 000 houses have been totally destroyed and more than 1.2 million houses were damaged. In terms of infrastructures, 13 000 kilometres of roads have been damaged. At least 8 million people are estimated to be displaced. Afghan refugees are very present among the population in need. All provinces are affected at varying levels, severely impacting the coping strategies of the affected population. The provinces of Sindh, Baluchistan, Punjab and Khyber Pakhtunkhwa (KP) are particularly hard hit.

An Integrated Food Security Phase Classification (IPC) analysis has been conducted on 28 highly vulnerable districts in Sindh, Balochistan and Khyber Pakhtunkhwa. The analysis found that 5.96 million people in the assessed districts are estimated to be in IPC Phase 3 (crisis) and 4 (emergency) between July and November 2022 – a figure expected to increase to 7.2 million people from December 2022 to March 2023. The prevalence of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) is high in Balochistan and Sindh, with both exceeding the emergency thresholds in some districts. The situation is expected to deteriorate, due to the short and medium term impact of the floods.

¹ Technical annex and thematic policies annex

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

The most urgent needs remain in the areas of WASH (toilets, hygiene kits, drinking water), food support (dry eatables, dry milk, boxes of liquid milk, raw food such as rice, flour and lentils, dry rations), shelter (tents, temporary shelters, blankets, plastic mats, sleeping bags) and NFIs (clothing, fuel, plastic shoes), health (medicines, mosquito nets) and livelihood assistance.

The loss of agricultural land that remains inundated at a large scale, including loss of livestock, will have a serious impact on the food, nutrition and livelihood of affected communities, in the short and longer term.

The Pakistani government together with UN OCHA, launched an initial international appeal for relief and rehabilitation of flood-hit people and restoration of damaged infrastructure, amounting to USD 160.3 million, to appeal for. On 4 October 2022, the United Nations revised up this humanitarian appeal for Pakistan to USD 816 million, reflecting the increase of people in need to more than 20 million. Pakistan's Federal Ministry of Economic Affairs addressed a request to the European Union (EU) Delegation in Islamabad for humanitarian and financial assistance for immediate relief and rescue, rehabilitation and reconstruction of the flood affected communities.

The EU quickly responded to the crisis mobilising EUR 7.35 million (through the small-scale and ALERT instrument. An EU Civil Protection Team (EUCPT), a Technical Assistance and Support Team (TAST) and one ERCC Liaison Officer were deployed to Islamabad on 6 September. In a previous allocation round related to the floods, the EU had already topped up the Humanitarian Implementation Plan with EUR 13 000 000.

Considering the massive needs and gaps, humanitarian assistance will further be stepped up. To this effect, an additional amount of EUR 10 million will be allocated from budget transfers, after approval of the relevant request by the Budgetary Authority. This will bring the total humanitarian response to the floods to EUR 30 350 000.

FOURTH MODIFICATION - 05/10/22 – PART 2: AFGHANISTAN CRISIS

This modification is intended to allocate an additional EUR 75 million to the EU response to the very urgent humanitarian needs in Afghanistan.

The food security situation in Afghanistan remains dramatic, due to a complex combination of economic collapse, recurrent drought, decades of conflict and ripple effects of the Ukraine Crisis. As per the last IPC, between June and November 2022 18.9 million people (47% of the population) are reportedly acutely food insecure (IPC 3+), of which 6 million are severely food insecure (IPC 4). Afghanistan has the highest prevalence of insufficient food consumption globally, with 92% of people experiencing insufficient food consumption for ten consecutive months. 60% of households are reported to employ crisis-level coping strategies such as selling assets, borrowing food, begging etc. Female headed households are struggling the most. Due to the massive surge in food insecurity amid the Ukraine war, the World Food Programme calls for USD 1.1 billion to continue delivering monthly food and nutritional assistance for the next six months.

The recent Inter-Sector Winter Prioritisation exercise led by the inter-cluster coordination team concluded that USD 614 million are immediately required to address needs over the first winter months of Oct-Dec 2022. An additional USD 154 million is needed to preposition food and other supplies before the weather cuts access to certain areas.

Since June 2022, unseasonal heavy rains and flash floods affected Afghanistan impacting at least 20 provinces across the country. At least 21 000 families have been affected, and more than that 8 800 houses were damaged or destroyed. The most affected areas have been in the Eastern regions. ECHO partners are responding under the ongoing Emergency Response Mechanism, and crisis modifiers embedded in ongoing contracts. The floods have also destroyed crops, agricultural land and local infrastructure – including cutting off roads and highways. Emergency shelter, NFIs, food, WASH and Health assistances are the most immediate needs of the affected population, in particular before the winter.

In the areas affected by the earthquake of 21 June in the east of Afghanistan, some 100 000 people across seven districts were found to be in need of assistance. Women's access to services remains a concern across earthquake affected areas, where restrictive socio-cultural norms are strictly observed, and outreach to female beneficiaries by female aid workers must be continued and reinforced. ECHO continues to engage with partners to ensure adequate consideration of gender and protection elements in the response. The humanitarian response continues to take place in most affected districts, mainly in Paktika and Khost Province.

Across Afghanistan, the humanitarian assistance will have to be significantly stepped up. Urgent response to priority needs, such as health care, nutrition, food, and support to displaced population, as well as mine action will have to be further mobilised. Of particular concern are the winterisation needs of the population. 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 75 million 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.

THIRD MODIFICATION – 14/09/22 – PAKISTAN FLOODS

This modification is intended to allocate an additional EUR 13 million to the EU flood response to very urgent humanitarian needs in Pakistan. Since mid-June, above normal monsoon rains have caused major flash floods, affecting more than 70% of Pakistan. The floods have led to extensive human and infrastructure damage across many parts of Pakistan, with initial estimates of 1 400 deaths, 12 600 injured, 1.6 million houses damaged or destroyed and 750 000 livestock perished. The floods bring the number of IDPs to 6.3 million. More than 33 million people are affected. Figures are expected to further increase. All provinces are affected at varying levels, severely impacting the coping strategies of the affected population. The provinces of Sindh, Baluchistan, Punjab and Khyber Pakhtunkhwa (KP) are particularly hard hit.

The most urgent needs include WASH, Food support, Shelter and NFIs, Health and Nutrition, Education in Emergency and Protection, as well as livelihood assistance.

According to WHO, the main health concerns include cholera, water diarrhoea, dengue fever, malaria and infections. The risk of waterborne disease is of serious concern especially due to the lack of proper sanitation. Currently Cholera outbreaks have been reported from Balochistan, Sindh, Punjab, KP Provinces, with a total of 536 975 acute Water Diarrhoea (AWD) cases and 170 643 suspected cholera cases. With millions having lost their homes and belongings, many are still without adequate shelter and essential items.

The loss of agricultural land that remains inundated at a large scale, including loss of livestock, will have a serious impact on the food, nutrition and livelihood of affected communities in the short and longer term. Humanitarian access poses challenges due to continued rains and damages to key access infrastructure.

The Pakistani government together with UN OCHA, launched an **international appeal for relief and rehabilitation** of flood-hit people and restoration of damaged infrastructure, amounting to **USD 160.3 million**. Pakistan's Federal Ministry of Economic Affairs addressed a request to the European Union (EU) Delegation in Islamabad for humanitarian and financial assistance for immediate relief and rescue, rehabilitation and reconstruction of the flood affected communities.

The EU quickly responded to the crisis mobilising EUR 2.35 million (through the small-scale and ALERT instrument). The EU Civil Protection Mechanism (UCPM) was activated and Austria, Belgium, Denmark, France and Sweden offered emergency items. An EU Civil Protection Team (EUCPT), a Technical Assistance and Support Team (TAST) and one ERCC Liaison Officer were deployed to Islamabad on 6 September.

Considering the massive needs and gaps, humanitarian assistance will have to be significantly stepped up. To this effect, an additional amount of EUR 13 000 000 will be allocated.

SECOND MODIFICATION – 05/08/22- IFRC TOP UP

This modification is intended to transfer **EUR 3 434 550** to be allocated to the IFRC pilot Programmatic Partnership action 'Accelerating local action in humanitarian and health crises' in Kyrgyzstan and Tajikistan.

In recent years, Kyrgyzstan has been facing multiple crises related to the spread of the epidemic, the cross-border conflicts, as well as the repeated natural hazards and political instability in the country. Kyrgyzstan is inherently vulnerable to many of the natural hazards, including earthquakes, floods, mudflows, avalanches, droughts, and heat & cold waves due to the country's extremely difficult topography and the limited capacity of the Government and to climate-driven hazard events. The 'hazard and exposure' dimension of the INFORM Global Risk Index 2019 (INFORM GRI) has mapped Kyrgyzstan as 'high exposure' to both natural & human-induced hazards, coupled with very low coping capacity. In addition to the natural hazards, there are interminable conflicts in the

bordering areas between Kyrgyzstan on one side and neighbouring countries on the other due to different reasons, such as the unresolved issues of delimitation and demarcation of borders, access to water resources, disagreement on certain social or contextual issues, etc. Besides the cross-border conflicts, on-going COVID-19 pandemic has added pressure to Kyrgyzstan's national health system, as well as to the country's socio-economic and financial situation in the last two years. Moreover, the country remains vulnerable to recurring outbreaks of various vaccine preventable diseases and it is one of 30 countries worldwide with a high burden of multidrug-resistant tuberculosis. And plus to all the above mentioned challenges, it should also be noted that the current situation in and around Ukraine undoubtedly plays a harmful role on socio-economic sector of Kyrgyzstan which leads to increasing food and commodity prices, decreasing remittances from Kyrgyz labour migrants work in Russia, economic downturn, etc.

Tajikistan is one of the lowest economies and by far the least developed in Central Asia. The humanitarian needs in Tajikistan continue to grow, driven by rising food prices, the socio-economic risks associated with the current Ukrainian crisis, the impacts of COVID-19, disease outbreaks, the recurrent local and territorial natural hazards, such as mudflows, floods, landslides, earthquakes, avalanches, heat, and cold waves, as well as the inter-ethnic localized conflicts over land and water resources in the fertile Ferghana Valley (located in the territories of Kyrgyzstan, Tajikistan, and Uzbekistan). Public health sector faces recurrent challenges, especially affected by poor access of population to clean water and sanitation despite major efforts of the government – only 51.4% of the population have access according to the Centre for Strategic Studies of Tajikistan – causing not only localized cross-border conflicts but also lack of resources for livelihoods. Moreover, although the country made significant gains in reducing the risk of infectious diseases, it still remains prone to outbreaks of communicable diseases, and it experiences periodically outbreaks of measles, typhoid fever, and polio, among others. In addition, disaster risks in Tajikistan notably increased as the consequences of climate change become more and more visible in the region, with the INFORM Risk Index classifying Tajikistan as high-risk country. And last but not least, the takeover of power by the Taliban in neighbouring Afghanistan has created triggers for intense cross-border passing of people into Tajikistan. Vulnerable persons in the region include refugees, internally displaced people (IDP), migrants and their families, and these figures allegedly tend to rise.

FIRST MODIFICATION – 02/03/2022- AFGHAN CRISIS AND REGIONAL IMPACT

The Humanitarian Needs Overview (January 2022) reflects a shocking 24,4 million people, more than 50% of the total population among them 54% of children and 22% of women, who are in need of humanitarian aid. The United Nations Development Programme also warned that without urgent action to scale up humanitarian and development support, 97% of the country will be pushed into extreme poverty by the end of June. This level of near-universal poverty has not been seen anywhere in recent history. Key ECHO partners, such as WFP (who is the most important provider of emergency food assistance) state that without additional funds there operations will have to be discontinued in the month of April. The particularly harsh winter (2021/2022) is adding to immediate the needs. In this context, the 2022 Humanitarian Response Plan (HRP) has been launched. It records USD 4.4 billion in humanitarian aid for Afghanistan with an additional USD 623 million for the region.

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 swiftly mobilised. Logistical support, and in particular an air bridge to ensure safe transport of supplies and staff will also be needed.

DG ECHO used funds from the Operational Reserve and External assigned revenue received from Member States to ensure 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 allows 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.

To this effect, an additional amount of EUR 45 057 600 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.

1. CONTEXT

Afghanistan

Afghanistan has experienced rapid power and political changes making it one of the world's most complex humanitarian emergencies and with unpredictable conflict trends. Against this fragile backdrop, La Niña (El Niño-Southern Oscillation) and consecutive waves of COVID-19 compounded the humanitarian situation whereby an estimated 48% of the Afghan population are in urgent need of humanitarian and protection assistance³. Following the withdrawal of international troops starting at the beginning of May 2021, an interim Government made up of previously Non-State Armed Groups control the majority of the Afghan territory including Kabul as of 15 August 2021. The humanitarian crisis is now deteriorating by the day with a devastating impact on civilians – particularly women, children, and certain ethnic minorities – exacerbated by collapse of government run services and programmes (supported by development donors) resulting in a *de facto* vacuum of services and consequential public health crises. The situation is exacerbated by the unprecedented level of food insecurity across the country. While in October the highly food insecure people have been representing 18.8 million already, the expected food-insecure caseload between November and March is of 22.8 million (55% of the population). Out of this, 8.7 million are expected in IPC Category 4 (“emergency”) and 14 million in IPC Category 3 (“crisis”).

Prior to August 15th, socio-economic impacts of intensified and spread hostilities, the second and more severe drought in four years impacting almost 80% of the country, food shortages and COVID-19 were already leading to further GDP contraction and increased poverty levels. According UN estimations up to 90% of the population could fall under the poverty line. Escalating violence and rapid changes in territorial control have forced

³ HRP 2021

over 670 000 people (OCHA) since the onset of 2021 to seek safe havens where none existed (200 000 in July alone). 80% of the Internally Displaced People (IDPs) are women and children, and at least 120 000 of them fled to Kabul; the majority of whom now seek to return to their places of origin and resume their livelihoods. More than 1 million people have returned from neighbouring countries to Afghanistan in 2021 (IOM), many of whom remain displaced across the country, living in increased tensions with host communities as poverty and the post-conflict situation now affect the whole population. Conflict and fragile governance impair Afghanistan's capacity to respond to climate and natural-hazard induced disasters and adapt to climate change. Humanitarian partners remain committed to "stay and deliver", and this must be done with respect for International Humanitarian Law (IHL) and the humanitarian principles of humanity, neutrality, impartiality, and independence. Safety, security and independent access of humanitarian support is a prerequisite for DG ECHO's continued engagement. Notably, unhindered access by female humanitarian staff is particularly important as it is key to reaching female beneficiaries.

Pakistan and Iran

The escalating instability and deteriorating humanitarian situation in Afghanistan are giving rise to an unpredictable trajectory of a renewed refugee spill over to its neighbouring countries – Pakistan and Iran. Whilst registered influx to neighbouring countries has so far been limited in 2021 (62 035 persons as of 15 November 2021), the overall number of Afghans in need of international protection are thought to be higher as not all approach international organisations or host authorities. Moreover, the UN forecasts that resurgence of conflict hotspots post August 15th may result in up to 500 000 people crossing the borders into Pakistan and Iran, thus putting further strain on the humanitarian system for one of the largest and most protracted refugee crises in the world. **Pakistan** is currently host to 1.4 million registered refugees holding a Proof of Registration (PoR) Card, in addition to an estimated 0.84 million Afghan Citizen Cards (ACC) holders and 0.6 million undocumented Afghans. **Iran** has likewise been hosting Afghan refugees for decades and currently hosts 3 million Afghan nationals, with only 780 000 registered. Preliminary indications from **both Pakistan and Iran host governments** refer to new Afghan refugee influxes in addition to the existing refugee caseload. A protection-centred strategy is thus required. Pakistan and Iran are countries prone to natural hazards ranging from earthquakes, floods, droughts, landslides. As experienced with La Niña in 2020, climate-induced hazards are increasing in intensity and frequency, which leads to shocks, crises and disasters resulting in high human and economic costs. Against this risk landscape, the onset of COVID-19 has exerted severe stress on both Afghan refugee populations and host communities alike. In **Pakistan**, pre-existing vulnerabilities of chronic food insecurity and under-nutrition (Global Acute Malnutrition (GAM) rates⁴ are well above the emergency threshold of 15%, reaching 33.4% in Balochistan and 30% in Sindh) of the poorest segments of the population (20-30% or 40-60 million people) combined with low child immunisation have been severely exacerbated. Upward trends of households having to resort to negative coping mechanisms such as early marriage, child labour and dangerous migration are likewise emerging. Around 53 million people, representing a quarter of the total population, live

⁴ Source: 2020 Humanitarian Action for Children UNICEF report

below the national poverty line, while 84 million people, representing a fifth of the total population, are multi-dimensionally poor. **Iran** has likewise been severely impacted by the COVID-19 crisis with several very deathly waves. Compounding hereto, Iran is impacted by economic shocks notably due to US sanctions related to the US withdrawal from the JCPOA and the ensuing disruption of the banking sector thus amplifying the socio-economic vulnerabilities of its population.

As the situation in Afghanistan remains fragile with far reaching regional refugee implications in Central Asia, where an estimated 65 000 refugees are expected and possibly in South/South-East Asia region, close monitoring of the humanitarian situation needs to be ensured. While none of the two HIPs (Afghanistan, Pakistan and Iran; and South, East, South-East Asia and the Pacific) at this stage envisage a response strategy subject to arising needs, amendments to the HIPs cannot be discounted.

	Afghanistan	Pakistan	Iran
INFORM Risk Index⁵	8.2/10	5.9/10	4.7/10
Vulnerability Index	8.4/10	5.6/10	4.3/10
Hazard and Exposure	8.9/10	6.8/10	5.6/10
Lack of Coping Capacity	7.3/10	5.5/10	4.4/10
Global Crisis Severity Index⁶	4.7/5	3.9/5	3.4/5
Projected conflict risk	10/10	8.8/10	6.2/10
Uprooted People Index	10/10	7.6/10	7.7/10
Humanitarian Conditions	4.5/5	3.5/5	4.1/5
Natural Disaster Index	6.7/10	7.4/10	6.7/10
HDI Ranking⁷ (Value)	169 (0.511)	154 (0.557)	70 (0.783)
Total Population⁸	38 928 341	220 892 331	83 992 953

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance:

Population in Need	Afghanistan	Pakistan⁹	Iran
Total number of vulnerable people in need of humanitarian assistance	23 500 000	11 898 100	24 000 000
Refugees (including children in need of Education in Emergencies (EiE))	72 000 ¹⁰	3 100 000	3 000 000
IDPs and returnees	IDPs: 4 900 000 ¹¹ New IDPs ¹² : 670 000	98 100 ¹⁴	N/A

⁵ INFORM is a global, open-source risk assessment for humanitarian crises and disasters

⁶ <http://www.inform-index.org/Global-Crisis-Severity-Index-beta>

⁷ Humanitarian Development Index (HDI) developed by UNDP

⁸ World Bank data, 2020

⁹ Pakistan HRP 2021

¹⁰ Only refugees in Afghanistan from other countries – children in need of EiE are reflected above.

¹¹ Displaced people since 2012 that have not returned to their homes as per IOM Displacement Tracking Matrix (DTM), Round 11 (December 2020)

	New returnees ¹³ ; > 1m		
People affected by food insecurity and malnutrition.			
- People in “emergency” levels of food insecurity	22 500 000	5 800 000	32 000 000
- Malnourished children under five (MAM/SAM)	3 100 000 ¹⁵	2 900 000	1 000 000
People affected by shocks, incl. natural disasters	23 000 000	11 000 000	24 000 000
- Of whom displaced	700 000	N/A	N/A

2.1.1 Refugees

Afghanistan is the origin of the world’s largest protracted refugee population, with more than 2.7 million registered Afghan refugees worldwide, 80% of which are hosted by Pakistan and Iran. Some 72 000 refugees from Pakistan, originally displaced because of military operations in the North Waziristan Agency in Pakistan remain displaced in Afghanistan (UNHCR). In **Pakistan**, a third of the Afghan refugees is estimated to be most vulnerable and in need of some form of assistance. Limited access to health care and education are an issue in a context where access to these services is also inadequate for the local host population. Refugees also face evictions from their settlements and other protection concerns. COVID-19 has further adversely impacted the livelihoods and access to basic services for Afghan refugees. In addition, an estimated 300 000 new refugees are projected to seek safety in Pakistan due to conflict escalation and the change of government in Afghanistan. The new arrivals will require a scale up of immediate humanitarian assistance. In **Iran**, the deteriorating economic situation, further aggravated by the impact of COVID-19, is having an adverse impact on Afghans hosted in the country, 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 Government to give refugees access to national systems for health and education are at risk. Faced with inflation and increased cost of living, most documented Afghans fall below the poverty line. The situation for undocumented Afghans is worse. Furthermore, for Afghans the situation is aggravated by the fact that they often reside in locations prone to flooding and other at-risk locations. Following the evolution of the Afghanistan crisis, UNHCR estimated that in the worst-case scenario 150 000 new refugees will enter Iran and consequently requiring a scale up of immediate humanitarian assistance. However, according to figures of the Government of Iran, 300,000 Afghan refugees entered Iran since August.

2.1.2 IDPs and returnees

The total number of uprooted people within **Afghanistan** reaches **4.9 million**, more than half of them being children. In the first 11 months of 2021, **670 000 new IDPs** have been registered. Conflict dynamics have created parallel movement trends for rural populations to urban host communities and vice versa. Constrained humanitarian access

¹² OCHA, August 2021

¹⁴ Currently Displaced from Newly Merged Tribal Districts (NMTDs) according to UNHCR and Government.

¹³ Projected number of cross-border returnees in 2021, Afghanistan HNO 2021

¹⁵ Afghanistan HRP 2021. Nearly one in two children under five.

hinders assessments to verify the full extent of displacement and undermines the provision of assistance and services. Additionally, more than 1 146 750 undocumented Afghans have returned from neighbouring countries to Afghanistan over the first ten months of 2021, the vast majority from Iran and smaller numbers from Pakistan and Europe. Many of them remain displaced across the country, with little host community capacity to maintain current or provide new assistance. In **Pakistan**, at the end of July 2021, Government reports some 100 000 registered Pakistani people still displaced since 2008 including in IDP camps near the Newly Merged Tribal Districts (NMTDs). Conditions are not fully conducive to return due to ongoing conflict or lack of basic services. There are no registered IDPs in **Iran**.

2.1.3 Population affected by food insecurity and malnutrition

In **Afghanistan**, the latest available Integrated Food Security Phase Classification (IPC) Analysis reports that 14 million people, 55% of the population is living in crisis (IPC 3) levels of food insecurity, of which up to 8.7 million people in IPC 4 (“emergency”) at the risk of Category 5 (“famine”). The expected seasonal reduction of food insecurity in months following the summer harvest and worsening drought situation will be offset by the deterioration of the security scenario.

The initial Humanitarian Response Plan (HRP) 2021 allocated 553 million USD to reach 14.2 million persons with food security and agricultural assistance, including vulnerable people whose needs have been aggravated by the pandemic and loss of livelihoods linked with fractured infrastructure following suspended development funding. The humanitarian situation is worrying. Indications are that the UN Humanitarian Response Plan for next year could go up to a 4 billion USD funding requirement based on the immense needs. Although markets remain functional, increasing prices of essential food and non-food commodities, decreasing remittances from abroad, decreasing livelihood opportunities and stagnant daily wages continue reducing people’s purchasing power. Urban residents are suffering from food insecurity at similar rates to rural communities. According to WFP¹⁶ only 5 percent of households have enough food. With the breakdown of the economy, the vast majority report having insufficient money and means to buy food. Because of the second drought in four years, 2021 wheat production estimated at 3 900 metric tons is reduced by 20% over to 2020 and 18% over 5-years average. Due to water scarcity and insecurity, the area planted with second season crops (mostly rice and maize) is expected to be below average. Reduced job opportunities and smaller household food stocks impact the capacity of vulnerable rural households to cope with the lean season predicted to be early and more intense this year. High rates of malnutrition persist, with at least 27 out of 34 provinces above the emergency threshold for acute malnutrition (OCHA). More than 1 million children under five are now projected to suffer from Severe Acute Malnutrition (SAM) and need life-saving treatment, while 3.1 million children are projected to have Moderate Acute Malnutrition (MAM) and need immediate assistance, together with 720 000 acutely undernourished pregnant and lactating women (PLW). Life-saving nutrition treatment is being compromised by the collapse of the health system, restrictions on women and girls’ mobility (impacting both staff in static and mobile services, and capacity of female beneficiary to reach services), in addition to community

¹⁶ Afghanistan Food Security Update #2, 22 September 2021

fears of COVID-19 and limited infection control measures, all leading directly to decreased access to health services for women and children. In **Pakistan**, over 5.8 million people are reported by IPC in phase 3 (crisis) and 4 (emergency) in nineteen drought affected districts of Sindh, Baluchistan, and the NMTDs in Khyber Pakhtunkhwa (KP) province. IPC data is not available for the whole country. According to the latest National Nutrition 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. In **Iran**, volatility of prices and hyperinflation are negatively impacting the resilience of both Iranians and Afghans, although on average the latter have lesser capacity to cope. As a result of recent economic challenges in the country, compounded by the COVID-19, Afghan refugees' access to sustainable income has been impacted and they are at risk of their vulnerabilities being exacerbated. Faced with increasing economic vulnerability, Afghans are resorting to negative coping strategies to survive, which considerably decreases their capacity to prepare and respond to crisis. Malnutrition is increasingly visible in rural and remote areas.

2.1.4 People affected by shocks, including natural-hazard induced disasters

The region is 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. **Afghanistan** is highly prone to such intense and recurring natural hazards due to its geographical location and decades of environmental degradation. On average, such disasters affect 200 000 people every year. Over the first seven months of 2021 floods affected an estimated 24 700 people in at least 12 out of the 34 provinces mainly in the Western and Eastern regions of the country. Low levels of snowfall and high temperatures associated with a La Niña weather event over the past winters have led to a prolonged dry spell turning into a drought in two thirds of the provinces. This is the second and most severe drought Afghanistan is facing in four years: 30% of the territory of the country is exposed to severe drought, 50% to serious drought and another 20% to moderate drought; over 3.6 million people are expected to face particularly dire consequences, notably in Northern and Western regions of the country (WFP). Early projections for the fall of 2021 and early 2022 indicate the probability of further low precipitations. Both **Pakistan and Iran** continue suffering from the effects of climate- and other natural hazard-induced disasters. This includes those affected by recurrent droughts, resulting in high malnutrition and food insecurity, and those impacted by flash floods and monsoon floods. Over the past few years, the frequency of natural hazards triggering disasters have increased.

2) Description of the most acute humanitarian needs

2.2.1 Protection

In **Afghanistan**, the crises-affected population faces several intrinsically interlinked protection risks. After 15 August, these risks are increasing for most of the population, and particularly so for women, children and ethnic minorities/groups, especially if perceived to be pro previous government structure. Massive IHL and International Human Rights Law (IHRL) violations risks may expose the civilian population to death, injuries, violence, coercion, deliberate deprivation, abuse, displacement, confinement, forced recruitment, etc. This is aggravated by increasing contamination of explosive hazards particularly endangering access to health care and the humanitarian supply chain.

Reduced access to already limited protection services due to increasing structural/political/religious barriers for those most in needs of these is highly likely. The COVID-19 pandemic has increased risks of sexual and gender-based violence (SGBV) and child protection violations, while girls and women's rights are now critically jeopardised as a direct result of the new government structure mandates. Children are increasingly separated from families due to displacement and fight, further creating risks for recruitment into armed groups. Accessing personal documentation is currently impossible and combined with systemic barriers and new discriminatory practices this will further limit the rights of and reduce access to basic services and assistance particularly for women and minority groups. Finally, resorting to negative coping strategies due to lack of income/livelihoods and/or access to services and assistance will further lead to increased exposure to violence, abuse, exploitation, etc. In **Pakistan**, protection needs remain high for Afghan nationals, especially those with an Afghan Citizen Card (ACC) and those undocumented who are not protected by international or national law and who remain extremely vulnerable and at risk of deportation. Renewed influx of Afghan refugees to Pakistan due to the situation in Afghanistan is expected to increase the protection needs for the arrivals as well as the existing unregistered caseload. The needs also remain high for IDPs/returnees, often caught between insurgency and counter-insurgency operations. In **Iran**, access to documentation and legal support remains an imperative as without documentation Afghans are unable to access basic services, including access to formal work opportunities and are at risk of deportation. Referrals and case management remains also highly uncovered. The new influx of Afghans to Iran will most likely further deteriorate the protection environment for existing unregistered caseload.

2.2.2 Health

As of July 30th 2021, there are no Sehatmandi¹⁷ active contracts. There is no clarity as we write from a joint position (new caretaker government and World Bank (WB)) on how this bottleneck will be resolved. People have withdrawn from health facilities with an estimated massive reduction in female (and hence also child) patients, which has reduced utilisation of EPI (immunisation). Polio and Measles outbreaks are escalated by the lack of capacitated focal points in the interim Ministry to engage with, and no clarity on resources. Thus, outbreak mitigation is a significant priority for humanitarian action, in addition to responding to critical primary and secondary healthcare caseloads. At the end of September, cases of acute watery diarrhoea have been detected in Herat, Badakshan and Kabul, including a few cases of cholera. Access to trauma-based healthcare for people affected by violence and explosives remains a priority need. Prevalence of mental health disorders (anxiety-depression) is high, because of direct exposure to the hostilities and political change in power, trans-generational learned behaviours, and COVID-19 related stressors (e.g., spikes in SGBV caseloads) resulting in negative coping mechanisms to secure basic needs. In **Pakistan**, the already low level of public health services has been further compromised in 2020 and beyond due to the COVID-19 pandemic. Health care needs for the most vulnerable Afghan refugees, IDPs, returnees as well as vulnerable Pakistanis have therefore increased. Since the beginning of COVID-19, **Iran** has been one of the worst hit countries worldwide (WHO), compounding the

¹⁷ Project administered by the World Bank through the Afghanistan Reconstruction Trust Fund (ARTF) and implemented by the Afghanistan Ministry of Public Health. The objective is to increase the utilisation and quality of health, nutrition, and family planning services.

adverse effects of existing unilateral sanctions imposed on the country. In fact, social services and public health systems are taking a toll and are at risk given the tighter financial situation of the Government. As of end of November 2021, 55% of the population has been fully vaccinated.¹⁸ Mental health issues are also on the rise due to the impact of COVID-19. Lack of access to treatment by the population is reported (both Afghans and Iranians), due to lack of medicines and medical equipment or unaffordable prices, including for immunisation (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. In some cases, despite the government spearheaded Universal Public Health Insurance together with UNHCR and Iran Health Insurance Organisation (IHIO) for Afghans with Amayesh cards, families often cannot afford the 10% self-pay, let aside any required specialised health services, not covered by the insurance scheme. The coping mechanisms for families with disabled family members is even more challenging due to additional health costs. Finally, even if Iran has eradicated polio and measles, the Iranian authorities are concerned that these communicable diseases could spread again due to the Afghan migration. Indeed, wild polio virus cross-over from Afghanistan/Pakistan to Iran is now being detected. Similarly, pockets of measles outbreaks has been detected among refugee communities and hosting areas.

2.2.3 Nutrition

In **Afghanistan**, malnutrition, particularly amongst women and children, is a significant consequence of the chronic cultural and political de-prioritisation of both groups during times of crisis when negative coping mechanisms can include reduced access to essential caloric intake (fewer meals, fewer foods per meal...), and a limited integration of the role of nutrition in female healthcare, which has direct consequences for safe pregnancies, healthy birthweights and early childhood neurological and physiological growth. High rates of malnutrition persist: at least 27 out of 34 provinces are above the emergency threshold for acute malnutrition, 10 of which are facing critical nutrition situations (OCHA). Life-saving nutrition treatment is being compromised due to community fears of COVID-19 and decreased safe access to health facilities due to ongoing conflict, with expected increase in child mortality. Contingency planning is grounded in front loading of supplies as a dynamic preparedness action, to pre-empt loss of life as a direct result of acute malnutrition in children specifically. In **Pakistan** it is estimated that almost 2.9 million people will need nutrition related assistance.

2.2.4 Food Assistance and Basic Needs

The most recent IPC analysis in **Afghanistan** shows that 55% of the population, are in 'crisis' and 'emergency' levels of food insecurity, with the impact of the currently ongoing drought and conflict the number of people in 'emergency' levels of food insecurity (IPC 4 at the risk of IPC 5) will increase further. Post 15 August, movement restrictions, price rises, and deteriorating purchasing power have further increased poverty and hunger, together with the impact of COVID-19. The newly displaced are losing access to their income, negatively impacting their food security. According to IPC, due to drought and COVID-19, around 5.82 million people need assistance to support

¹⁸ <https://covidvax.live/en/location/irn>

food and basic needs across 39 districts in three provinces (Sindh, Baluchistan and Khyber Pakhtunkhwa) in **Pakistan**. This number is certainly underestimated in absence of a country-wide IPC analysis. Moreover, the number does not include people recurrently affected by natural hazard-induced disasters (earthquakes, floods, avalanches and landslides), that need basic need lifesaving assistance and livelihood recovery support. Food insecurity and malnutrition also affect large population numbers in **Iran** and may intensify due to drought situation in the Hormozgan, Sistan-Baluchestan, and Kerman provinces. The highest level of underweight, stunting and wasting is found in the provinces of Sistan-Baluchestan, Hormozgan, Kerman. The combined effect of COVID-19, imposed sanctions, and high inflation on basic commodities further adversely impact the food security and malnutrition situation of refugees.

2.2.5 WASH, Shelter & Settlements

In **Afghanistan**, the need for shelter has been reported by IDPs as their second highest priority need. Poor shelter as well as a lack of winter clothing and other household items leave people vulnerable to disease and unable to cope with Afghanistan's harsh winters. Preparation for winter has been waylaid by political changes at government level likely leading to gaps in effective responses in time. The limited WASH infrastructure that exists has faced decades of underinvestment, disruption, and destruction resulting in excess mortality from WASH related diseases, particularly amongst malnourished children. Some 79% of IDPs have no access to soap, while 95% are aware of hand washing as a key preventative measure for COVID-19. The lack of sanitation and clean water post 15 August is a concern, and could lead to outbreaks of preventable water-borne diseases, including cholera. In **Pakistan**, some 3.6 million people have humanitarian WASH needs. 53 000 children under five die annually from diarrhoea and 25 million people still practice open defecation. 1.3 million people require shelter and settlement assistance. The sub-region covered under this HIP is one of the most water scarce and stressed on earth, and inadequate access to WASH facilities and supplies mean people are often not able to comply with physical distancing and other COVID-19 preventative measures.

2.2.6 Education in Emergencies (EiE)

Prior to 15 August, the Education in Emergencies working group (EiEWG) in **Afghanistan** estimated that almost 2.6 million children were in acute need of support (with a 52% spike because of COVID-19). Developmental gains in education are now very likely to erode, with the takeover by the Taliban. Communication to date suggest grade, age and curriculum restrictions limiting the likelihood that parents will allow girls to attend school past grade 4. In **Pakistan**, needs remain high, in particular for Afghan children. With low enrolment rates, safe and equitable access to education for Afghans (refugees and others) is insufficient. COVID-19 has likewise severely impacted refugee children's access to education. Many have limited means to continue their studies due to school closures, difficulties affording fees, uniforms, or books, as well as lacking technologies needed for home-based learning or even being required to work to support their families. In **Iran**, every fourth Afghan refugee household has children out of school and every fifth is forced to send children to work (UNHCR). School closures and limited access to online learning hamper learning opportunities for Afghan children enrolled in education. Eligible children who have not been in school need accelerated education programmes to align to formal education at the appropriate age level. An increasing number of children require remedial academic support to ensure continued engagement

and progression with education at the suitable grade level. Some schools are unable to absorb additional students due to limited infrastructure and double or triple-shifting leading to reduced classroom hours and unfavourable teacher-to-student ratios. Moreover, families have to bear an enrolment fee, where the cost may differ depending on the geographic location, in addition to costs relating to schoolbooks, stationery and similar. In average the cost per child for an Afghan family amounts to over EUR 55 (USD 60) per year.

2.2.7 Disaster Preparedness (DP)

In **Afghanistan**, a country already prone to natural hazard induced disasters, decades of conflict and environmental degradation, coupled with low investments in disaster risk management (DRM) strategies, have contributed to increasing people's vulnerability. As a result, the Afghan people, governance system and infrastructure are left with very low capacity to cope with sudden new shocks. DP mainstreaming must be systematically reflected and integrated in every humanitarian action. **Pakistan's** DP "system" is fragile despite legislation being in place. The lack of institutional capacity, the focus on emergency response rather than DRM, weak coordination, lack of resources and unavailability of budget at all levels hamper effective implementation of the national DRM capacity. Similarly, the country has established social protection programmes to support the poorest families and in the long run provide a minimum financial package in case they are affected by future shocks. However, lack of coordination at national and provincial level, outdated beneficiary registry and lack of flexible budgetary allocations at both national and provincial levels represent bottle-necks that need to be prioritised. In **Iran**, whilst the Government has put significant focus on reducing the physical vulnerability of systems and infrastructure to disasters, more needs to be done. The DRM system presents major shortfalls especially in terms of fragmented architecture to implement a multi-hazard approach. Limited fiscal space to allocate adequate financial resources to increase investment in preventive measures and retrofitting, and limited access to disaster risk information (hazard and vulnerability data), further decrease the capacity of the national DRM system. Addressing these bottle-necks will result in better risk-informed planning, preparedness and prevention interventions by sector ministries and other stakeholders, including provincial and local authorities, private sector and communities. Furthermore, recent economic challenges experienced due to COVID-19, have been compounded by sanctions in force since 2018; their cumulative effect has had an adverse impact on livelihoods and access to basic services for millions of Iranians and Afghans, thus further increasing their vulnerability to various hazards.

3 HUMANITARIAN RESPONSE AND COORDINATION

1) National / local response and involvement

In **Afghanistan**, developmental gains that would have underpinned any potential nationalised humanitarian response cannot be expected to exist as before. All public services are partially or fully suspended. Mitigation measures, including financial support, to prevent further degradation are critical in the current crisis context. For example, as of September 2021 doctors and nurses are not receiving their salaries.

The Government of **Pakistan** under its 18th amendment has delegated certain policy and budgetary decision-making powers to provinces, meaning that cooperation is needed at both levels. Under the 25th constitutional amendment in 2018, the Federally Administered Tribal Areas (FATA) were merged into Khyber Pakhtunkhwa (KP)

province. The transition is still on-going and access to basic services remains very limited. Federal Ministry of States and Frontier Regions (SAFRON) through its Commissionerate for Afghan Refugees (CAR) at the provincial level, is responsible for refugee related policies. The government has refugee inclusive health and education policies but lacks the resources to incorporate any additional caseloads. Lack of financial resources is delaying the approved government programmes including national nutrition PC-1 worth USD 26 million (2019-2021) and USD 72 million food security and agricultural research's budgetary allocation for 2021-22.

Iran has endorsed inclusive policies towards Afghans, granting equal access to the national health insurance scheme to documented Afghan refugees and allowing all children in the country to enrol in the national education system free of charge, independently of nationality/status. However, the 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 related to the US withdrawal from the JCPOA and the ensuing disruption of the banking sector, 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 DP, although the Iranian relevant systems have considerable technical expertise, the economic crisis has led to a decrease in preparedness and capacity to respond.

2) International Humanitarian Response

In **Afghanistan**, the Humanitarian Coordinator, who is also the Resident Coordinator and Deputy Special Representative of the Secretary General, leads the humanitarian coordination structure. The Humanitarian Country Team (HCT) meets weekly and provides strategic direction for the collective response, while the donor community has regular exchanges with the Humanitarian Coordinator and OCHA. Humanitarian aid remains insufficient to respond to current humanitarian needs. The 2021 HRP requested USD 1.3 billion to target and assist 15.7 million people out of the 18.4 million identified as in need of humanitarian assistance. As of 1 December 2021, the HRP was only 70% funded. The Afghanistan flash appeal by OCHA (USD 606 million to reach 11 million people until end 2021) is funded. This includes some prioritised activities already in the current HRP, plus USD 193 million in new requirements. The initial HRP, from which the prioritised activities have been deducted and transferred to the flash appeal, still has requirements for USD 197 million.

In **Pakistan**, after a gap of few years, the HRP for 2021 was consolidated by OCHA on behalf of the HCT and its partners. Total financial requirements for the HRP 2021 amount to USD 332 million of which only 27% is funded. The total people in need are 11 million, of which 4.3 million most vulnerable are targeted by the HRP. Pakistan's Inter-sectorial COVID-19 Response Plan 2020 required USD 145.8 million of which 61.2% has been funded. Several international donors such as the US, FCDO and Japan have allocated bilateral support to Pakistan. UNHCR's Document Renewal & Information Verification Exercise (DRIVE) of Registered Afghan Refugees in Pakistan requirement is USD 6.96 million of which only 39% is funded for 2021 and additional USD 108.1 million is required for the refugee response for 2021. The 2021 HRP does not include the expected new influx of Afghan refugees. Pakistan's Preparedness and Response Plan (PPRP) for 2021 has received only USD 11 million so far. For 2020 COVID-19

response, significant additional support USD 1.217 billion has been provided by the WB, Asian Development Bank and the International Monetary Fund; more is pledged for health and socio-economic sectors. Compared 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 led by the UN Resident Coordinator. UNHCR Iran overall funding needs for 2021 amount to USD 101.9 million, but as of July 2021 only 23% of the overall programmes were funded.¹⁹ EU humanitarian support has a particular added value in Iran that rely on a very limited pool of possible donors. In 2021, USD 42.9 million was reported to the OCHA Financial Tracking System (FTS). Overall support is low and the humanitarian response is underfunded.

3) Operational constraints in terms of:

i.) access/humanitarian space:

In **Afghanistan**, while the humanitarian community is committed to stay and deliver, increasing humanitarian needs are accompanied by heightened risks of collateral damage, attacks, access challenges and political interference. The unpredictability of the situation is expected to lead to increased humanitarian needs. At this stage it seems that humanitarian actors are able to continue their work, though complexities will be different from the last 20 years of operation. Notwithstanding access difficulties, humanitarian aid abiding by the principles of neutrality and independence, could become the only way to reach beneficiaries where needs are the greatest. The Humanitarian Access Group (OCHA-led) have updated the Engagement Strategy document, endorsed by HCT, and intend it to be a guideline for humanitarian actors in Afghanistan stronger emphasizing the need for humanitarian actors to respond in a coherent manner. In particular, the key principles of independence of operations, security for all staff and inclusion of female staff as a pre-requisite to reach women and children constitute a basis for engagement.

Access in **Pakistan** was further limited after the new regulations for INGOs under the National Action Plan in 2015. Humanitarian access is severely constrained due to the security situation, especially in newly merged tribal districts and Baluchistan, and access will likely face further curtailment in the context of increasing fragility in Afghanistan. Lengthy and complex bureaucratic procedures also limit access to especially these areas. Memorandum of Understanding (MoU) for each INGO is renewed annually, and Non-Objection Certificates (NOCs) are needed for need assessments, projects 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 Non-Objection Certificates (NOCs) are needed for needs assessments, each project activity and monitoring missions. Some areas are still no-go for refugees as well as humanitarian partners. 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.

¹⁹ UNHCR, Afghanistan situation: Emergency preparedness and response in Iran, July 2021

ii) partners (presence, capacity), including absorption capacity on the ground:

In **Afghanistan**, political interference, physical and environmental security, and interrupted supply chains make up access challenges. Political interference has directly led to significant lightening of the humanitarian footprint which, if sustained, could have an impact on the longer-term capacity to deliver assistance to a growing number of conflict-affected populations. Physical and environmental security are not only linked to negotiating safe and secure access, but also a need for clearance of explosive remnants of war as the rapid escalation of conflict has resulted in contamination of previously accessible routes to remote areas. Supply chains were suspended during the initial interim period following August 15th thus further complicating provision of supplies for essential humanitarian commodities. Ensuring continued presence of agencies with consolidated presence and operational capacity will depend on higher security and operational costs, and links to more flexible and multi-donor funding. The humanitarian community stays and delivers in Afghanistan.

Despite many difficulties, DG ECHO's partners can work in most parts of **Pakistan** including the NMTDs and Baluchistan. Obtaining MoUs has been easier for INGOs in 2020, and the NOCs allowing them to operate and monitor has been much easier during the pandemic. National NGOs also face complications and some of the inactive local NGOs were de-registered. Complex and lengthy visa procedures are an obstacle to humanitarian workers and especially for those working in coordination sector. These administrative obstacles led to the departure of several reputable INGOs over the past years, limiting the absorption capacity on the ground. Pakistan Humanitarian Forum has been registered as a local entity to coordinate and advocate the contribution of INGOs in Pakistan. The reintroduction of Humanitarian Needs Overview (HNO) and HRP is a positive indicator for the improved humanitarian space in the country. The new influx of Afghan refugees will also ease down the operational environment for different international and national partners. 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 **Iran**, operational capacity is stretched as only 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. Local partners are very limited and have limited capacity to implement a timely response. The diversification of target groups and beneficiaries (i.e. refugees and vulnerable Iranians) has the potential to improve the operational environment in Iran for INGOs. Import of medical drugs, equipment and humanitarian funding into the country have been hampered by and delayed due to US sanctions, restrictions imposed by government of Iran, despite humanitarian exemptions, all of which delayed the implementation of COVID-19 response in Iran. Despite these challenges DG ECHO's partners present on the ground are able to work in Iran and have been able to respond to COVID-19.

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 in 2021 was the Chair of the SSAR Core Group formed with some EU Member States and other donors. A Team Europe approach to “saving and safeguarding lives and livelihoods in Afghanistan” has been set up and will make our assistance to the Afghan people more effective, impactful and visible.

Dynamic analysis of risks and needs, vulnerabilities, dynamics, and cross-shared information on field realities is the basis of DG ECHO’s programming in **Afghanistan**. Recent developments in Afghanistan have altered the development strategies originally envisioned. The current reality on the ground will be factored into our strategy, moving forward. DG ECHO had coordinated with different actors to develop positive and more sustainable solutions, but the situation with the new authorities is quite different. The nexus setting has fundamentally changed, and new possibilities need to be worked out. Operationalisation of the nexus will be realistically grounded in the transition of development work towards Humanitarian+. In the context of an increasingly unstable and unpredictable environment, DG ECHO will ensure that Humanitarian-Development-Peace policies work together while protecting the humanitarian mandate, principles, and perception. A coordinated Team Europe Approach to “saving and safeguarding Afghan lives and livelihoods” is critical in the current context of Afghanistan

In Pakistan, the context is 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 INTPA projects as follow up. The new MIP 2021-2027 focuses on i) Green Inclusive Growth; ii) Human Capital; and iii) Governance, including the Rule of Law and Human Rights and one integrated Team Europe Initiative (TEI). The TEI’s regional refugee response will reinstate the commitments of EU as the Chair of SSAR core group, particularly in the post-US withdrawal situation in Afghanistan and envisaged new displacement in the region, especially Pakistan and Iran. The priority issues for nexus remain refugees and nutrition. The geographical focus of the MIP will be concentrated on the border areas with Afghanistan including Khyber Pakhtunkhwa (also NMTDs), Baluchistan and Gilgit Baltistan (GB) provinces. Refugees and nutrition are also included in the EU-Pakistan Strategic Engagement Plan for which DG INTPA and DG ECHO are co-chefs de file. Coordination is ensured on Afghan refugees, with DG INTPA supporting UNHCR for its health, livelihood, protection and education response.

In Iran, there are many 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. Nexus opportunities exist in several sectors: (1) health, both in response to COVID-19 and 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) DP, mainstreamed throughout the above sectors, to enhance a shock responsive approach; included in all priorities of engagement.

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

5.1 Envisaged DG ECHO response

The humanitarian response shall be compliant with EU thematic policies and guidelines described in detail in the HIP Policy Annex. Mainstreaming of protection, gender (including mitigation of risks of SGBV), age, disability and diversity inclusion should be duly reflected in all proposals. DP specific actions should be compliant with DG ECHO's Disaster Preparedness Guideline and DP should also be mainstreamed and integrated in all proposals, in line with DG ECHO policy. 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.

5.1.1 Afghanistan

In **Afghanistan**, DG ECHO's strategy will respond to a deteriorated humanitarian situation characterised by a significant increase in basic needs and protection needs along with limited aid resources and further reduced capacity of public services. Humanitarian aid will be the main means by which beneficiaries are reached, thus needing to increase its level of operations. DG ECHO aims to provide life-saving and life-sustaining response for the population affected based on need.

Balanced humanitarian assistance, protection, and advocacy in the best interest of the affected population will be supported along the following priorities:

- To sustain life-saving and life-sustaining emergency medical assistance including trauma care, and emergency nutrition services via UN/IO/INGOs; in particular a focus on: i) delivery of food, WASH services, and protection for population affected; iii) continuation of life saving and life-sustaining activities as treatment of severe and moderate acute malnutrition; iv) support to primary health care services.
- To sustain a contextualised response balancing between preparing for, rapid emergency response to basic needs and life-saving and life-sustaining regular services including food, NFIs, and WASH. Beyond the short-term prioritised approach, subsequent operational support would be needed to ensure resumption and continuation of multi-sectorial and broader programming within a far more constrained operating environment.
- To sustain targeted protection programming using integrated approaches as much as possible. This should include a specific focus on gender, age, disability and diversity, along with 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 programming, including promotion of IHL and IHRL. Mine action may have to be supported to ensure access to life-saving and life-sustaining services and assist victims.
- To sustain provision of EiE with a primary focus on retention in/return to learning for crises-affected children while ensuring linkages with child protection. Specific focus to ensure access to learning for both girls and boys from individualised risks of early marriage and conscription to militia respectively.
- To strengthen humanitarian common services and contingency planning, with particular attention to prepositioning of relief-items for swift reaction in case of need. Security conditions permitting, an enhanced preparedness for likely risks (drought, flash floods, earthquakes) could be supported.

- To ensure adequate logistical support, including safe transport of relief items.
- To promote balanced, principled humanitarian assistance and advocacy (grounded on IHL, IHRL and humanitarian principled actions) in the best interest of the affected population.

5.1.2 *Pakistan*

DG ECHO strategy in **Pakistan** will aim to address the humanitarian needs and resilience of Afghan refugees (protracted caseload and new influx), of IDPs, and of communities affected by under nutrition and/or shocks triggered by hazards.

DG ECHO will prioritise interventions in KP, Baluchistan and Sindh provinces according to the sectorial priorities outlined below. Emergency response will be supported countrywide in case needs exceed government response capacities.

The strategy will encompass:

- a) Protection for Afghan refugees through the strengthening of monitoring and protection services to respond to violence, abuse, harassment, extortion, and exploitation. Scale up of protection and life-saving assistance (food, NFIs/shelter winterisation, WASH) in light of new influxes will be encouraged.
- b) Education in emergencies will focus on out of school refugee (in and out of settlements) and IDP children, 5 to 16 years old, with the aim of linking them to formal education. Actions aiming at supporting same categories of children at risk of dropouts could also be considered. Equity for boys and girls will be pursued with a clear definition of needs and appropriate response. Integration of child protection interventions and/or referrals to specialised services is expected.
- c) Access to health with a focus on Primary Health Care (PHC) for vulnerable populations who have lost access to medical assistance due to conflict or natural disasters including Afghan refugees. Support will be linked to existing health structures to ensure continuity. DG ECHO involvement in COVID-19 response will gradually phase out.

Disaster Preparedness: With the dedicated DP budget line allocation, DG ECHO will focus on addressing the key gap of risk ownership by the government's DRM system. Specifically, DG ECHO will focus on:

- Building the capacity of the health system to prepare and trigger response to undernutrition in the context of COVID-19, recurrent droughts and other disasters. This priority objective will build on the learning drawn from the Community-based Management of Acute Malnutrition (CMAM) surge pilot in Umerkot and ongoing health system strengthening project in drought affected areas. Focus will be placed on replication and sustainability of the approach so that the health system is better able to respond to and cope with nutrition emergencies.
- Strengthening and scaling up preparedness for and anticipatory action for multi-hazard risks. This priority objective will be achieved by improving multi-hazard risk analysis, defining triggers for action linked to early warning systems to guide the definition of preparedness plans to enable anticipatory action. Cash interventions will be prioritised with a focus on further exploring, building upon and enhancing the shock responsiveness dimension of existing social safety nets, both at national and provincial level.

Iran

In Iran, DG ECHO's strategy will continue to focus on the most vulnerable protracted caseload and potential new influx of Afghan refugees with a special focus on access to basic services. Priority will be also given to supporting extremely vulnerable communities (affected by COVID-19 as well as disasters).

DG ECHO's intervention strategy will include:

- a) Access to health services with a focus on PHC for the most vulnerable Afghans. Procurement of life-saving medical drugs and equipment could be considered, on the ground of a humanitarian analysis and justification. With the aim of gradually phasing out of the COVID-19 response DG ECHO will continue, if necessary, to support the vaccination roll-out alongside the support in vaccination awareness and risk communication and community engagement (RCCE) activities.
- b) Increased targeted protection programming to include measures to reduce/mitigate exposure to violations (such as extortion, exploitation, abuse) including strengthened protection programming that remove/reduce barriers to access to services and assistance, that mitigate the need to resort to negative and dangerous coping strategies. Scale up of protection and life-saving assistance considering new refugee influxes is encouraged.
- c) Cash-based interventions to support most vulnerable Afghans to meet their urgent basic needs and reduce negative coping mechanisms will be favoured in line with the Multi-purpose Cash Assistance (MPCA) endorsed by authorities and cash working group (CWG). In compliance with the "avoid doing harm" principle, host communities could be included in the interventions, based on needs/vulnerabilities.
- d) Education in Emergencies interventions will focus on vulnerable Afghan children with otherwise little to no access to education, to boost enrolment, limit dropouts and increase burden sharing considering the overstretching of the Iranian government's resources. Equity for boys and girls will be pursued as well as inclusion of children with disabilities. Integration of child protection interventions and/or referrals to specialised services is expected.

Disaster Preparedness: With the dedicated DP budget line allocation, DG ECHO aims at building a better understanding of evolving threats, risks, and vulnerabilities, as a pre-requisite for risk informed planning. Hereby, the strategy aims to strengthen disaster preparedness policies and systems by developing specific competencies, coordination, early warning systems and a systematic anticipatory action and response mechanism to meet urgent needs of the most vulnerable. DG ECHO will also support sustainable flood resilience in refugee camps and rural areas, combining sustainable drainage with WASH.

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-hazards-induced disasters, including in the five countries of Central Asia. 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.