

HUMANITARIAN RESPONSE PLAN

AFGHANISTAN

2018 - 2021

HUMANITARIAN
PROGRAMME CYCLE
2020 YEAR-END MONITORING REPORT

OF FINANCING, ACHIEVEMENTS AND RESPONSE
CHALLENGES

JANUARY - DECEMBER 2020



About

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

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

PHOTO ON COVER

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

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fts.unocha.org

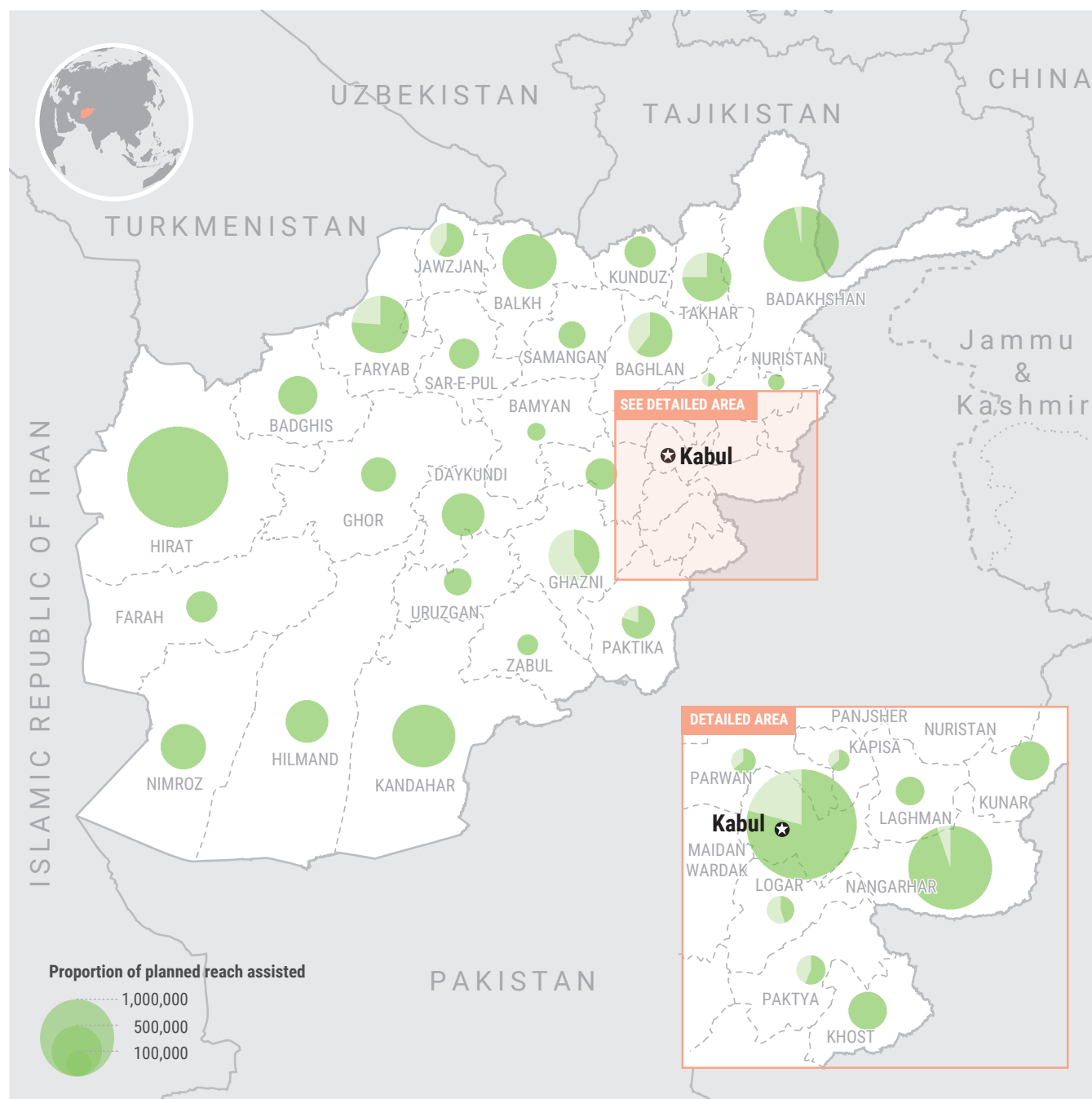
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Key Year-End Progress Figures

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
14M	11.1M	11.7M	1.1B	565M (50%)
Non-COVID: 10.4M COVID: 7.6M	6.8M 5.4M	8.5M 4.7M	735.4M 395.7M	377.5M 187M
				+\$96M CARRIED OVER FROM 2019

Overview map



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Part I

Overview

Summary

Humanitarian needs driven and exacerbated by conflict, natural disasters and the multi-dimensional impact of the COVID-19 pandemic continue to affect millions of people in Afghanistan at the end of 2020. The emergence of COVID-19 in Afghanistan resulted in a near-doubling of humanitarian need in the space of 12 months – up from 9.4 million in January 2020 to 14 million in June 2020 to 18.4 million in January 2021.

In 2020, \$564.5 million (50 per cent of requirements) was received from donors towards a well-coordinated response, in addition to the \$96m in late funding carried over from 2019. Humanitarians used this funding to reach 11.75 million people with life-saving assistance across the country throughout the year. Despite the challenging conditions, humanitarian partners were able to exceed the planned reach outlined in the mid-year revision. This is largely due to a significant scale-up in higher-reach, lower cost emergency COVID-19 activities, such as disease surveillance, testing, risk communications, hygiene promotion and food assistance. Unfortunately, the urgent need to recalibrate programming and resource allocation towards the COVID-19 response and mitigation has been at the expense of more complex and costly durable interventions that require greater time and investment. For example, there has been almost no donor investment in transitional shelter solutions, making it difficult to reduce vulnerability in the winter over the coming years. Thus, while the reach has remained high, the depth of assistance provided has been limited

by underfunding. Reach with non-COVID-19 health programming was also affected by the community's fear of contracting the virus at health facilities.

Despite a notable increase in security and access challenges and a need to re-adjust programme approaches to ensure COVID-safe protocols, some 165 partners were able to reach people in all 401 districts across the country with some form of assistance in the last quarter of the year. In many cases, this access was only possible after lengthy negotiations that often delayed the delivery of assistance. Access across the country remains unpredictable and Afghanistan remains one of the most dangerous places in the world to be an aid worker.

COVID-19 created space for humanitarian partners to expand engagement with development counterparts, jointly developing a common needs analysis to articulate the overlapping needs driven by the multi-dimensional impacts of the pandemic. The joint analysis further supported the design and rollout of an emergency social safety net package implemented through the Government-World Bank Dastarkhan-e-Mili programme. While rollout has been slower than expected, the distribution of food and direct cash transfers to households is expected to help people cope with the ongoing socio-economic impacts of COVID-19.

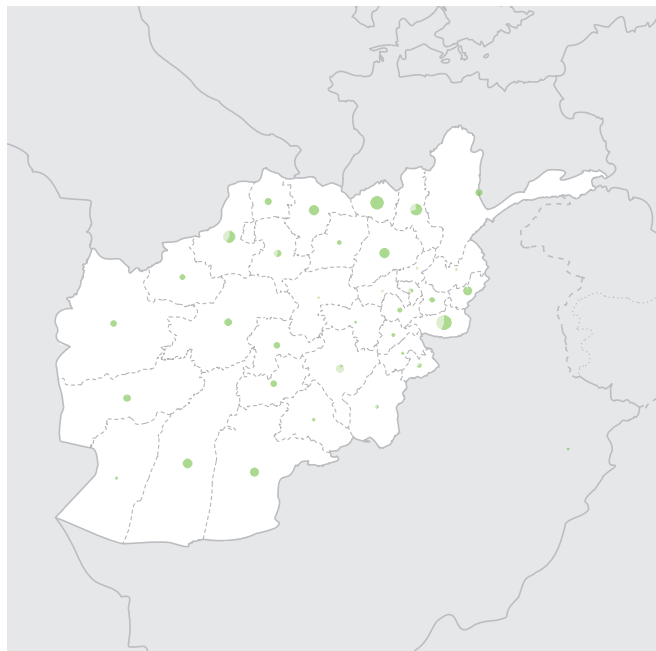
COVID-19

In 2020, the immediate and secondary impacts of the pandemic permeated all aspects of life. By the end of 2020, official figures from the Ministry of Public Health indicated COVID-19 had resulted in the deaths of more than 2,180 people and had infected more than 51,500 people. However, due to limited public health resources and testing capacity, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be significantly under-reported overall in Afghanistan. A joint study by Ministry of Public Health (MOPH), Johns Hopkins University and WHO suggested that by June 2020, COVID-19 had infected more than 30 per cent of the population nationally (50 per cent of Kabul residents) and was likely to grow.

While the immediate response to COVID-19 focused largely on the health and hygiene impacts of the pandemic, humanitarian partners quickly adjusted approaches to respond to the pandemic's secondary impacts on protection, food security and livelihoods, nutrition, and education. The economic and social conditions created by the pandemic exacerbated protection risks for vulnerable families, many of whom had already depleted their limited financial, mental, and social coping capacities due to prolonged conflict and recurrent natural disasters. The dramatic contraction in the country's burgeoning economy, loss of informal livelihoods and the high prevalence and depth of household debt pushed all population groups to adopt dangerous coping strategies such as child marriage, and child labour.

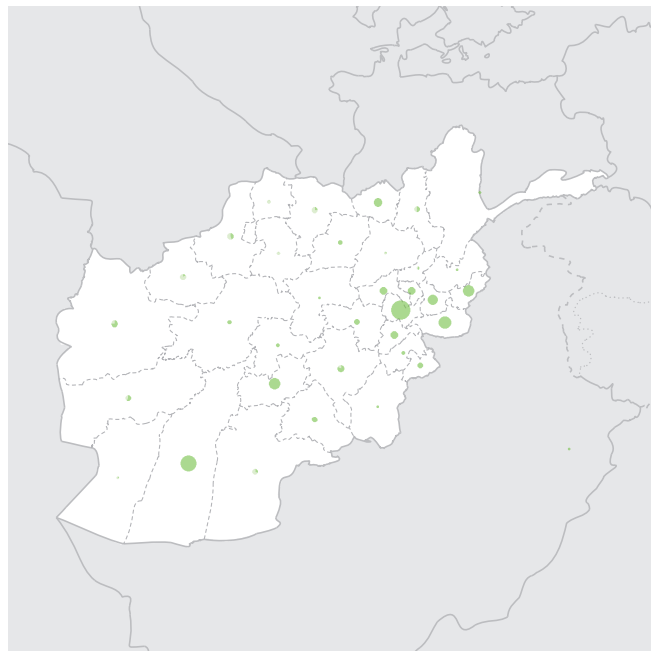
People displaced in 2020

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
500K	405K	423K



People affected by shocks in 2020

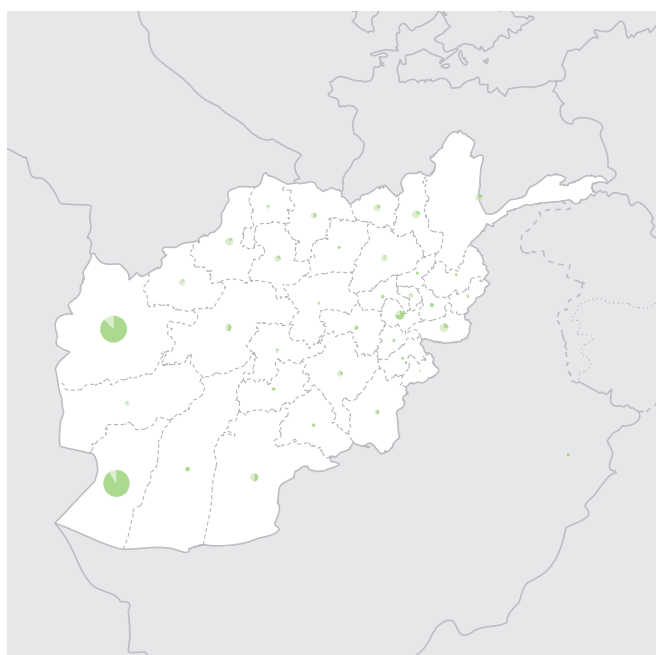
PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
181K	181K	476K*



* Natural disaster-affected: 112K, trauma care: 364K

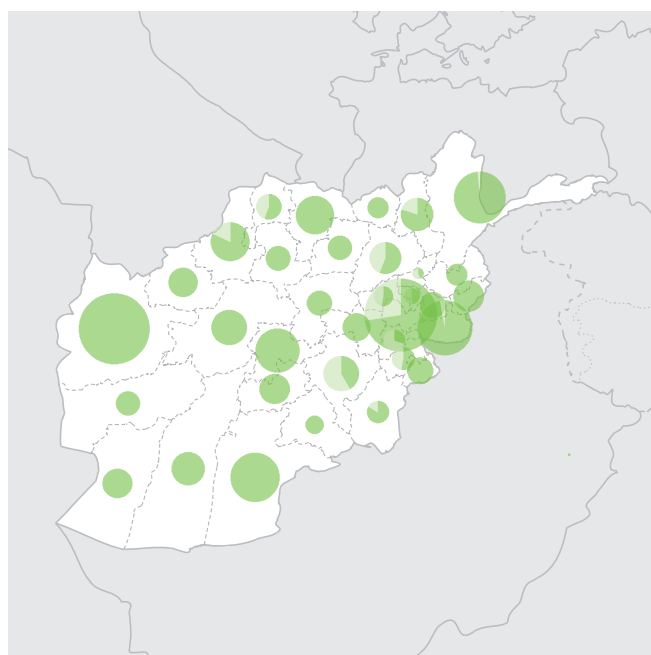
Returnees in 2020

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
570K	480K	356K



Acutely vulnerable people with humanitarian needs

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
12.8M	10.1M	10.4M



It also increased risks for women and girls who took on a greater care burden and who reported increase risks from gender-based violence (GBV). COVID-19 resulted in an estimated 5.5–7.4 per cent contraction in the economy in 2020, a significant spike in food prices, initial spikes in food prices by up to 20 per cent in the first half of the year, and reduced income for 59 per cent of households. Prices have since come down but remain higher than at the start of the pandemic.

The pandemic has required humanitarian partners to quickly adapt to new realities of restricted movement, unpredictable international and domestic flight suspensions, sporadic border closures and limited face-to-face interactions during needs assessments, group-based activities, distributions and awareness-raising work. In response, partners have scaled-up their capacity to respond via new approaches that are more suited to operations within this demanding environment. Overall partners reached 4.68m people with COVID-19 specific support.

Violence and insecurity

2020 continued to be characterised by high levels of civilian casualties and conflict which delayed the delivery of assistance to people in need. Despite three temporary ceasefires in 2020, a significant reduction in the number of civilians injured due to attacks by non-state armed groups (NSAGs) and a drop in the number of airstrikes carried out by international military forces over recent years, the continued use of improvised explosive devices (IEDs), asymmetric attacks, targeted killings and attacks on schools and hospitals have been devastating for the people of Afghanistan. 8,820 civilians were killed (3,035) or injured (5,857) throughout 2020, representing a 15 per cent reduction from the number of civilian casualties recorded in 2019 and the lowest number of civilian casualties in one year since 2013. While civilian casualties have decreased overall, 2020 witnessed a 34 per cent increase in civilian casualties from pressure-plate IEDs and a tripling in civilian casualties from non-suicide vehicle-borne IEDs by NSAGs compared to 2019. Additionally, UNAMA recorded a marked increase in civilian casualties in the last quarter of 2020 – the uptick corresponding with the formal start of the Intra-Afghan Negotiations.

Children continued to bear a disproportionate burden of the conflict and represented 30 per cent of all civilian casualties in 2020 – the same percentage as in 2019. Children also made up almost 8 out of every 10 civilian casualties from explosive remnants of war (ERWs - 73 killed and 214 injured). The disproportionate harm of ERWs to children goes beyond these figures, as children who survive these explosions

often have to cope with the long-term impact on their quality of life, through physical disability and visual impairment and emotional and psychological trauma. UNAMA also reports that more women were killed in 2020 (390) than any year since systematic documentation began in 2009, mainly from targeted killings and non-suicide IEDs. Additional systematic violations of international humanitarian law (IHL) and international human rights law (IHRL) continue to be reported, ranging from deliberate attacks on health and education facilities to targeted killings, and the forced recruitment of children. As of December 2020, UNAMA recorded 89 attacks impacting on healthcare delivery, including attacks in which medical facilities were damaged (11), destroyed (2), looted (2) or closed (57), thus denying approximately 1.4m people access to life-saving medical care.

Decades of conflict have caused concerning levels of physical and mental impairment amongst the people of Afghanistan with approximately 79 per cent of adults and 17 per cent of children estimated to have a physical disability, while 8.5 per cent of the population live with a severe disability. Conservative estimates from the 2018 National Mental Health Survey funded by the European Union further indicate that over half of the population suffer from some form of depression, anxiety, or post-traumatic stress as a result of these conditions in Afghanistan, and a Global Protection Cluster analysis warns this has been further exacerbated by the pandemic.

Internal displacement and cross-border returns

As of December 2020, 397,138 people were newly displaced by conflict, the largest displacements occurred in north-eastern region (143,332) followed by the northern region (67,663), southern region (62,535), and western region (38,385). According to IOM's Displacement Tracking Matrix data, some 4.8 million IDPs are estimated to have been displaced since 2012 and have not returned to their homes. Figures from the Whole of Afghanistan (WoA) Assessment show that the vast majority of those displaced long term do not intend to return in the next six months and around half never intend to return. Many displaced people reside precariously in urban informal settlements with insecure land rights. An Informal

Settlements Monitoring report carried out by REACH Initiative shows there are 1,147 informal settlements across Afghanistan; the majority (78 per cent of all settlements) are located in urban or peri-urban areas, where competition for land is high and the threat of eviction is severe. COVID-19 has increased the uncertainty of housing, land and property (HLP) rights for these vulnerable groups. This is particularly concerning for some 27 per cent of residents of informal settlements who are renters and are likely to face difficulties meeting rental payments as the economic impact of COVID-19 continues. In response, humanitarian partners mobilised a multi-sector response

to address the needs of 375,839 people newly displaced by conflict in 2020.

The economic downturn in the region has also triggered record numbers of migrants returning back to Afghanistan, with 865,793 crossing the border by the end of the year, the vast majority of whom returned to Afghanistan from Iran with humanitarian needs. Many reported that they felt compelled to return to Afghanistan due to COVID-19, pandemic-related restrictions, lack of employment opportunities abroad, and threats of deportation or criminalisation. Returns from Iran in 2020 (859,092) were up by 179 per cent from 2019 (479,902). During the year, humanitarian partners reached more than 344,000 of these returnees with assistance in at least one sector, however partners did not have resources to fully cover their multi-

layered humanitarian needs. There remain more than 72,000 refugees from Pakistan living in Afghanistan whose needs disproportionately deteriorated during the year as a result of COVID-19. The socio-economic impact of the pandemic has deepened the vulnerability of refugees. Refugees' overwhelming reliance on daily wage labour to meet their basic needs magnified the impact of COVID-19 movement restrictions. According to the 2020 WoA Assessment, three quarters (77 per cent) of refugees were found to have severe or extreme food security needs. Alarming, 94 per cent of refugee households reported having limited access to food as a result of COVID-19. On average, refugee households had nearly twice as much debt compared to other households (85,484 AFN/\$1,100 for refugees compared to between 42,000 AFN/\$545 and 48,500 AFN/\$630 for other households).

Natural disasters

More than 104,600 people were impacted by natural disasters, including flooding, heavy snowfall, landslides and avalanches in 2020. Natural disasters regularly affect various parts of the country, with those in the capital, the south east, and east bearing the brunt in 2020. Flash flooding in Parwan was especially severe. The number of people impacted by floods in 2020 was significantly lower than 2019. Humanitarian partners broadly reached 111,800 natural disaster-affected people, mostly impacted by floods, with a multi-sectoral response. Winterisation needs in 2020 were particularly high due

to the pandemic and limited investment in more durable shelter solutions. An inter-cluster winterisation strategy, devised jointly with the Government, identified 4.8m people in need of assistance, 2.5m of whom were prioritised for assistance. By the end of 2020, humanitarians had reached approximately 1.2m people with some form of winterisation assistance, including cash for seasonal food assistance (1,218,300), support for heaters/fuel (125,500), winter clothing packages (56,900), blankets and quilts (16,700), and cash for rent (8,000).

Food insecurity and malnutrition

Hunger and malnutrition spiked amid the ongoing conflict and economic downturn, with food insecurity now on par with the 2018-2019 drought, leaving Afghanistan with the second highest number of people in emergency food insecurity in the world – 5.5 million people – at the end of 2020. The 2020 Seasonal Food Security Assessment (SFSA) showed that with the onset of COVID-19, the number of people in crisis or emergency levels of food insecurity (Integrated Food Security Phase 3+) had risen to 16.9 million, or 42 per cent of the population from November 2020-March 2021. Food insecurity, forced displacement, low access to health services, and poor access to water and sanitation have also led to a sharp decline in the nutritional status of children. Almost half of children under five will need life-saving nutrition support in 2021, as will a quarter of pregnant and lactating women (PLW). In 2020, Food Security and Agriculture Cluster (FSAC) partners were successful in responding to the urgent food and livelihood needs of 9.54 million people, more than doubling the 4.4m people who were reached in 2019. Of this, lifesaving food assistance

reached 7.47 million people, while livelihood protection assistance was extended to 2.15 million people. While humanitarian partners were able to treat 967,229 children under 5 for Severe and Moderate Acute Malnutrition (SAM/MAM) in 2020, nutrition surveys conducted in late 2020 showed that 27 out of 34 provinces were considered to be above the emergency level threshold of acute malnutrition; 10 provinces are facing critical situations as of the end of 2020. This sharp decline in nutritional status partly stems from the surge in acute food insecurity over recent years, forced displacement, low access to health services (physical accessibility and distance to nutrition services), poor access to water and sanitation, combined with poor maternal nutrition, high levels of stunting, low immunisation coverage and a high overall disease burden. Poor feeding practices of infants and young children are also contributing factors. The Nutrition Cluster estimates that roughly 14 per cent of all acute malnourishment in Afghanistan is due to COVID-19.

Vulnerability

Household debt has become a pervasive negative coping mechanism utilised by vulnerable families to survive the impact of the pandemic, ongoing conflict and recurrent natural disasters. The prevalence and scale of indebtedness has increased considerably for all population groups in 2020 compared to 2019. The prevalence of catastrophic levels of debt (more than 65,000 AFN/\$855) is pronounced with 17 per cent of households surveyed in WoA Assessment considered to be at this level. Compounded by a worsening negative median net income (-500 AFN/-\$6.58), these findings point to a cyclical dynamic of ever-worsening debt, with decreased resilience and minimal ability to absorb further shocks. The need to respond to the multi-faceted

impacts of the pandemic has driven accelerated planning between humanitarian and development actors in 2020, resulting in a new framework for a common needs analysis and an agreement on the number of people in need of social assistance (35 million people in mid-2020 and 30.5 million in 2021). This collaboration provided the targeting criteria for the Government and the World Bank's Dastarkhan-e-Milli programme. While the programme faced a number of challenges, including challenges on how to deliver the programme in 47 'hard-to-reach areas', rollout began to some areas in late 2020 and will continue into 2021.

Progress against cross-cutting priorities

Significant progress has been made to more fully integrate gender, age, mental health, Protection against Sexual Exploitation and Abuse (PSEA), Accountability to Affected People (AAP) and disability considerations into all components of the Humanitarian Programme Cycle (HPC) - from assessments to planning, as well as implementation and monitoring. In 2020, Afghanistan's Humanitarian Country Team (HCT) continued to give significant attention to cross-cutting issues. In line with the recommendations of the Peer-2-Peer mission in 2019 HCT presentations are now given on one of five mandatory areas of responsibility every week - Protection, AAP, Gender, GBV and PSEA keeping these issues high on the HCT agenda. Disability will also be added to this rotation in 2021.

At an operational level, it had been recognised that disability had been under-reported and under-programmed, leading to a commitment to more fully integrate disability questions into needs assessments (notably the WOA Assessment – the country-wide multi-sector needs assessments upon which humanitarian needs analysis and response planning relies). To better include a multi-dimensional approach that recognises that disability exists on a spectrum, the Washington Group Short Set questionnaire has been integrated into the WOA and other inter-sectoral assessments and disability will be included in Cluster needs and response reporting in 2021.

Accountability to Affected People (AAP)

AAP coordination and response in Afghanistan was reinvigorated in 2020 with the recruitment of a dedicated AAP specialist in April, hosted by OCHA. With the support of the AAP specialist, the AAP Working Group (AAP WG) held its first meeting in July 2020 and through a series of remote workshops, adopted Terms of Reference, a Strategic Framework and work plan to address accountability shortcomings identified in the 2019 Peer-2-Peer report. Co-led by OCHA, UNHCR and BBC Media Action, the Working Group has aligned its key functions with the priorities outlined in the HCT Compact and the Mutual Accountability Framework and aligned with the Collective Approach to Community Engagement (CACE) strategy. Activities

include expanding collective feedback channels to complement the Awaaz call centre; supporting AAP activities across clusters; building the AAP capacity of humanitarian staff in all regions; creating minimum standards, tools and indicators for mainstreaming AAP and community engagement in all programming phases; and supporting collective analysis of information gathered from affected people. Since its launch, the WG has initiated the collection of an extensive list of recommended actions and indicators to integrate AAP in programming in all sectors and coordination body activities; established an inventory of AAP-related assessments, surveys, focus group discussions and other direct research with crisis-affected people that organisations can review to avoid duplication and source data that has already been collected; promoted the inclusion of indicators in future HRP that are based on the perceptions of shock-affected community members; created guidance for partners on integrating AAP activities in project proposals submitted for Afghanistan Humanitarian Fund (AHF) support and reviewed AAP and community engagement aspects of project proposals; and worked with REACH to strengthen AAP and PSEA questions in the WOA Assessment.

Awaaz is the only inter-agency feedback mechanism in Afghanistan and has now operated as an integral part of the response for nearly 3 years, handling 145,000 calls since its inception in May 2018. Awaaz demonstrated its flexibility in 2020 by expanding its two-way communications with partners and affected people as part of the COVID-19 response. In 2020, Awaaz handled more than 50,200 calls (77 per cent men, 23 per cent women, 13 per cent children) across all 34 provinces. Awaaz proved to be a vital, real-time information source during the COVID-19 response and supported partners with the dissemination of key COVID-19 messages. From mid-February 2020, Awaaz handled 3,784 calls specifically related to COVID-19 and shared key messages developed with WHO to raise awareness of COVID-19 risks with nearly 40,000 callers. The pandemic has posed several operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April 2020, two functionally identical teams have been operating at the call centre, separate from

each other, on different shifts to reduce the risk of transmission and ensure business continuity.

Given the intensified needs for robust community engagement efforts to raise awareness of COVID-19 and provide communities with accurate information relating to its prevention and available support, in March 2020, WHO and NRC launched the risk communication and community engagement (RCCE) working group. The RCCE WG was instrumental in coordinating inter-agency efforts and supporting the Government's RCCE efforts. Among other outputs, the RCCE WG developed a process for tracking rumours and correcting COVID-19 misinformation and developed an RCCE training module to build RCCE capacity throughout Afghanistan. To further streamline all AAP efforts, the RCCE WG has been integrated as a sub-group within the broader AAP WG.

Prevention of Sexual Exploitation and Abuse (PSEA)

In 2020, significant progress was made towards ensuring PSEA remained a core component of humanitarian response and a collective area of focus among the humanitarian community. The PSEA Taskforce started work in April 2019 and continued to meet regularly in 2020. The Taskforce was initially co-chaired by UNHCR and IRC until June 2020; it is currently co-chaired by WFP, UNFPA and DRC. In 2020, the PSEA Taskforce drafted guiding principles for mainstreaming PSEA in all clusters; updated key referral pathways for victims of PSEA; developed Inter-agency Standard Operating Procedures (SOPs) for recording and processing SEA complaints; shared PSEA technical guidance for COVID-19; identified PSEA focal points across agencies and developed training for those focal points. The Taskforce also continued to strengthen engagement with Protection Cluster partners, ensure integration with existing mechanisms for AAP, and provide regular updates to the HCT on progress via scheduled Mandatory Area of Responsibility presentations.

Gender in Humanitarian Action (GiHA)

In April 2020, the HCT established the Gender in Humanitarian Action Working Group for COVID-19 (GIHA-C) to support implementation of gender-sensitive COVID-19 prevention and protection response activities. The GIHA-C was stood up for an initial six-month period during which time members provided key messages and evidence-based recommendations to the HCT and the ICCT, technical support to clusters and thematic groups, particularly the RCCE WG and IPC Secretariat, and a stronger gender analysis to inform the revisions

to the HRP in mid-2020 and 2021. The HCT has since extended the mandate of the group – now the GIHA WG – into 2021 with a wider focus to support partners across the response. The WG is co-chaired by UNWOMEN, IRC, and Medica Mondiale and continues to provide operational guidance on planning and practice, strengthening accountability to gender equality in humanitarian action. The working group is also providing regular strategic updates to the HCT via scheduled Mandatory Area of Responsibility presentations.

Cash-Based Assistance

In 2020, 45 national and international partners delivered more than \$56.7 million in cash and voucher assistance (CVA) in Afghanistan to meet the needs of more than 2.6 million people. This represents a significant expansion of the use of cash from 2019 when only 24 organisations reported using cash as a modality. The scale-up in CVA use is partially due to its relevance in remote programming in the COVID-19 pandemic, responsiveness to community acceptance and preference, and donor support and advocacy in line with global commitments. While the majority of CVA was provided according to sectoral needs – primarily for food assistance, emergency shelter and non-food items (ES-NFI) needs – 30 per cent of all CVA assistance was delivered as multi-purpose cash (MPC), indicating a growing interest in utilising unconditional CVA approaches to better support community choice and flexibility. The Cash and Voucher Working Group (CVWG), co-chaired by DRC and WFP, has continued to provide technical advice and capacity building, including through the provision of thematic technical sessions to CVWG members as well as to Protection, ESNFI, Nutrition, and FSAC partners. A CashCap, initially hosted by OCHA and then WFP, further supported these efforts. Additionally, together with the REACH initiative, the CVWG initiated a Financial Service Provider (FSP) mapping which will be used to further enhance the relationship between humanitarian and development partners with FSPs, identify critical areas for improvement and work to jointly troubleshoot challenges. The CVWG also worked with the REACH initiative to develop the Joint Market Monitoring Initiative (JMMI). This joint initiative builds on individual agencies' market data-gathering efforts to improve collective analysis along an agreed set of market functionality indicators. As a pilot country for the Global Common Cash System (CCS), CCS partners (UNHCR, UNICEF, WFP and OCHA) also worked in close collaboration with the CVWG to update its workplan to more effectively support the priorities of CVWG members, including by taking forward advocacy with national banks to expand financial inclusion and digital payment envelopes.

Attacks on aid and humanitarian access constraints

Afghanistan remains in the top five most dangerous countries to be an aid worker. In 2020, 22 aid workers were killed, 53 injured and 110 abducted. 2020 witnessed more than double the number of access incidents reported by aid workers – 1095 incidents compared to 444 in 2019. Reported access incidents include interference in the implementation of humanitarian activities, levy requests, military

operations and kinetic activity, movement restrictions, physical environmental factors and lack of infrastructure, violence or threats against humanitarian personnel, assets or facilities, and landmines. Despite the reported access challenges, humanitarian partners were still able to deliver at least some form of assistance in all 401 districts during the year, although this often involved lengthy

access negotiations that frequently delayed the delivery of life-saving assistance.

Despite the heightened pressure on the healthcare system due to COVID-19, health facilities and workers continued to suffer targeted harm from attacks, as well as acts of intimidation by parties to the conflict. In 2020, WHO recorded 89 attacks on health care. Active conflict and the intentional targeting of health facilities and staff by parties to the conflict has led to the periodic, prolonged, or permanent closure of critical health facilities, impacting as many as 1.4 million people across at least 18 provinces in 2020. Education has also been targeted. As of September 2020, 50 attacks on education were recorded of which 42 were verified including 4 schools that were completely burnt and 27 that were damaged.

The COVID-19 pandemic is also adding to pre-existing risks for aid workers as PPE shortfalls continue to pose risks for frontline responders and the general community has become complacent about

protective measures, including mask wearing, despite the ongoing health threats. As of 31 December, 86 frontline health workers had died due to COVID-19.

To support in managing access challenges, the Humanitarian Access Group (HAG) developed a series of training modules to roll out the Joint Operating Principles (JOPs) to the humanitarian community, donors and parties to the conflict. In 2020, 18 Training-of-Trainer sessions were held, skilling 235 humanitarians from 31 NGOs, 39 INGOs and 8 UN agencies. With the outbreak of the pandemic, the HAG also developed a COVID-19 Access Strategy to support partners to continue to 'stay and deliver.' The HAG continues to collect and analyse information on access trends to support evidence-based advocacy with the donor community, humanitarian coordination entities and parties to the conflict. The HAG strengthened access analysis in the monthly humanitarian snapshot following a review of the Access Monitoring and Reporting Framework (AMRF).

Outlook for 2021

At the close of 2020, Afghanistan was continuing to experience intense political, security, health and environmental uncertainty. In particular, the lack of clarity over the direction of the Intra-Afghan Negotiations in Doha, the planned international military force drawdown and the evolution of the COVID-19 pandemic make accurate longer-term forecasting of needs, the operational environment and financial requirements challenging. The security outlook for the immediate future anticipates a deterioration in the conflict situation, largely connected with turbulence around the Intra-Afghan talks and related efforts by parties to strengthen negotiating positions, in addition to the drawdown of international military forces. This is reinforced by trends seen in the second half of 2020 after the negotiations began, with

significant attacks that caused civilian casualties, fear and distress. It is also anticipated that the health and socio-economic impact of COVID-19 will likely be felt throughout 2021 with an overwhelmed health system and interrupted primary health care for non-COVID patients. There is also likelihood of continued reluctance to seek health services due to COVID-19 with significant need for confidence-building on infection prevention and control. The economic situation, which has already driven a large-scale hunger crisis, escalating household debt and negative coping mechanisms, will create a more severe food security situation. This will be exacerbated by La Nina-fuelled climate fluctuations driving higher temperatures and lower precipitation through the spring posing the threat of drought.

Implications for response planning in 2021

By the end of 2020, humanitarian partners witnessed a record breaking 865,793 nationals return from Iran and Pakistan - the vast majority of whom returned in situations of dire humanitarian need. A staggering 16.9 million people (42 per cent of the population) were projected to be in crisis and emergency levels of food insecurity between November 2020 and March 2021 and are at risk of slipping further into worsening need without adequate assistance. Nearly one in two children under-five will become acutely malnourished and need urgent, life-saving assistance. Significant unmet needs from 2020 due to under-funding, fear of contracting COVID-19 at health and nutrition facilities and the slow roll-out of planned development assistance have contributed to a worsening needs profile for 2021.

In 2021, partners will kick-start their response with some \$162m – received towards the end of 2020 – on hand. This figure is higher than 2020 but is against significantly increased needs and is not spread

evenly across all sectors. Late contributions to FSAC and funding for Education in Emergencies (EiE) activities that were suspended in 2020 due to COVID-19 make up the majority of this funding. The Health, WASH and Nutrition clusters start 2021 with almost no carryover funds to support their work. As always, available carry-over funds will be used to support implementation of many activities during the first quarter of the year, however substantial commitment of additional funds will be required to catch-up on the many activities that were missed or only partially delivered in 2020. The HCT will anchor its response in a more targeted focus on vulnerability (including gender and disability) within its analysis and response; expanded thematic preparedness planning; strengthened access monitoring and negotiation capacity; additional commitments to updating and implementing a robust HCT protection strategy; and increased capacity to deliver the response via a people-centred approach.

Part 2

Progress Against Strategic and Cluster Objectives

Progress against strategic objectives

S01: Lives are saved in the areas of highest need

Under this objective, humanitarian partners delivered life-saving responses to various shocks (conflict, disaster and COVID-19). In response to the COVID-19 pandemic, the Health Cluster established 18 laboratories established across the country – having the capacity to undertake more than 6,000 tests a day. It is expected that by mid-2021, testing capacity will be expanded to all provinces of Afghanistan. Through a network of health workers and the re-deployment of 34,000 polio volunteers for COVID-19 activities, health partners rolled out a surveillance system that tracked 600,000 people and screened more than half a million people at border points. Since the onset of the pandemic, more than 4.7 million people were reached with messages on COVID-19, its risks, preventive and care measures. Primary health care also continued to be provided. Throughout 2020, Health Cluster partners provided life-saving trauma care to 363,600 conflict-affected people and primary healthcare to almost half a million people through both static facilities and mobile teams.

There was a decline in uptake of nutrition services due to fear of contracting COVID-19 – with a nearly 24 per cent decrease in admissions for Severe Acute Malnutrition (SAM) treatment between March and December 2020. Despite these challenges, more than 967,000 children under 5 years were successfully treated for SAM and Moderate Acute Malnutrition (MAM) through integrated Mobile Health and Nutrition Teams (MHNTs) and static health facilities. Additional, almost 330,000 women and children were supported through Therapeutic Supplementary Feeding and another 257,661 women and children under 5 years were served through Blanket Supplementary Feeding. General food distributions reached more than 7.4 million people throughout 2020, while another 2.1 million people were reached through livelihoods support. Nearly 297,000 children benefited from classroom provision, more than 208,000 children were able to access education services through home-based self-learning and small group learning programmes, and in excess of 798,00 children through distance learning options via TV and radios. More than 1.2 million

people were provided with clean water and more than 314,000 with latrines, while shelter partners reached more than 410,000 people with targeted support aimed at protecting them from the country's harsh weather conditions. To prevent trauma, death, and lifelong impairments, Mine Action partners provided 618,000 people with explosive ordnance risk education throughout the year.

S02: Protection violations are reduced and respect for International Humanitarian Law is increased

Conflict continued to cause suffering for civilians and destruction of critical public infrastructure – health and education facilities as well as water, electricity and telecommunication systems. Ongoing hostilities across large parts of the country, including ground engagements, aerial operations, landmines and indiscriminate use of IEDs, often suicide attacks, have continued to cause extreme levels of physical and psychological harm. Systematic violations of International Humanitarian Law and International Human Rights Law continue to be reported, ranging from deliberate attacks on health and education facilities to targeted killings, and the forced recruitment of children. Overall, humanitarian partners reached 75,000 people with psychosocial first aid support to treat trauma. In support of promotion of housing, land and property rights, Protection partners supported 383,000 people with Housing Land and Property (HLP) information sharing, counselling, legal assistance or connection to durable HLP solutions. In addition, more than 550,000 women and girls were reached through multiple GBV services.










S03: Vulnerable people are supported to build their resilience

The cumulative impact of conflict- and disaster-related shocks, as well as limited opportunities for recovery have depleted the psychological and financial reserves of millions of Afghans. Almost five million people are estimated to have been displaced since 2012 and another four million returnees who have come back to Afghanistan from neighbouring countries. Some 86 per cent of those displaced

long-term are either unable or unwilling to return home in the next six months and approximately half say they never intend to return home. Many are left in undignified, over-crowded and under-serviced living conditions, crippled by mounting debt. In line with commitments made in the 2020 HRP to extend activities that support people to recover and build their resilience, FSAC partners were able to mobilise communal asset creation assistance to 265,000 people throughout the year. During the same period, ES-NFI partners reached more than 46,000 individuals with transitional shelter support, although there is substantial room for further scale-up of this activity, delivering substantially reduced suffering and alleviating the need for support in the winter months. Wider use of transitional shelter solutions (offering sustainable housing for two to five years as opposed to the six-month lifespan of a tent) contribute to the safety, security and well-being of

people, but would also promote recovery among those in a protracted state of vulnerability. Despite this push to address protracted needs, funding and planned response towards recovery, resilience and system strengthening activities did not gain the envisaged traction given the heavy and urgent focus on COVID-19. This is particularly seen in secondary and tertiary trauma care (including rehabilitation and prosthetic support) which remained severely underfunded. This is concerning as emergency hospitals reported more trauma deaths and severe injuries in 2020, often implying that that even after survival, the likelihood of a permanent impairment from a severe injury is high. The health response to COVID-19, however, was driven by the Government and delivered through existing health systems and infrastructure, strengthening these systems at the point of delivery.

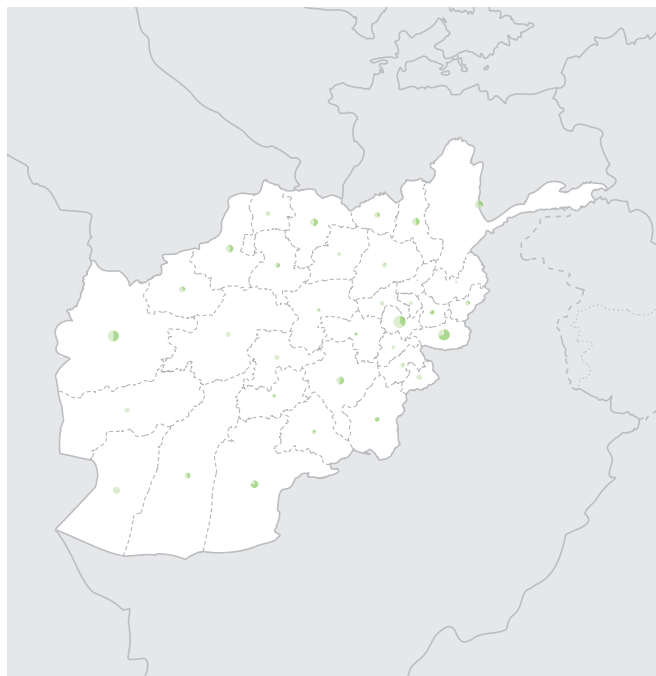
Overview of Sectoral Response

SECTOR	PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED	FUNDING RECEIVED
Education in Emergencies	2.6M	0.9M 	402K (43%)	\$68.1M 	7.6M (11%)
Emergency Shelter and NFI	5.3M	1.4M 	842K (60%)	\$122.9M 	24.7M (20%)
Food Security and Agriculture	13.2M	9.8M 	9.5M (97%)	\$370.3M 	164.3M (44%)
Health	10.1M	7.0M 	4.6M (66%)	\$171.1M 	55.9M (33%)
Nutrition	4.6M	2.4M 	1.9M (80%)	\$114.6M 	35.3M (31%)
Protection	11.5M	2.3M 	2.7M (116%)	\$91.9M 	52.1M (57%)
Water, Sanitation and Hygiene	7.2M	3.8M 	4M (107%)	\$152.2M 	22.2M (15%)
Aviation	-	-	-	\$25.0M 	11M (44%)
Coordination	-	-	-	\$14.9M 	6.7M (45%)
Not specified/multiple sectors	-	-	-	-	184.7M
TOTAL	14M	11.1M	11.7M (106%)	\$1.1B	564.5M (50%)

The Cluster breakdown of funding figures according to FTS is distorted by a significant proportion of the funds in 'Multi-Cluster' or 'Cluster Not Specified' categories (**\$184.7M** - 33 per cent of overall funding). This situation means that overall funding to the HRP is reflected but not allocations towards specific clusters.

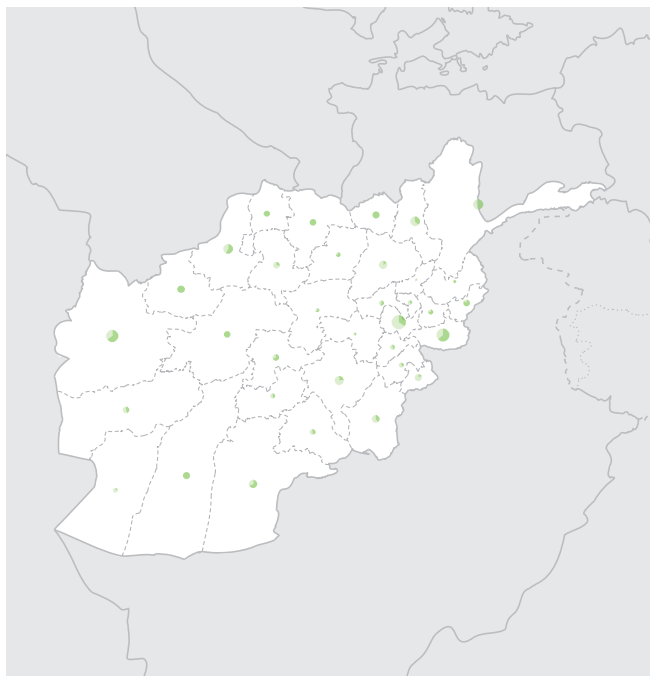
1 Education in Emergencies

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
2.6M	0.9M	402K (43%)



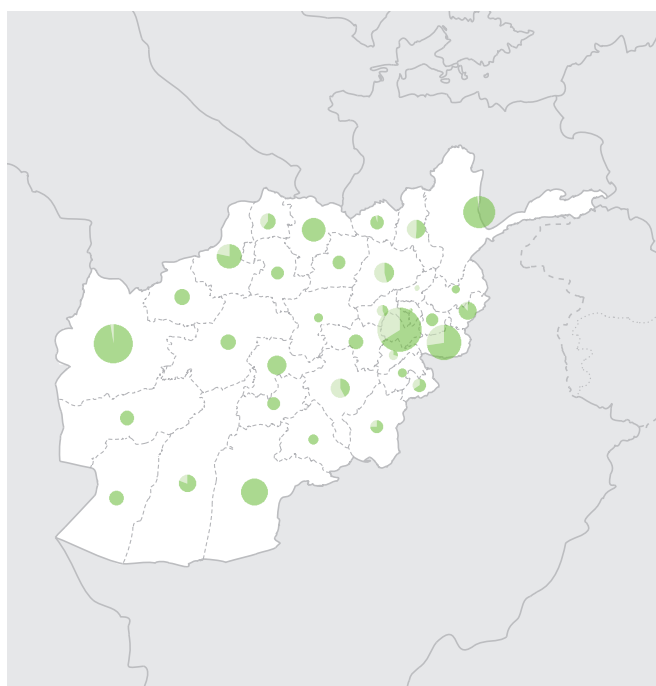
2 Emergency Shelter and NFI

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
5.3M	1.4M	842K (60%)



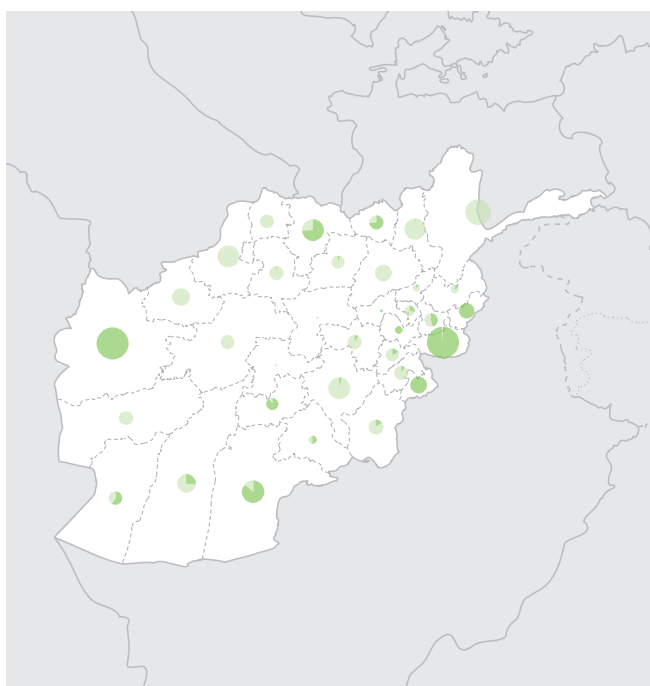
3 Food Security and Agriculture

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
13.2M	9.8M	9.5M (97%)



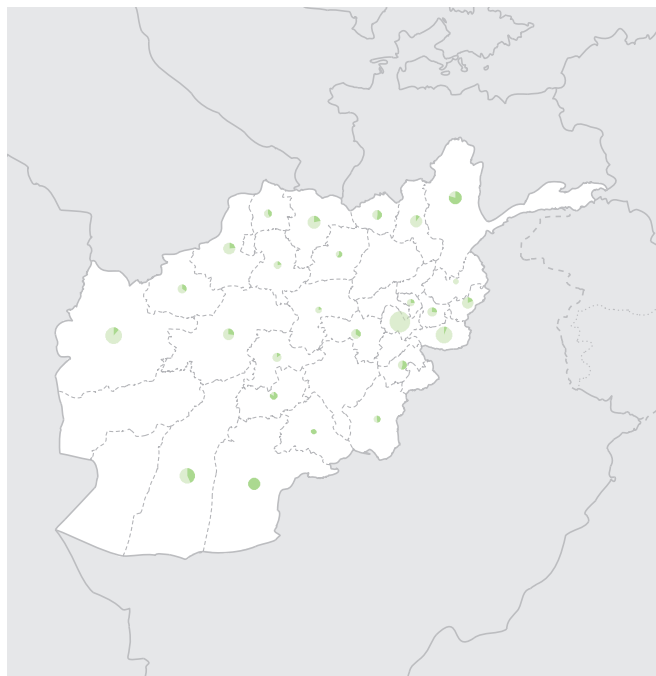
4 Health

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
10.1M	7M	4.6M (66%)



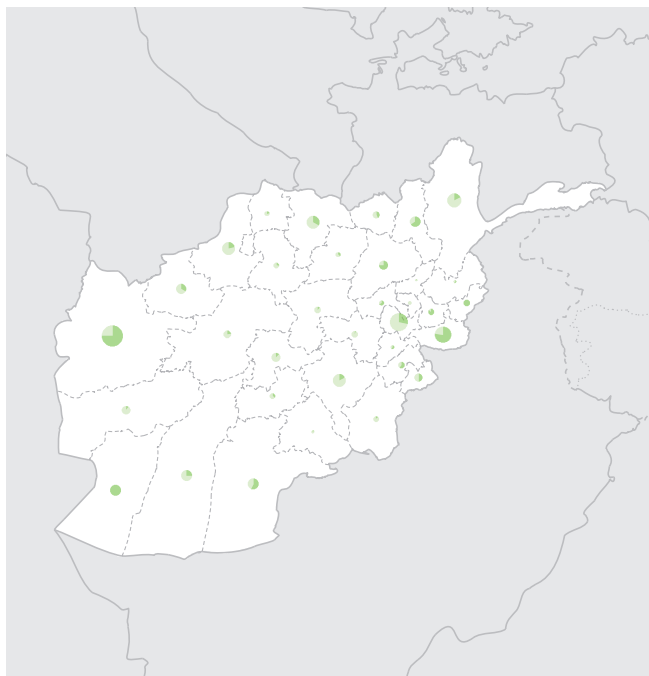
5 Nutrition

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
4.6M	2.4M	1.9M (80%)



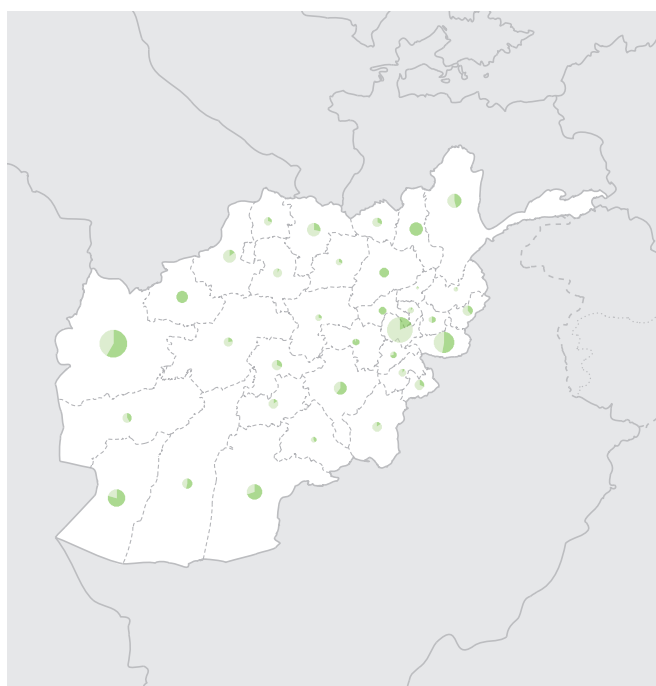
6 Protection

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
11.5M	2.3M	2.7M (116%)



7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED
7.2M	3.8M	4M (107%)



2.1

Education in Emergencies



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
2.6M	0.9M	402K (43%)	68.1M	7.6M (11%)
Non-COVID: 2.6M COVID: 2.2M	403K 541K	194K 208K	47.3M 20.8M	7.3M 356K
				+\$9.4M CARRIED OVER FROM 2019

Achievements

All schools in Afghanistan were closed in March 2020 as a way of curbing the spread of COVID-19. A key achievement for the EiEWG was the ability to adapt to the changing environment and find new avenues for providing access to education, even during the six-month blanket school closure period. In response, EiE partners formed a task force which spearheaded the development of self-learning materials. These self-learning materials provided access to education for more than 200,000 children in hard-to-reach areas. This is a modality which will be continued in 2021 to reach children in inaccessible locations. The Ministry of Education (MoE) and EiE partners also worked with both radio and television broadcasters to ensure that lessons were at least available to children with access to TV and radio. These modalities were also used to ensure the safe return of children back to school with specific content produced to deliver key messages to students and parents on COVID-19 mitigation measures in schools. The Back-To-School content was broadly broadcast across the country by 182 national and local TV and radio channels.

Throughout the year, 208,117 children (102,032 boys and 106,085 girls) were reached through home-based learning materials across 24 provinces. Close to 798,182 children (455,033 boys and 343,149

girls) were reached by multi-media education including TV and radio. Some 2,460 teachers across the country were trained on safe schools protocols related to COVID-19. Some 98,232 children (45,968 boys and 52,264 girls) were reached with COVID-19 IEC-materials, while close to 320,000 children were reached with COVID-19 awareness and preventive messaging through TV and radio.

Once schools resumed, 194,117 shock-affected and marginalised out-of-school children (93,611 boys and 88,025 girls) got access to education. Overall, 296,887 children (170,570 boys and 126,317 girls) benefited from classroom provision, teaching and learning materials. 14,252 teachers (7,108 male and 7,144 female) recruited and supported with salaries. Considering the mental health effects of the pandemic and ongoing conflict, 12,355 teachers (5,997 male and 6,358 female) were trained on child-centred, protective and interactive learning methodologies, classroom management, social cohesion, life skills and psychosocial support. Some 22,000 community members were also trained on children's right to education, child protection and child safeguarding.

In addition to providing education services to crisis-affected children, from January-December 2020 the EiE WG also supported

People reached by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.22M	0.12M	0.04M	2.23M	0.002M	100 / 0 / 0	2.6M
Planned reach	0.14M	0.07M	0.03M	0.69M	0.002M	100 / 0 / 0	0.9M
People reached	0.01M	0.02M	0.002M	0.37M	-	100 / 0 / 0	0.4M

coordination by standardising its tools and documents such as an EiE framework for the safe reopening of schools and CBEs, EiE WG Risk Communication and Community Engagement guidance note.

Challenges

In addition to school closures, EiE partners faced more challenges in implementing small group learning activities, with a directive abruptly halting the implementation of this modality which had been effective in delivering education at the height of the pandemic. MoE staff turnover also affected the signing of project MoUs, delaying the start of COVID-19 related education activities. Additionally, bureaucratic changes such as the introduction of new bureaucratic MoU processes with MoPH for partners implementing COVID-19 related activities further caused delays in programme implementation.

Partners were also challenged in delivering winterisation support in schools with the banning of all education winterisation activities in cold climate regions. This not only meant that a critical learning window was missed affecting children's learning trajectory and wellbeing, but that previously budgeted and approved activities could

not be implemented. This has meant that considerable funds were carried over into 2021. The ban still remains in effect in February 2021. However, partners with commitments to deliver winterisation as part of their EiE response are exploring ways to re-purpose this funding towards other critical EiE needs.

Although the primary focus of EiE partners has been on Community-Based Education (CBE), COVID-19 revealed challenges that exist within the formal and hub schools. Currently, many schools are unable to meet the minimum requirements to keep children safe from the pandemic as they do not have adequate WASH facilities. With evidence suggesting that handwashing is one of the key strategies to stop the spread of COVID-19, improving and sustaining safe school/CBE environments by providing access to clean water, hygiene kits and disinfectants is critical to facilitate safe school reopening and continues to be a priority.

Other factors hampering the smooth functioning of CBE related to insecurity, active conflict and long travel distances, and inability to afford the auxiliary costs of education due to poverty.

Contacts

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2.2

Emergency Shelter and NFI



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
5.3M	1.4M	842K (60%)	123M	24.7M (20%)
Non-COVID: 2.5M COVID: 2.8M	694K 703K	836K 8K	55.4M 67.5M	24.7M -
+\$12.7M CARRIED OVER FROM 2019				

Achievements

To address the effects of COVID-19, the ES-NFI Cluster expanded its financial support to cover rental costs and prevent evictions. To support home isolation possibilities among the most vulnerable, the Cluster also expanded its transitional shelter support, by providing extensions, partitioned, or upgraded living conditions thus reducing density and increasing the amount of covered living space available. The Cluster also provided top-up NFI kits to reduce the sharing of core relief items amid the pandemic. The Cluster also expanded its winterisation program targeting more vulnerable people with heating and fuel support to help them cope with the winter amid a dire economic situation for many families.

Since the start of the year, 836,175 people were reached through shelter and NFI support (60 per cent of the overall planned reach for the Cluster) with the main factor in this result being underfunding amid a focus on pandemic-related emergency assistance. Close to 205,000 people were provided with emergency shelter assistance including rental support and in excess of 336,000 people received household items (standard NFI packages). Some 75,000 people received support to reconstruct or repair their homes. More than 46,000 people also received support to construct transitional shelter.

To mitigate against the impact of the country's cold winter, the winterisation response was guided by a joint ICCT plan developed with

the Government and with support from partners and donors. As of 31 December, the Cluster had received \$20.78m against this plan (15% of funding required) reaching more than 376,000 vulnerable people with heating or fuel to mitigate against protection, health and other risks associated with the cold. This equates to 38 per cent of planned winterisation reach for the Cluster.

Since January 2020, more than 108,000 people were affected by natural disasters (mostly floods) across all 34 provinces. These people received shelter and NFI assistance. The most affected provinces were Parwan, Kunar, Farah, Samangan, Nangarhar, Laghman, Faryab and Hirat. To strengthen emergency preparedness, the Cluster continues to pre-position and stockpile various items including standard emergency NFI, emergency shelter kits and emergency shelter self-construction and repair tool kits at strategic locations across the country. At the time of publication of this report, the Cluster's stockpile is able to cover the needs of 129,000 people with emergency shelter, 634,500 people with emergency NFI and some 106,000 people with shelter self-construction/repair toolkits in 2021.

In collaboration with the REACH Initiative, early in 2020 the Cluster undertook an evaluation of the 2019-2020 winterisation response and an in-depth shelter/NFI assessment in 4 priority provinces. The objective of the evaluation was to reflect on the Cluster's performance, recommend areas for improvement, pinpointing the most appropriate

People in need, planned reach and people assisted by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.32M	0.26M	0.09M	4.63M	0.04M	54 / 22 / 24	5.3M
Planned reach	0.22M	0.17M	0.08M	0.90M	0.03M	52 / 21 / 27	1.4M
People reached	0.27M	0.01M	0.08M	0.48M	-	56 / 21 / 23	0.8M

modalities for winterisation assistance. The evaluation was a key element of the Cluster's evidence-based response, feeding into the development of the 2020-2021 Joint Winterisation Strategy.

Challenges

The scale, severity, and complexity of needs for emergency and transitional shelter remains high. Only 24 per cent of the Cluster's annual financial requirements were met which resulted in people missing out on the comprehensive package of assistance (inclusive of ES-NFI, heating /insulation, transitional shelter, and shelter repairs) required to address their needs. Critical gaps remain for those whose houses were severely damaged or destroyed due to floods in the summer.

Post Distribution Monitoring (PDM) reports show concerns over delayed distribution of winter support and varying standards in assistance packages provided by partners. There is also consistent demand – across all population groups – for longer-term shelter solutions. Addressing these needs in a durable way would reduce the

need for regular maintenance of short-term shelters that have outlived their intended life-span. This is the situation facing more than 105,000 people are still living in displacement sites in Hirat and Badghis provinces and who still remain in undignified living conditions with little protection during winter.

The spread of COVID-19 is further challenging the ability of partners to undertake assessments, conduct focus group discussions, trainings, mass distributions, and thorough post-distribution monitoring. ES-NFI partners continue to operate under alternative modalities that adhere to WHO's physical distancing guidelines.

The Cluster continues to advocate within existing humanitarian funding mechanisms and bilaterally with donors on the need to establish a sustainable source of funding to ensure replenishment and continuity of the ES/NFI pipeline of emergency shelter kits, reconstruction tool kits and NFI items. This is particularly important given La Niña weather forecasts for 2021.

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2.3

Food Security and Agriculture



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
13.2M	9.8M	9.5M (97%)	370.3M	164.3M (16%)
Non-COVID: 10.2M COVID: 3M	6.7M 3.1M	7.9M 1.6M	309.6M 60.7M	116M 48.3M
				+\$48.5M CARRIED OVER FROM 2019

Achievements

include additional people affected by the socio-economic pressures created by the pandemic in both urban and rural areas. The Cluster expanded its critical seasonal food support to four months (up from three) to support households through COVID-19 related disruptions to food security and livelihoods. In an effort to mitigate against the spread of the virus during food distributions, the Cluster adopted a staggered approach to ensure physical distancing; installed handwashing stations at distribution points; ensured the use of personal protective equipment among frontline staff; and provided communication and awareness-raising materials on the virus. Additionally, people were provided with two months of assistance at one time, rather than monthly, in order to minimise gatherings at distribution sites and reduce exposure to COVID-19.

In 2020, FSAC partners provided assistance to people affected by COVID-19, floods, conflict, refugees and cross-border returnees. Between January and December 2020, FSAC partners reached total 9.5 million people with food and livelihoods assistance – 98 per cent of the Cluster's planned reach (9.8 million people). Lifesaving food assistance was provided to 7.46 million people and livelihood protection assistance was delivered to 2.14 million people. This reach

represents a dramatic scale-up and points to the Cluster's capacity to address even more needs in 2021 if sufficient funding is available.

Despite COVID-19 restrictions and access challenges, the Cluster successfully conducted the 2020 Seasonal Food Security Assessment (SFSA), collecting data from 99 per cent of planned areas. The Cluster was successfully able to conduct two virtual IPC analyses – including the world's first virtual exercise – in support of the revised HRP in mid-2020 and the new HRP for 2021.

Challenges

While the Cluster has been able to reach 9.5 million people with food and livelihoods assistance, limited and late funding has meant that people may not have received a comprehensive package of assistance (with timely and full rounds of support). The Cluster recognises it would have been able to scale-up its response further, if additional funding was available.

The COVID-19 pandemic resulted in border closures delaying the timely importation of food items into Afghanistan. Delays in the arrival and distribution of some food commodities occurred because of import delays at the border with Pakistan, particularly affecting deliveries of vegetable oil and food items. Access to some areas was

People in need, planned reach and people assisted by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.40M	0.15M	0.12M	12.45M	0.07M	54 / 23 / 23	13.2M
Planned reach	0.40M	0.15M	0.12M	9.05M	0.07M	54 / 23 / 23	9.8M
People reached	0.28M	0.09M	0.06M	9.04M	0.07M	54 / 23 / 23	9.5M

reduced by weather conditions and road blockages during the winter period at the start and end of 2020, resulting in some delayed food deliveries and distributions in affected areas.

Due to COVID-19 restrictions and the need to apply preventive measures to stop the virus' spread, some trainings under different

activities such as agricultural and livestock support programs and vocational skills trainings were suspended. With COVID-19 preventive measures now in place, partners were able to resume these trainings during third and fourth quarter of 2020.

Contacts

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2.4 Health



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
10.1M	7M	4.6M (66%)	171.1M	55.9M (33%)
Non-COVID: 2.8M COVID: 7.3M	1.9M 5.1M	1.6M 3M	63.5M 107.6M	15.4M 40.5M

Achievements

In 2020, the Health Cluster scaled-up to address the COVID-19 pandemic. Official figures confirm that more than 51,000 people had contracted the virus by the end of the year, although the real figure is likely to be much higher due to low rates of testing and widespread complacency in the community about prevention measures. In response to the crisis, health partners implement their response initially across eight pillars (in line with the global COVID-19 preparedness and response strategy), while maintaining essential health services (later added as a ninth pillar).

Since the onset of the pandemic, health partners supported the Government in establishing 18 laboratories with capacity to test 6,000 samples a day. These laboratories tested more than 165,000 samples in 2020. By February 2021, this number has grown to 22 laboratories with plans to expand even further to have testing capacity in all provinces by mid-2021. Some 2,000 beds were provided for isolation and intensive care. 34,000 polio surveillance volunteers were re-tasked to conduct COVID-19 surveillance, case identification and contact tracing activities across the country. Several thousand more health workers and volunteers were trained and are engaged in laboratory testing, mental health and psychosocial support (MHPSS), infection prevention and control, as well as risk communication work. More than half a million people were screened at land crossing, airports, and

regional transit sites across the country. Close to 600,000 people were traced through Health Cluster surveillance systems since the start of the crisis. In 2020, some 21 million medical supply items (including PPE, equipment, and other supplies) were procured to support the Ministry of Public Health's response to COVID-19. Under a COVID-19 Risk Communication and Community Engagement Working Group, targeted messages on COVID-19, its risks and prevention measures were provided and more than 4.7 million people throughout the year. The Health Cluster, together with MoPH, developed and distributed 4.6 million brochures, 455,000 posters and put up 48 billboards.

The wider health response also had to shift to mobile based delivery modalities in many areas to adhere to physical distancing requirements, to offset the effects of stretched static facilities and account for the reduced health seeking behaviour being shown by community members. Some 472,953 people received emergency primary healthcare through mobile and static facilities in 2020. More than 363,600 people received emergency trauma care. More than 85,000 women received reproductive and antenatal care through mobile health teams.

Under the Government's leadership, the Health Cluster is also preparing logistically for the rollout of a vaccination campaign for COVID-19 in 2021 when doses become available to Afghanistan

People in need, planned reach and people assisted by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.33M	0.30M	0.09M	9.34M	0.06M	54 / 22 / 24	10.1M
Planned reach	0.27M	0.22M	0.09M	6.42M	0.02M	54 / 22 / 24	7M
People reached	0.11M	0.12M	0.40M	3.91M	0.07M	32 / 37 / 31	4.6M

through the global COVAX mechanism or bilateral donations. Humanitarian health partners will likely have a role to play through scaled-up Mobile Health Teams (MHTs) where a comprehensive set of health services, including vaccination, would be delivered.

Challenges

Global shortages of supplies including PPE, ventilators and other medical equipment seen in the first half of the year were limiting the capacity of healthcare workers to respond to the COVID-19 crisis in an effective manner. This is also the cause for a considerable portion of healthcare workers being infected by the virus. Global supply issues have since eased, however considerable numbers of health workers continue to be affected by the virus.

Misinformation about COVID-19 continues to circulate, affecting people's ability to accurately identify the source of transmission, adopt appropriate mitigation measures and seeking treatment for COVID-19 in isolation from others. Reports indicate that stigma and misinformation are driving people away from essential health services leading to deteriorating health conditions and inevitably to further morbidity and mortality. The Cluster recognises that tailored engagement with different communities is critical to ensure COVID-19 prevention and mitigation measures are maintained and essential services are utilised. This has affected needs in 2021 and is expected to impact a COVID-19 vaccination roll-out.

Scale-up of trauma care has been limited due to COVID-19, despite the rising number of people injured from conflict. Emergency hospitals reported more severe injuries and more trauma-related mortality. While more than 363,000 people were reached with trauma assistance throughout the year, inability to access trauma-care closer to places

of injury and the limited access to continuum of care (including rehabilitation and psychosocial support) continues to be an added burden for a country already facing a pervasive mental health crisis and widespread physical disability. Physical distancing requirements have also decreased the capacity of healthcare workers to conduct mental health, psychosocial and rehabilitative activities. The Cluster recognises that a more community-based approach to mental health services, as well as secondary and tertiary trauma care will be needed, requiring targeted development of relevant expertise in these fields.

Stronger and effective engagement between all levels of government, implementing partners (both national and international) and donors is needed to ensure the COVID-19 response continues to be delivered on scale and that essential health services are delivered in a simultaneous manner.

Temporary suspension of polio vaccination campaigns meant that 9.9 million children missed out on critical polio vaccination at some point in 2020. While polio vaccinations have resumed, the impact has, however, already been noted with cases of polio reported from new areas (which were previously polio-free). In 2020, 56 polio cases were confirmed, compared with 29 cases in 2019. Most of the cases occurred in areas where house-to-house vaccination campaigns had been banned since May 2018 by NSAGs. Polio has now spread to 14 provinces, indicating declining immunity among people. In addition to wild polio viruses, Afghanistan has also experienced an outbreak of vaccine-derived poliovirus type 2 following a spill-over from an outbreak in Pakistan, resulting in 303 confirmed cases in 2020. In addition, there have been pockets of measles outbreaks in various areas of the country.

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2.5

Nutrition



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
4.6M	2.4M	1.9M (80%)	114.6M	35.3M (31%)
Non-COVID: -	1.4M	1.1M	72.5M	27.4M
COVID: -	1M	837K	42.1M	7.9M

Achievements

Between January and December 2020, 252,812 children under-five with severely acute malnutrition (SAM) received services through integrated mobile teams, health sub-centres and fixed health facilities in 26 priority provinces. This achievement represents 63 per cent of Cluster's planned reach for SAM with underfunding and changes in health-seeking behaviour being the main barriers to further reach. Some 126 Therapeutic Feeding Centres further provided nutrition services to 20,504 children under five suffering from SAM with complications. In 2020, 714,417 children under-five with moderate acute malnutrition (MAM) received nutrition services. This represented 101 per cent of the Cluster's planned reach for under-five MAM. Moreover, 329,515 moderately malnourished pregnant and lactating women (PLW) received therapeutic supplementary feeding services, representing 139 per cent of the Cluster's planned PLW MAM reach. In 2020, 71,546 women of child-bearing age were provided with Infant and Young Child Feeding in Emergency (IYCF-E) services, representing about 31 per cent of Cluster's IYCF-E target. In addition, 187,305 children under-five and 70,356 PLW were enrolled in blanket supplementary feeding programmes (BSFP) representing 58 per cent and 46 per cent of the annual targets, respectively. Some 300,055 people also received counselling on Maternal and Infant Young Child Feeding (MIYCN) and were sensitised on COVID-19 preventative measures since the start of the crisis.

Nutrition assessments were paused for most of the year due to COVID-19 and only resumed in the last quarter, making it more difficult to confirm trends. Four SMART surveys and one rapid SMART survey were conducted between January and December 2020. The results revealed high combined Global Acute Malnutrition (cGAM) rate in Nangarhar (15.7 per cent), Nimroz (14.7 per cent), Parwan (13.5 per cent) and Ghor (15.9 per cent). The same findings also showed high combined SAM (cSAM) rates – 3.5 per cent, 3.9 per cent, 2.9 per cent and 3.4 per cent in the four provinces, respectively. The findings of the SMART surveys also showed persistently high levels of undernutrition among women of reproductive age.

In response to the COVID-19 pandemic, the Nutrition Cluster, in coordination with Ministry of Public Health's Public Nutrition directorate (MoPH/PND), issued an adapted guidance note for Integrated Management of Acute Malnutrition (IMAM) and IYCF to mitigate against exposure to COVID-19, advising partners to reduce the frequency of visits, cutting follow-up consultations from weekly to bi-weekly for SAM children and reducing the frequency of MAM follow-up visits from bi-weekly to monthly, and applying recommended infection prevention and control measures. For inpatient SAM treatment in static facilities, guidance has been provided to increase physical space to at least 1.5 metres between beds.

People in need, planned reach and people assisted by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.20M	0.10M	0.04M	4.27M	0.02M	72 / 28 / 0	4.6M
Planned reach	0.10M	0.05M	0.02M	2.25M	0.01M	64 / 36 / 0	2.4M
People reached	0.01M	0.04M	0.01M	1.88M	-	60 / 40 / 0	1.9M

To address COVID-19 related fears and associated drops in care-seeking behaviour, the Nutrition Cluster scaled-up mobile services to improve treatment coverage, especially in hard-to-reach and remote locations, by increasing the number of community-level nutrition service sites or increasing the frequency of mobile visits while observing COVID-19 preventive practices. Mobile teams implementing nutrition services increased from 98 in 2018, to 152 in 2019 and to 282 in 2020. The Nutrition Cluster also further decentralised services in health sub-centres to improve access to and coverage of treatment services in remote villages, closer to affected people. Additionally, to further improve the quality of community screening and early diagnosis of acute malnutrition at the community-level, mothers were trained on measurement of mid-upper-arm circumference (MUAC) and provided with MUAC tapes.

To mitigate against the pandemic's adverse effects on the nutritional status and subsequent wellbeing of children, the Cluster expanded the age group of children targeted under its BSF programme – up to 5 years old. The Cluster also expanded its reach for IYCF-E assistance to include children at risk of malnutrition. COVID-sensitive IYCF-E services also utilised TV, radio, Interactive Voice Response (IVR) and one-to-one counseling sessions.

Challenges

Inadequate and late funding for life-saving nutrition activities was a major challenge which delayed response in some of the priority locations. Scale-up of SAM treatment was challenging and shortfalls in ready-to-use therapeutic food (RUTF) stocks were again experienced. As a mitigation measure, UNICEF is working with MoPH/PND and global experts to adjust the dose of RUTF required for the treatment of children with SAM to see if limited resources can be spread more widely.

Analysis from the MoPH nutrition database showed a 24 per cent decrease in admissions for inpatient treatment of SAM with complications within health centres between March and December 2020, compared to pre-COVID rates. At the height of the first wave of the pandemic in May 2020, the numbers were as high as a 46 per cent and a 12 per cent decrease in 'inpatient' and 'outpatient' treatments, respectively. As a result, an estimated 10,830 SAM children under-five have missed treatment. Although MHNTs scaled-up to move services closer to the community, COVID-19 continued to impact health and nutrition service-seeking habits, resulting in delayed nutritional status diagnosis among children and lower admission at facilities. Further issues with on-site in-person capacity building / training for community health workers and frontline health and nutrition partners staff to deliver quality nutrition services remain. Insufficient spacing at health and nutrition facilities continues to be another challenge. Conflict-related access challenges also continued to hamper the delivery of lifesaving emergency nutrition services.

Cash incentives to increase service up-take for caregivers with children needing in-patient care were introduced, although at year's end this activity had not yet reached scale. Investment to systematically introduce, assess and monitor this new initiative was limited. The Cluster continued dialogue with the Cash and Voucher Working Group ensuring that cash as a regular agenda item in its meetings with efforts to roll out more cash-based programmes where feasible.

Although the number of nutrition treatment sites around the country – now 1,411, up from 1,308 in 2018 - and the number of MHNTs increased from 152 in 2019 to 282 in 2020 – a staggering one-in-two children under five and one-in four pregnant and lactating women are expected to suffer from acute malnutrition in 2021 and are at high risk of death without the provision of treatment services to save their lives. In these circumstances, a repeat of the underfunding seen in 2020 will be catastrophic.

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2.6

Protection



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
11.5M	2.3M	2.7M (116%)	91.9M	52.1M (57%)
Non-COVID: 7M COVID: 4.5M	1.5M 789K	1.5M 1.2M	89.8M 2.1M	43.1M 9M
+\$2.4M CARRIED OVER FROM 2019				

Achievements

The Protection Cluster and its four sub-clusters – Child Protection; Gender-Based Violence (GBV); Mine Action (MA); and Housing Land and Property (HLP) – reached 2.7 million people with protection services in 2020. Vulnerable people usually receive multiple kinds of assistance and the Cluster has taken careful steps to avoid double-counting between sub-clusters. Some 695,584 people were reached by Child Protection partners; 550,200 by GBV partners; 429,756 people by HLP partners; 1,162,470 people by Mine Action partners; and some 674,870 people with general protection type assistance. About 1.2 million people were reached with COVID-19 awareness messages and information on preventive measures.

Protection partners continued to identify Persons with Specific Needs (PSNs) for direct protection assistance and undertook referral of cases. Individual Protection Assistance (IPA) was scaled up and the Cluster introduced and Cash-for-Protection assistance programme as a new activity delivering cash assistance to the most vulnerable households at risk of adopting negative coping strategies due to the economic hardship caused by the pandemic. This one-time financial assistance was designed to top-up other assistance programmes and is based on the minimum expenditure basket of 22,000 AFN or \$285.

In 2020, 276,580 people were reached with psychosocial support (PSS) in homes, Family Protection Centres, Women Friendly Health

Spaces, Child Friendly Spaces and other safe spaces. Some 453,987 individuals were reached with information and community-based activities to raise awareness on child protection issues, including positive parenting, harmful practices, mental health and coping mechanisms, referral pathways, and risks related to COVID-19. This accounted for 91 per cent of the Cluster's planned reach on awareness raising. Community-based child protection networks, such as shuras, child protection committees, community change networks, advocacy networks and community dialogue groups were established to raise awareness and build community capacity on child rights and child protection.

Some 4,567 children (3,286 boys, 1,281 girls) received specialised case management, tailored one-on-one support and referrals to relevant service providers. Case management services were expanded to cover unaccompanied and separated children, child survivors of SGBV, returnee children and children in conflict with the law.

Throughout 2020, Mine Action partners delivered risk education to 618,357 people. This number is significantly higher than the planned reach (380,164). This was due to the increased numbers of returnees coming from Iran, often unfamiliar with current mine risks in the different areas of Afghanistan they were passing through. Mine Action partners were able to scale-up their activities to respond to this increased influx, despite COVID-19 preventative measures

People in need, planned reach and people assisted by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.50M	0.57M	0.12M	10.25M	0.07M	53 / 25 / 22	11.5M
Planned reach	0.16M	0.20M	0.03M	1.91M	0.02M	49 / 32 / 19	2.3M
People reached	0.23M	0.29M	0.02M	2.01M	94	44 / 29 / 27	2.7M

restricting the number of people per session and requirements for social distancing. Mine Action partners also developed materials joint featuring explosive ordnance risk education (EORE) and COVID-19 messaging.

People reached with Information Counselling and Legal Assistance (ICLA) services increased from 70,000 in Q2 to nearly 800,000 in Q4 due to additional funding received later in the year. This enabled an enhanced eviction monitoring system and more robust advocacy to respond to the threats created by COVID-19. HLP guidance notes were prepared on land ownership and tenure documents, women's property rights, land allocation schemes, and cross sectoral programming considerations to support agencies working to secure tenure for vulnerable groups. HLP data and analysis has been leveraged for the COVID-19 response, including a case study of IDP COVID-19 vulnerability in Jalalabad; a Kabul-wide survey targeting all 54 informal settlements, and a case study from Kandahar on COVID-19-associated tenure insecurity.

Working around new logistical constraints imposed by the pandemic, protection partners introduced new working modalities adapting PSS group activities to home-based modalities, smaller groups and outdoor recreational activities. Partners designed and provided pedagogical material for children and parents to strengthen coping mechanisms and resilience. Awareness raising on GBV and child protection risks was scaled up through home-to-home visits and by involving Community-Based Protection Networks (CBPNs), protection committees, community leaders, women leaders, faith leaders and shuras. Radio, TV, mobile text messages, billboards, helplines, children books and child-friendly awareness materials were used to disseminate information during lock-down.

In 2020, the Cluster further aimed to improve its coordination capacity putting in place full-time coordinators for the GBV and Child Protection sub-Clusters at the national level. Revised membership criteria, terms of reference (ToRs) for sub-clusters, Strategic Advisory Group (SAG) elections, and other tools were strengthened to meet stronger coordination needs at national and sub-national levels. Tools for monitoring and reporting, such as monthly dashboards and online reporting tools were also developed for improved information management.

Challenges

COVID-19 related restrictions (mostly between May and August 2020) reduced people's access to services and partners' mobility. Despite the increase in intimate partner violence and other types of GBV during the pandemic, only a limited number of referrals could be managed. Similarly, capacity building activities targeting communities, stakeholders and partners, did not gain the traction needed due to

concerns over second wave of the COVID outbreak in the second half of the year. Most of the paused activities (PSS, community outreach, family tracing and reunification) resumed later in the year with safety measures. The Protection Cluster, with support from partners, developed and disseminated guidelines and an action tracker for the safe reopening of Child Friendly Spaces, Family Protection Centres, Women Friendly Health Spaces and other PSS activities.

Vulnerable groups, especially women and children in hard-to-reach areas, remain left behind with very limited access to core GBV and child protection services. Access constraints due to insecurity are reported to be the main reason for low partner presence in hard-to-reach areas. More than half of all areas in the country's south were not accessible to protection partners in 2020 because of ongoing insecurity. The consequences of these access constraints were that the most vulnerable and marginalised children in hard-to-reach areas were deprived of life-saving assistance. Levy requests by Non-State Armed Groups (NSAGs) were frequently reported by protection actors. These requests either delayed or led to the cancellation of protection activities, leaving additional unaddressed needs.

The Protection Cluster is yet to establish a post-distribution monitoring system for the Cash-for-Protection programme to evaluate the real-time impact of this emergency financial assistance package and evaluate whether families who received it managed to protect their most vulnerable members. This has been identified as a priority for 2021.

There is a lack of long-term funding to respond to the increased protection needs caused by decades of conflict and now the COVID-19 situation. Challenges related to income constraints, movement restrictions and displacement are putting immense pressure on families who are resorting to negative coping mechanisms such as child marriage, child labour and recruitment. Throughout the year this was exacerbated by COVID-19 pressures, increasing the vulnerabilities of women and children and putting their wellbeing and lives at extreme risk. The financial cost of setting up and maintaining life-saving and complex GBV and child protection responses in hard-to-reach and insecure areas is high and requires sustainable funding, especially to provide quality individual case management.

The low number of local protection partners who are qualified to receive AHF and other donor funding sources is also impacting on their capacity to respond to emerging needs on the ground. Due to the short-term nature of project funding, protection partners have also not been able to invest in activities such as building the capacity of vulnerable and at-risk population groups and key stakeholders or building as the technical capacity of the protection partners. There is a limited number of protection actors on the ground able to implement specialised protection activities (case management, support to

unaccompanied and separated children and referrals, among other service). The limited number of trained social workers, high staff turnover, limited specialised services for referrals, and poor referral pathways lower the quality of these specialised protection services. Local NGOs, who have access to some insecure and hard-to-reach areas, have weak capacity and reduced access to funding. Capacity building is key for these partners to provide quality response and increase their reach. Holistic and integrated support to respond to multi-faceted protection needs requires high technical skills, in-depth contextual understanding and strong operational capacity. Data received through Report Hub indicates an extensive gap exists especially in Ghazni, Paktika, Zabul, Hilmand, Kapisa, Wardak, Panjsher, Kabul, Badakhshan, Faryab, Sar-e-Pul, Bamyān, Daykundi and Farah provinces. Community-based outreach and awareness raising activities lagged for women and girls inhibiting their access to life-saving services, delaying the chances of GBV survivors fully recovering from GBV and placing vulnerable people at life-long risk.

While the Case Management SOPs are being rolled out, there is still a need to further scaling-up and improve the quality of essential GBV and child protection services, including integrated case management and mental health services for women and children affected by the COVID-19 and conflict.

Grave child rights violations are still a significant concern. While inter-agency training on caring for child survivors of sexual abuse will be rolled out in the beginning of 2021, the capacity to implement programmes that ensure quality support to survivors remains a gap among partners on the ground. While the national GBV and child protection coordination mechanisms have been strengthened in 2020, there is a critical need to invest in stronger coordination at the sub-national level. Weak sub-national coordination is affecting implementation of protection priorities in the HRP with appropriate monitoring and reporting.

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2.7

Water, Sanitation and Hygiene



PEOPLE IN NEED	PLANNED REACH	PEOPLE REACHED	FUNDING REQUIRED (US\$)	FUNDING RECEIVED (US\$)
7.2M	3.8M	4M (107%)	152.2M	22.2M (15%)
Non-COVID: 4.8M COVID: 2.4M	2M 1.8M	1.4M 2.6M	84.8M 67.4M	11.6M 10.6M
				+\$23.6M CARRIED OVER FROM 2019

Achievements

By December 2020, more than 4 million people were reached mostly through hygiene promotion activities delivered by 38 WASH partners. Nearly two-thirds of this reach was achieved through COVID-19 specific funding. The Cluster reached 59.2 per cent of its water (1.2 million people) and 84.6 per cent of hygiene (3.1 million people) targets.

In response to the COVID-19 crisis, the WASH Cluster launched a COVID-19 taskforce in April 2020 and then adopted a 'kite strategy' to scale-up the WASH response to the pandemic. The Cluster was able to immediately scale-up its capacity to address new needs caused by the pandemic. The number of active operational WASH partners on the ground increased from 19 in February up to 38 partners by December 2020. More than 3.1 million people received hygiene kits in 2020, a three-fold increase as compared to 2019 (where 993,579 people were reached). Despite COVID-19 lockdowns and border closures, there were no interruptions to WASH services. Partners have prioritised procurement of WASH items (such as bars of soap) from local markets, instead of importing these supplies to ensure steady supply.

Sanitation programming was mostly paused due to the Cluster's funding being focused on COVID-19 response. However, some late

funding received in the third quarter of the year meant the Cluster was able to achieve 39.5 per cent of the annual target by December 2020 without a significant waterborne or faeco-oral outbreak in the country.

Challenges

ERM HEAT assessments show that water supply needs and access to soap are challenging for many Afghans. While 95 per cent of IDPs reported being aware of hand washing as a key preventative measure to mitigate against COVID-19, 79 per cent had no access to soap with affordability the main factor. In 25 provinces, at least 20 per cent of IDPs did not have enough water for handwashing. Persistent underfunding of regular water and sanitation programming may open the door to waterborne disease outbreaks such as cholera in the future.

The handwashing-focused response highlighted the need for more culturally-appropriate and water-efficient devices to be available closer to affected people. In hard-to-reach areas, 66 per cent of key informants indicated that water sources were too far away or not available. While increased reach was achieved in handwashing, gaps remained in expanding water supply at the institutional level. This is critical during the pandemic as 35 per cent of health care facilities and schools have no reliable access to water supply and sanitation services (according to MoPH and MoE data) Communal handwashing

People in need, planned reach and people assisted by population group

	PEOPLE DISPLACED IN 2020	RETURNEES IN 2020	PEOPLE AFFECTED BY SHOCKS	ACUTELY VUL. PEOPLE WITH HUM. NEEDS	REFUGEES LIVING IN AFG.	% CHILDREN / WOMEN / MEN	TOTAL
People in need	0.45M	0.51M	0.10M	6.13M	0.06M	53 / 22 / 25	7.2M
Planned reach	0.41M	0.45M	0.08M	2.76M	0.06M	52 / 21 / 27	3.8M
People reached	0.20M	0.31M	0.03M	3.49M	0.002M	50 / 23 / 27	4.0M

stations in IDP sites were supplied through water trucking but continuity after COVID-19 funding ends remains an issue. Longer-term development support remains uncertain.

Capacity building of government stakeholders, especially in urban settings and informal settlements remains limited. Bureaucratic challenges such as changing MoU signing procedures delayed the start of critical WASH projects during the year, at a time when speedy activation could not have been more critical. The Cluster is engaging

the Director of Health Promotion of the Ministry of Public Health to address this issue.

Collaboration with development partners and donors to facilitate access to sustainable WASH services that was initiated in the first quarter of 2020 was put on hold following the COVID-19 crisis. This is a priority for the Cluster in 2021, especially in urban informal settlements.

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2.8

Coordination and Common Services



UNHAS - Humanitarian Air Services

Pandemic-related border closures and flight suspensions (both domestic and international) challenged the ability of humanitarians to deliver on their commitments and ensure aid personnel and goods continued to reach different parts of the country. In 2020, the United Nations Humanitarian Air Service (UNHAS) stepped-up operations to facilitate the COVID-19 response and maintain aid worker mobility. In support of the Government, UNHAS flew two polymerase chain reactors (PCR) used for coronavirus-testing from Kabul to Hirat free of charge. UNHAS evacuated 22 humanitarian workers, of which seven were COVID-19 medical evacuations, three other medevacs and 12 security relocations of a UN agency security personnel.

UNHAS also established an international airbridge – to and from Doha, three times a week – to facilitate rotation of humanitarian personnel in and out of the country. UNHAS transported 1,097 passengers to and from Doha from April to December 2020. UNHAS continued to serve all regular domestic destinations during the year, operating 2,500 flights and providing air transport to 12,811 passengers from 152 humanitarian and development organisations - UN agencies (32 per cent), national and international NGOs (55 per cent), diplomatic mission and donors (8 per cent) and other implementing partners/contractors (5 per cent) - to 22 destinations across Afghanistan and via the international airbridge between Kabul and Doha. UNHAS also transported 48MT of humanitarian cargo (medicines, medical supplies and equipment, vaccines and humanitarian operational equipment.). In 2021, UNHAS will remain critical to the continuity of humanitarian operations throughout Afghanistan and expects continued high demand by humanitarian and development actors, donors, and diplomatic missions.

IOM – Displacement Tracking Matrix

The COVID-19 outbreak was accompanied by large-scale population movements between Afghanistan and its neighbouring countries, and within Afghanistan itself. At the onset of the pandemic, IOM's Displacement Tracking Matrix (DTM) conducted an analysis of past years' return trends, mapping key movement routes and top areas of return that were hosting high number of returnees. This allowed humanitarian partners to develop an initial 3-month Multi-Sector COVID-19 Response Plan in April 2020 and urgently mobilise response to address the needs created or aggravated by the crisis. In addition to tracking population movements, IOM DTM field teams reached more than 132,682 community leaders and influencers among host, IDP and returnee populations, including humanitarian and development partners and providers of essential services, with RCCE messaging in over 12,300 villages across 34 provinces. IOM's priority focus is on mobile and displaced people in affected areas.

DTM teams also continued monitoring outflows of irregular Afghan migrants seeking incomes abroad as a result of increased poverty and chronic underdevelopment, due to decades of conflict and now COVID-19 economic impacts. DTM will continue to play a pivotal role in disaster

preparedness in 2021 given expectations of significant movement due to conflict and natural disasters.

REACH Initiative – Whole of Afghanistan and other assessments

Despite the logistics challenges brought on by the pandemic, the REACH Initiative was able to flexibly adapt to the new working environment and continue its support to the humanitarian system. This included an ad hoc assessment to inform Risk Communication and Community Engagement (RCCE) programming, as well as mainstreaming of COVID-19 relevant indicators throughout multi- and cross- sectoral assessments. Pivotal, in 2020, the REACH Initiative was able to facilitate in-person data collection for the ICCT-led annual multi-sector needs assessment – the Whole of Afghanistan (WoA) Assessment – deploying in excess of 200 enumerators who covered some 12,000 households across the country. Efforts were made to better reflect and capture the views of women in the WoA Assessment through the hiring of more female enumerators that enabled separate data collection from women living in male-headed households. The WoA Assessment was complemented by the ongoing Hard-to-Reach Assessment, which uses a different methodology to assess the physical and security challenges facing people in these areas. Hard-to-Reach Assessment data was collected in 3 rounds in 2020 relying on several thousand key informant interviews in 120 hard-to-reach districts, spread across 25 provinces, with further rounds planned for 2021.

REACH Initiative also supported the CVWG on a Joint Market Monitoring Initiative (JMMI), standardising partners' market monitoring tools to facilitate a more comprehensive analysis and supporting the production of monthly factsheets on market trends. Eight rounds of the JMMI were conducted in 2020 and this has already allowed Clusters to increase the cash-component of their response with more comprehensive market awareness. The REACH Initiative is also an information management partner of the Emergency Response Mechanism (ERM) that provides immediate, life-saving assistance to shock affected and recently-displaced populations. Through this work, monthly analysis of multi-sectoral data collected by ERM partners using the Household Emergency Assessment Tool (HEAT) was published to inform the wider humanitarian response, and to recent IDPs, in particular.

In 2020, the REACH Initiative also expanded its support to early recovery through a number of projects. This included sectoral research in partnership with the ES-NFI Cluster aimed at facilitating more effective and sustainable assistance during the winterisation response, as well as a review of local architecture types and building materials to inform more durable shelter construction and repair. The REACH Initiative also re-launched its Informal Settlements (ISETs) programme, seeking to identify urban informal settlements with protracted IDP, returnee, and other migratory populations, as well as understand the needs, infrastructure and services in these highly vulnerable locations. Data collection in May and June 2020 covered 1,147 informal settlements in 133 districts in 28 provinces, amounting to 436,925 households. While data collection was conducted remotely, it was followed by a second monitoring round, enabling an assessment update and in-person ground-truthing of key elements, in December of 2020.

Annex 1

Needs Indicator Trends

As outlined in the HNO, the ICCT undertook a mid-year and an end-year check on trends in needs indicators featured in the analysis for 2020. Where possible, clusters have used quantitative data to compare the current situation with needs pre-COVID. Where new data is not available, Clusters have applied expert judgement to provide a

narrative outline of the trends against each indicator. This end-year check has reinforced trends outlined in the 2021 HNO and HRP priorities. Most indicators reviewed showed a deterioration of the situation exacerbated by the health and socio-economic blow brought on by the pandemic.

Education in Emergencies

#	INDICATORS	BASELINE 2020	SOURCE
1	# of children without access to quality learning	3.7M (1.5M boys, 2.2M girls)	UNICEF Out of School Children (OOSC) study
<p>End-of-year trend: Likely deteriorating trend.</p> <p>The exact number of children who are out of school cannot be confirmed as the OOSC study is not carried out every year and new data is not yet available. There are some 500,000 children enrolled in CBE classes and some of these children are transitioned to the nearest hub-school every year. However, due to COVID-19 and increasing insecurity in different parts of Afghanistan, there may be a greater number of children who are not attending school and are at risk of dropping out due to lack of access to alternative learning modalities and poverty.</p>			
2	# of children without access to education (formal and non-formal) in a safe and protective learning environment with a minimum WASH package available	3.9M (2.4M boys, 1.6M girls)	EIEWG monitoring database
<p>End-of-year trend: Unchanged.</p> <p>According to MoE data, 33 per cent of government public schools and 29 per cent of CBE learning spaces do not have access to clean water. Cross-sectoral planning is required to enable safe school re-opening, including provision of clean water, hygiene kits, disinfectants, as well as relevant training to sustain these efforts and prevent transmission of the virus. As such, 2.6 million children need integrated WASH support to re-open schools safely. This is in addition to 3.7 million children who are already out of school.</p>			
3	# of community/School Management Shura members in need of sensitisation/training	109K	EIEWG monitoring database
<p>End-of-year trend: Unchanged.</p> <p>The number of Community or School Management Shuras that need training and sensitisation is unchanged because once school/CBEs re-open uniformly across the country, these Shura members will require and receive trainings.</p>			

Emergency Shelter and NFI

#	INDICATORS	BASELINE 2019	SOURCE
1	Number of people in need of shelter assistance	1.27M	WoA Assessment and SFSA
<p>End-of-year trend: Deteriorating trend.</p> <p>Emergency and transitional shelter needs remain high since the mid-2020– 4 million people – up from 1.27 million in 2019. COVID-19's additional burden has also reduced the ability of people to cover rent and other housing-related needs.</p>			
2	Number of people in need of NFI assistance	2.67M	WoA Assessment and SFSA
<p>End-of-year trend: Deteriorating trend.</p> <p>The need for basic household items (including clothing and blankets) for those impacted by the combination of COVID-19, conflict and natural disasters has increased from the start of the year (2.7 million) to 5 million people throughout the second half of the year.</p>			
3	Number of people requiring assistance to cover their winterisation needs	3.28M	WoA Assessment, SFSA, 2019- 2020 Winterisation Strategy
<p>End-of-year trend: Deteriorating trend.</p> <p>Poor shelter conditions, lack of winter clothing and other household items leave people vulnerable to disease and unable to cope with Afghanistan's harsh winters. A lack of investment in durable solutions such as transitional shelter has contributed to a worsening of these needs. As per the 2020-2021 Joint Winterisation Strategy, 4.85 million people were in need of winter assistance by year's end.</p>			

Food Security and Agriculture

#	INDICATORS	BASELINE 2019	SOURCE
1	# of people in IPC phase 3 and 4	14.28M	IPC Analysis 2020
<p>End-of-year trend: Deteriorating trend.</p> <p>According to the IPC analysis conducted in September 2020, the number of people in IPC phase 3 and 4 increased to 16.94 million people. The proportion of people in IPC 4 has also increased with 5.5 million people falling into this category – the second highest number in the world. COVID-19 and loss of income were the two main food insecurity drivers.</p>			
2	% of shock-affected HHs with a poor food consumption score	22%	SFSA, Post Distribution Monitoring and WoA Assessment 2020
<p>End-of-year trend: Deteriorating trend.</p> <p>As per the 2020 SFSA findings, 75.5% of households have poor and borderline consumption score, compared to 58.8% in 2019. The WoA assessment findings for FCS are not directly comparable between 2019 and 2020.</p>			

#	INDICATORS	BASELINE 2019	SOURCE
3	% of HHs who have lost their source of income due to conflict, natural disaster or reduced employment opportunities	47% reported decrease of income	HEAT assessments and Seasonal Food Security Assessment (SFSA) 2020
<p>End-of-year trend: Deteriorating trend.</p> <p>According to the 2020 SFSA, almost 81% of households reported a decrease in their income.</p>			

Health

#	INDICATORS	BASELINE 2019	SOURCE
1	Percentage of people who need to travel more than two hours to access basic health services.	29%	M&EHIS report MoPH
<p>End-of-year trend: Similar trend.</p> <p>While an updated comprehensive health service mapping was not available in 2020, resources being directed to COVID-19 has meant that system strengthening aspects were deprioritised, and, hence, people's regular and sustained access to basic health services is not expected to have improved.</p>			
2	Percentage of women who received at least 2 antenatal visits.	51%	M&EHIS report MoPH
<p>End-of-year trend: Improved response trend against deteriorating need</p> <p>While the reduced health seeking behaviour at static facilities was partially offset through deployment of additional mobile health teams and partners were able to reach 68% of women with antenatal care, health partners note that this is still well below the demand.</p>			
3	Percentage of trauma patient that resulted permanent disability.	47%	Health cluster data on trauma
<p>End-of-year trend: Likely deteriorating trend.</p> <p>The combination of increases in severe, life threatening injuries, lack of resources to scale-up trauma care and rehabilitation assistance suggest a deteriorating trend around trauma-acquired permanent disability.</p>			

Nutrition

#	INDICATORS	BASELINE 2019	SOURCE
1	# of acutely malnourished children under five	2.54M	National Nutrition Database, SMART survey reports, SFSA, WoAA

#	INDICATORS	BASELINE 2019	SOURCE
<p>End-of-year trend: Deteriorating trend. For 2021, it is projected that almost one in two children (3.1 million children) will face acute malnutrition.</p>			
2	# of undernourished pregnant and lactating women	563K	National Nutrition Database
<p>End-of-year trend: Deteriorating Trend For 2021, it is projected that almost one in four PLW (720,000 people) will be acutely malnourished.</p>			
3	% of acutely malnourished children under five who do not have access to treatment services	70%	National Nutrition Database, SQUEAC reports
<p>End-of-year trend: Similar trend. Although a significant number of acutely malnourished children were admitted and were successfully treated in 2020, admission data indicates that a high number of acutely malnourished children (67%) still remain without access to treatment services, related to insecurity and movement barriers, COVID-19 precautionary measures, long walking distance and limited knowledge of available services.</p>			

Protection

#	INDICATORS	BASELINE 2019	SOURCE
1	Ratio of persons with vulnerabilities/specific needs to entire population	1.7%	WoA Assessment
<p>End-of-year trend: Deteriorating trend. Chronic poverty and food insecurity, compounded by the economic shock of COVID-19, have pushed families to resort to negative coping mechanisms. Risks of domestic and gender-based violence against women and children have also been seen, further deepening vulnerable individuals' existing specific needs.</p>			
2	Number of children on the move who receive protective services through CPiE-supported programmes	15,000	CPiE Sub-Cluster
<p>End-of-year trend: Deteriorating trend of needs. The risk of children experiencing greater levels of abuse or domestic and gender-based violence has increased due to economic hardships and families' use of negative coping strategies. Children's rights and well-being are being severely and negatively impacted. Recruitment of children, child marriage and child labour are on the rise according to data from the 2020 WoA Assessment. The number of children on the move who received a comprehensive package of specialised child protection services in 2020 was 4567, suggesting a widening gap between needs and response.</p>			
3	Number of women, girls, boys and men reached with life-saving, survivor centred, multi-sectoral GBV services, awareness and dignity kits	152,000	GBVIMS

#	INDICATORS	BASELINE 2019	SOURCE
<p>End-of-year trend: Improved response against deteriorating needs trend.</p> <p>Ongoing conflict, high maternal mortality, domestic violence, limited access to health care and limited social, economic and political rights, combined to make Afghanistan the second most dangerous country for women (and girls) in 2020. A limited number of Afghan women use state mechanisms or humanitarian services in response to these needs. Social norms dissuade women from asserting their rights, while reporting abuses may trigger social stigmatisation, exacerbate violence and discrimination, and risks the loss of social and/or economic safety nets. In 2020, 549,510 people were reached with GBV services which is a substantial increase on the baseline.</p>			
4	Number of people with unmet need for occupancy documents	564,000	WoA Assessment
<p>End-of-year trend: Deteriorating trend.</p> <p>The COVID-19 pandemic has increased the fragility of HLP rights for this vulnerable group. In the second half of 2020, there were 5 million people who required HLP support.</p>			
5	Number of people killed or injured by landmines, Explosive Remnants of War (ERW) and/or landmines of an improvised nature	1,060	Information Management System for Mine Action - IMSMA
<p>End-of-year trend: Deteriorating trend.</p> <p>The presence of explosive hazards, especially of an improvised nature from recent conflict and ERW, is responsible for 98 per cent of all explosive ordnance-related civilian casualties in Afghanistan. In 2020, 1,444 civilians were killed or injured (on average 119 civilians each month) by mines, including improvised mines and explosive remnants of war – evidence of a worsening trend.</p>			

Water, Sanitation and Hygiene

#	INDICATORS	BASELINE 2019	SOURCE
1	% of people who do not have access to an improved and functional water sources.	33% (43% rural, 4% urban)	MRRD GIS Data, WoAA, Partner needs assessments
<p>End-of-year trend: Deteriorating Trend.</p> <p>The 2020 SFSA shows that 35.9% (44% rural and 6.4% urban) do not have access to improved or functional water sources indicating a worsening trend. Needs for safe drinking water slightly increased in 2020 following the COVID-19 crisis which delayed regular water supply programming. Safe drinking water coverage has not improved between 2015 and 2020 as per the Sphere Standards which considers access to water within a 30-minute radius.</p>			
2	% of HH who do not have improved and functional latrine.	57% (61.7% rural, 43.5 urban)	MRRD GIS Data, WoAA, Partner needs assessments
<p>End-of-year trend: Slight improvement</p> <p>The 2020 SFSA shows a slight improvement in HH with access to a functional latrine - 51% of affected households (57.1% rural and 32.3% urban). Despite this improvement, safe sanitation needs remain high for pit latrines with a slab or cover. Open defecation remains high (17% at national level).</p>			

#	INDICATORS	BASELINE 2019	SOURCE
3	% of people who do not have access to or cannot afford soap for hygiene promotion activities.	67% displaced populations 23.3% non-displaced populations	Partner needs assessments
<p>End-of-year trend: Deteriorating trend.</p> <p>ERM HEAT (Sep 2020) shows that 79% of affected people did not have access to soap or hygiene options, suggesting a deteriorating trend. Soap needs have increased due to the COVID-19 crisis with an increasing proportion of people unable to afford soap despite increased awareness of the importance of handwashing (95% reported being aware of hand washing as a key preventative measure from COVID-19).</p>			

Corss-Cutting Needs Indicators

#	INDICATORS	BASELINE 2019	SOURCE
1	# of civilian casualties	8,239 (2,563 killed, 5,676 injured)	UNAMA HR/POC Report, Sep 2019
<p>End-of-year trend: Similar trend.</p> <p>From 1 January to 31 December 2020, UNAMA documented 8,820 civilian casualties (3,035 killed and 5,785 injured), a 15 per cent reduction from the number of civilian casualties recorded in the whole of 2019 (note baseline is for Q3 not full-year). Despite the decline in civilian casualties as compared to 2019, the rise in the last quarter of 2020 is of particular concern, especially as this corresponds with the formal start of the Afghanistan Peace Negotiations on 12 September 2020. This was the first time since systematic documentation began in 2009 that UNAMA documented an increase in the number of civilian casualties in Q4 compared with the preceding quarter. In addition, the last three months of 2020 saw a 45 per cent increase in civilian casualties in comparison to the same period in 2019, especially from the use of improvised explosive devices (IEDs) and targeted killings.</p>			
2	# of attacks on schools and health facilities	381 attacks on health facilities, 396 schools closed	Education & Health Cluster Data, Sep 2019
<p>End-of-year trend: Similar trend.</p> <p>Attacks on health facilities and personnel continued despite increased need for their services in light of COVID-19. The Health Cluster estimates that the periodic, prolonged, or permanent closure of critical health facilities, impacting as many as 1.4 million people across at least 17 provinces through 2020. As of September 2020, there were 50 attacks on schools, of which 42 were verified. This was recorded in a year where schools were mostly closed due to COVID-19.</p>			
3	# of people newly internally displaced by shocks (conflict + disaster) - 2019, 2020 projected,	399,000 people	OCHA DTS, Nov 2019
<p>End-of-year trend: Similar trend.</p> <p>Some 403,000 people were newly displaced in 2020 due to conflict alone.</p>			
4	# of people newly affected by shocks (conflict + disaster)	73,000 trauma cases, 296,000 affected by natural disasters	Health cluster, Sep 2019, OCHA NDTS, Nov 2019

#	INDICATORS	BASELINE 2019	SOURCE
<p>End-of-year trend: Similar trend.</p> <p>The number of people affected by sudden-onset natural disasters considerably decreased from the same period last year (from 270,675 in 2019 to 108,805 in 2020). This change is largely owing to large-scale early Spring floods experienced in atypical areas in 2019. However, the number of people incurring severe trauma injuries continues to rise. Emergency hospitals are reporting more severe cases of conflict-related deaths and severe traumas. Despite the shifted focus to COVID-19 and a decline in health-seeking behaviour, health partners were able to reach 363,000 trauma-affected people in 2020.</p>			
5	% of shock-affected people aware of and able to access feedback or complaints mechanisms	7%	WoA Assessment, 2019
<p>End-of-year trend: Improving trend.</p> <p>The 2020 WoA Assessment shows that 15% of displaced households were aware of some form of feedback mechanism, indicating an improvement on 2019.</p>			
6	% of the population living in poverty (less than \$1.25 per day)	80%	World Bank, 2019
<p>End-of-year trend: Similar trend</p> <p>At the end of 2020, a common needs analysis between humanitarian and development partners identified that some 36.7 million people (93 per cent of the population) are estimated to be living on less than \$2 a day, up from 35 million people at the mid-year point. At the end of 2020, 30.5 million people are in urgent need of a social assistance from the Government and development actors to help them survive the stresses and economic impacts of COVID-19.</p>			
7	% of the population living in areas highly affected by conflict	29%	HTR Districts Analysis, Jun 2019
<p>End-of-year trend: Similar trend</p> <p>Some 8.5 million people live in around 100 hard-to-reach districts.</p>			
8	% of people who believe women should not be allowed to work (outside the home) - rural vs urban	Urban: 14.7% Rural: 27.2%	Asia Foundation, 2019
<p>End-of-year trend: Similar trend.</p> <p>While the annual Survey of Afghan People could not be conducted in 2020 in its normal format due to COVID-19, Asia Foundation's Flash Surveys on Perceptions of Peace, COVID-19, and the Economy show that cultural barriers that limit the role of women outside of the home have not changed.</p>			
9	% of people reporting negative behaviour changes as a result of conflict (mental health/trauma)	26%	WoA Assessment, 2019
<p>End-of-year trend: Similar trend.</p> <p>While 2020 data cannot be compared to the 2019 baseline due to methodology changes, pre-existing protection issues have been exacerbated by economic, social, physical and psychological challenges brought on by COVID-19. It is expected that many people have deteriorating psychological distress and a mounting debt burden. Children are likely to have poorer mental health as a result of the huge social change brought on by COVID-19, the increase in illness among family members, disruptions to school and increasing financial stress in the home.</p>			

#	INDICATORS	BASELINE 2019	SOURCE
10	% of displaced people without a Tazkera (identity document)	64%	WoA Assessment, 2019
<p>End-of-year trend: Similar trend.</p> <p>With Government offices either closed or operating at a reduced scale to limit the spread of COVID-19, access to documentation is expected to have been hindered/delayed. This is also the case for efforts to improve access to HLP rights. The 2020 WoA Assessment shows that in some 85% of displaced households, at least one person in the family did not have a Tazkera.</p>			
11	% of people saying they fear for their safety or that of their family always, often or sometimes	74.5%	Asia Foundation, 2019
<p>End-of-year trend: Deteriorating trend.</p> <p>Daily life is dominated by fear both because of the dangers of moving around a war zone but also fear of contracting COVID-19 and the related financial stress facing many households. The economic impact of COVID-19 has also translated into increased criminal activity particularly in Afghanistan's major centres. This increases fear among civilians and acts as yet another constraint on people's free movement around their cities to access services and attend school.</p>			

Annex 2

Logframe

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

1.1	EDUCATION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Children access alternative learning opportunities that promote their protection and well-being	# of girls and boys targeted for assistance reached through access to distance learning, home-based learning materials and small group learning schemes	Total:		539,000	208,117	COVID-19 4WS
			Boys:		215,600	102,032	
			Girls:		323,400	106,085	
OUTPUTS	Girls and boys, teachers and education staff have the awareness and hygiene supplies to prevent the spread of COVID-19	# of educational facilities provided with safe and adequate drinking water and hygiene kits	Total:		17,967	3,182	COVID-19 4WS
	Male and female teachers trained on safe schools protocols on how to prevent and control COVID-19	# of teachers trained on safe schools protocols related to COVID-19 prevention	Total:		17,967	2,460	COVID-19 4WS
			Men:		7,187	952	
			Women:		10,780	1,508	
ACTIVITIES	1. Development of home-based self-learning materials and audio-visual learning materials						
	2. Broadcasting of distance learning curriculum through available national and local media platforms						
	3. Conducting community awareness campaigns to promote COVID prevention measures among school aged children and their communities with specific focus on COVID-19 high risk areas						
	4. Supporting schools and CBEs to access clean water through the provision of water storage, water chlorination and hygiene kits in COVID-19 high risk areas						
	5. Training teachers on prevention and control of COVID-19 and basic psychosocial support						

1.2	ES-NFI	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Ensure affected population groups (IDPs, returnees, refugees, conflict-affected non-displaced and natural disaster-affected people) of all ages affected by COVID-19 and /or any other new emergencies have access to adequate shelter and NFI assistance.	Proportion of IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages receiving shelter assistance who express satisfaction about this support	Total:	98%	100%	76%	PDM
			Boys:	32%	32%		
			Girls:	29%	30%		
			Men:	18%	19%		
			Women:	19%	19%		
		# of people receiving winterisation assistance including heating / insulation and winter clothing kits.	Total:	45,857	1,359,792	376,658	ReportHub
			Boys:	11,526	401,789	78,356	
			Girls:	12,165	342,594	79,605	
			Men:	11,094	323,898	110,324	
			Women:	11,072	291,511	108,372	

	# of people receiving basic household items / NFIs to meet their immediate needs	Total:	442,583	779,390	336,738	ReportHub
		Boys:	133,025	242,670	70,052	
		Girls:	120,042	187,860	71,168	
		Men:	95,008	193,638	98,632	
		Women:	94,508	155,222	96,887	
Shelter materials and maintenance tool kits provided to affected communities and people in a timely manner	# of people whose shelter was upgraded, allowing for safer and more dignified living conditions	Total:	11,280	213,408	74,713	ReportHub
		Boys:	3,216	63,874	15,543	
		Girls:	3,325	52,070	15,790	
		Men:	2,245	52,658	21,884	
		Women:	2,494	44,806	21,496	
Risk communication and information awareness campaigns on COVID-19 provided to affected people with ES-NFI needs in a timely manner	# of people with ES-NFI needs reached through risk communication and information campaigns on COVID-19	Total:		1,405,027	596,399	
		Boys:		386,063		
		Girls:		350,502		
		Men:		375,684		
		Women:		292,777		

ACTIVITIES	1. Distribution to and installation of emergency shelter kits for displaced households 2. Rehabilitation, repair or upgrade of existing shelters that are in poor conditions 3. Distribution of standard NFI packages and seasonal household items (such as warm clothing, heating materials and thermal blankets in winter) 4. Provision of a one-off winterisation assistance package 5. Advocacy for the establishment of a pipeline system to improve emergency response time
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1.3	FSAC	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Shock affected people (IDPs, returnees, refugees, natural disaster affected, people affected by COVID-19 and seasonal food insecure IPC phase 3 and 4 people) of all ages have a minimum household food consumption score of above 42.5	% of households with acceptable food consumption	Total:	81%	40% ¹	26%	SFSA, SMART survey and PDM reports of partners.
OUTPUTS	Necessary food assistance is provided to affected households in a timely manner	# of shock affected and vulnerable (IDPs, returnees, refugees, natural disaster affecteds, people affected by COVID-19, and seasonally food insecure IPC phase 3 and 4 people) women, men and children of all ages who receive adequate food/cash responses in a timely manner	Total:	3,252,427	8,339,169	7,468,097	Quarterly reports of partners
			Boys:	910,680	2,334,967	1,717,662	
			Girls:	845,631	2,168,184	1,717,662	
			Men:	748,058	1,918,009	2,091,067	
			Women:	748,058	1,918,009	1,941,705	
	Necessary food assistance is provided to affected households in a timely manner	# of affected people receiving in-kind food assistance	Total:	2,768,841	6,254,377	4,787,912	Quarterly reports of partners
			Boys:	775,275	1,751,226	1,101,220	
			Girls:	719,899	1,626,138	1,101,220	
			Men:	636,833	1,438,507	1,340,615	
			Women:	636,833	1,438,507	1,244,857	

1. At the beginning of 2020, both 'acceptable' and 'borderline' food consumption scores (FCS) were combined to inform FSAC's target value. Under SFSA 2019, 'acceptable' FCS is 41% and 'borderline' FCS is 40%. The sum of all thresholds of food consumption (acceptable, borderline and poor) makes 100%. In its revised planning, FSAC has considered only 'acceptable' FCS threshold. Therefore, while the target figure presented here seems like it has reduced from what was presented at the start of 2020, the figure for 'acceptable' FS has – in reality – remained the same.

	# of affected people receiving cash transfers for food	Total:	483,586	2,084,792	2,680,185	Quarterly reports of partners
		Boys:	135,404	583,742	616,443	
		Girls:	125,732	542,046	616,443	
		Men:	111,225	479,502	750,452	
		Women:	111,225	479,502	696,848	
		# of calls related to food assistance responded to and resolved within a week	Total:	45	80	48
ACTIVITIES	1. Timely provision of (in-kind) food assistance to meet the immediate survival needs of people					
	2. Timely provision of (cash) food assistance to meet the immediate survival needs of people					
	3. Provision of information on agroclimatic conditions, crop and livestock diseases and market trends to monitor the food security situation, guide response preparedness and facilitate decision-making on response modality					

1.4 HEALTH		INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	People suffering from conflict related trauma injuries receive life-saving treatment within the province where the injury was sustained	% of victims who receive life-saving trauma care within the province where the injury was sustained	Total:	45%	45%	52%	ReportHub data
			Boys:	45%	45%		
			Girls:	45%	45%		
			Men:	45%	45%		
			Women:	45%	45%		
OUTPUTS	People suffering from conflict related trauma injuries receive life-saving treatment within the province where the injury was sustained	# of trauma cases treated within 24 hours	Total:	106,000	120,000	119,092	ReportHub data
			Boys:	10,000	12,000	19,789	
			Girls:	6,000	8,000	14,533	
			Men:	50,000	55,000	52,735	
			Women:	40,000	45,000	32,035	
	Additional FATPs are accessible to treat people with traumatic injuries	# of trauma cases treated through FATPs (m/w/b/g)	Total:	119,000	135,000	129,953	ReportHub data
			Boys:	12,000	15,000	32,471	
			Girls:	8,000	10,000	14,155	
			Men:	55,000	60,000	45,914	
			Women:	44,000	50,000	37,413	
OUTCOME	People exposed to GBV, experiencing mental health or psychosocial issues, and pregnant women in conflict areas receive appropriate and professional support	# of health facilities providing clinical management of rape (CMR) to survivors	Total:	15	30	31	HMIS data
OUTPUTS	People with mental health and psychosocial problems access appropriate and focused care	# of women, men, girls and boys who receive focused psychosocial and psychological care	Total:	83,000	83,000	91,023	ReportHub data
			Boys:	10,000	10,000	15,923	
			Girls:	8,000	8,000	28,202	
			Men:	25,000	25,000	11,975	
			Women:	40,000	40,000	34,923	
OUTPUTS	# of women provided with antenatal care in high-risk provinces	# of women provided with antenatal care in high-risk provinces	Women:	30,000	40,000	29,835	ReportHub data
	# of women, men, girls and boys who receive focused psychosocial and psychological care	# of women, men, girls and boys who receive clinical management of mental, neurological or substance use disorders through medical services (primary, secondary or tertiary health care)	Total:	6,000	4,100	69,872	ReportHub
			Boys:	500	300	8,642	
			Girls:	500	300	7,425	
			Men:	2,000	1,500	41,342	
			Women:	3,000	2,000	12,463	

OUTCOME	Immediate assistance is provided to people to reduce morbidity and mortality related to COVID-19 infection	# of people received essential health services through mobile health teams	Total:	385,000	600,000	521,231	ReportHub data
			Boys:	15,000	20,000	105,764	
			Girls:	20,000	30,000	95,868	
			Men:	150,000	200,000	118,357	
			Women:	200,000	350,000	201,242	
OUTPUTS	# of risk communication campaigns reaching targeted vulnerable people	# of risk communication campaigns reaching targeted vulnerable people	Total:		300	283	ReportHub/ RCCE WG
ACTIVITIES	Healthcare workers are protected from COVID-19 infection	% of healthcare workers provided with essential Personal Protective Equipment	Total:	10	70	42%	MoPH data
			Men:	10	70		
			Women:	10	70		
1. Provision of out-patient care and consultations 2. Provision of major and minor surgeries 3. Establishment of FATPs, stabilisation of FATP services and referral of patients in conflict-affected areas 4. Provision of mental health and psychosocial support 5. Extension of mobile health services 6. Provision of antenatal care by trained personnel 7. Provision of health services to GBV survivors and training of health personnel on GBV response 8. Provision of essential supplies, equipment, diagnostic tools and life-saving training to doctors, nurses and health professionals working in hospitals and primary healthcare clinics 9. Advocacy for improved access to emergency services and life-saving treatment 10. Risk communication and community engagement activities to disseminate health information and address rumours 11. Provision of essential Personal Protective Equipment to frontline workers							

1.5	NUTRITION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Decline in GAM among IDP, returnee, refugee and non-displaced, conflict-affected children under 5 and a decline in PLW suffering from acute malnutrition	# of IDP, returnee, refugee and nondisplaced children under five with SAM who are cured and PLW with improved nutritional status	Total:	238,000	340,552	217,418	Nutrition
			Boys:	107,100	176,203	97,838	online
			Girls:	130,900	164,348	119,580	database
1.6	NUTRITION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Decline in GAM among IDP, returnee, refugee and non-displaced, conflict-affected children under 5 and a decline in PLW suffering from acute malnutrition	# of IDP, returnee, refugee and nondisplaced children under five with MAM who are cured and PLWs with improved nutritional status	Total:	209,300	602,278	871,382	Nutrition
			Boys:	93,800	311,616	392,121	online
			Girls:	115,500	290,662	479,261	database
OUTPUTS	More boys and girls (6-59 months) with SAM are enrolled in outpatient and inpatient SAM treatment programmes	# of boys and girls (6-59 months) from IDP, returnee, refugee, and nondisplaced families with SAM receiving outpatient and inpatient SAM treatment	Total:	308,282	400,649	252,812	Nutrition
			Boys:	138,727	207,298	113,765	online
			Girls:	167,555	193,351	139,047	database

More boys and girls (6-59 months) with MAM are enrolled in MAM treatment programmes	# of boys and girls (6-59 months) from IDP, returnee, refugee, and nondisplaced families with MAM receiving MAM treatment	Total:	270,718	708,562	714,417	Nutrition online database
		Boys:	121,823	366,607	321,488	
		Girls:	148,895	341,955	392,929	
More PLW are enrolled in targeted supplementary feeding programmes (TSFP)	# of PLW with acute malnutrition enrolled in TSFP	Total:	110,000	236,906	329,515	Nutrition online database
		Women:	110,000			
More boys and girls (6-59 months) with MAM are enrolled in BSFPs	# of boys and girls (6-59 months) from IDP, returnee, refugee, and nondisplaced families with MAM receiving BSFP	Total:	62,802	324,614	187,305	Nutrition online database
		Boys:	28,261	167,954	84,287	
		Girls:	34,541	156,660	103,018	
More boys and girls (6-59 months) have access to increased treatment with RUTF	# of BPHS clinics supplied with ready to- use therapeutic foods (RUTF) over 12 months	Total:	1,308	1,400	1,411	Nutrition online database

- ACTIVITIES**
1. Provision of out-patient and in-patient treatment of SAM children under five
 2. Treatment of MAM children under between 6 and 59 months
 3. Provision of targeted supplementary feeding for PLW
 4. Provision of emergency blanket supplementary feeding for children aged between 6 and 59 months

1.7	PROTECTION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Civilian casualties from explosive devices ¹ are reduced	% reduction in civilian casualties from explosive devices compared to the same time last year	Total:	1,057	5-10%	No reduction	1. Information Management System for Mine Action (IMSMA) database 2. UNAMA Reports on Protection of Civilians in Armed Conflict
OUTPUTS	Land is cleared of known explosive hazards	# of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards	Total:	N/A	164,016	315,806	Information Management System for Mine Action (IMSMA) database
			Boys:		46,021	170,291	
			Girls:		42,926	37,221	
			Men:		37,567	63,241	
			Women:		37,502	45,053	
		Square metres of area cleared from known explosive hazards	Total:	N/A	7,106,935	11,807,861	Information Management System for Mine Action (IMSMA) database

1. Explosive Remnants of War (ERW), Victim Operated Improvised Explosive Devices (VOIEDs) and anti-personnel and anti-tank mines.

Behavioural change focused Explosive Ordnance Risk Education (EORE) programmes are provided to vulnerable people ¹	# of vulnerable people receiving EORE	Total:	N/A	380,164	618,357	Information Management System for Mine Action (IMSMA) database
		Boys:		111,371		
		Girls:		104,063		
		Men:		81,224		
		Women:		83,506		
Conflict-affected people ² benefit from Explosive Ordnance Disposal and survey activities	# of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities	Total:	N/A	239,016	228,307	Information Management System for Mine Action (IMSMA) database
		Boys:		70,021	123,063	
		Girls:		65,426	26,915	
		Men:		51,067	45,733	
		Women:		52,502	32,596	

- ACTIVITIES**
1. Provision of land clearance
 2. Provision of explosive ordnance disposal activities
 3. Expansion of Mine Risk Education

1.8	WASH	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Affected people have access to COVID-19 tailored water, sanitation and hygiene services, facilities and supplies they need	# of affected people receiving water, sanitation and hygiene assistance as per cluster standard	Total:	1,306,108	3,754,122	4,028,644	WASH partner reports/ Cluster reports
			Boys:	403,171	1,022,699	1,022,149	
			Girls:	367,190	926,547	1,002,700	
			Men:	269,689	1,017,654	1,088,870	
			Women:	266,058	787,222	914,925	
OUTPUTS	Conflict-affected, IDPs and returnees have access to sanitation services and facilities they need	# of affected people with access to functioning and gender-segregated sanitation facilities	Total:	250,000	693,684	314,037	WASH partner reports/ Cluster reports
			Boys:	77,376	192,098	88,545	
			Girls:	71,092	174,216	78,216	
			Men:	50,574	185,546	82,374	
			Women:	50,958	141,825	64,902	
	Necessary hygiene assistance and supplies are provided to conflict-affected, IDPs and returnees in a timely manner	# of affected people receiving hygiene supplies and promotion as per cluster standard	Total:	1,306,108	3,686,622	3,185,041	WASH partner reports/ Cluster reports
			Boys:	403,171	1,001,099	810,223	
			Girls:	367,190	906,297	804,702	
			Men:	269,689	1,005,504	833,572	
			Women:	266,058	773,722	736,544	
	Conflict-affected, IDPs and returnees have access to safe water supply services and facilities they need	# of affected people with access to safe water supply services and facilities	Total:	1,100,000	1,923,539	1,216,289	WASH partner reports/ Cluster reports
			Boys:	339,551	540,092	293,376	
			Girls:	309,246	495,011	268,859	
			Men:	227,131	483,048	389,899	
			Women:	224,072	405,389	264,155	
	Natural disaster affected and displaced people are provided with the WASH support they need	# of natural disaster-affected people receiving WASH assistance	Total:	560,078	82,800	25,471	WASH partner reports/ Cluster reports
			Boys:	169,525	23,233	7,110	
			Girls:	158,540	21,670	7,149	
			Men:	115,931	18,965	5,687	
			Women:	116,082	18,932	5,525	

1. Conflict IDPs, returnees, refugees and vulnerable people with humanitarian needs (as defined in the HRP).
2. People living in communities that have been affected by armed conflict in six months prior to the visit.

1.9	WASH	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	WASH assistance is delivered to women, men, boys and girls living in hard-to-reach areas and overcrowded settlements	# of hard-to-reach districts and overcrowded settlements where underserved people have received WASH assistance	Total:	68	80	51	WASH partner reports/ Cluster reports
	The humanitarian system facilitates a timely and effective response to people in need	# of underserved people in hard-to-reach districts and overcrowded settlements receiving WASH assistance	Total: Boys: Girls: Men: Women:	250,000 78,251 73,936 47,485 50,328	1,000,000 313,000 296,000 190,000 201,000	839,257 198,109 206,980 220,898 213,270	WASH partner reports/ Cluster reports
ACTIVITIES	1. Provision of safe drinking water by tankering, rehabilitation of existing water systems or installation of new infrastructure						
	2. Provision of emergency sanitation facilities (with focus on sex-segregated and protection sensitive models)						
	3. Supply of water treatment chemicals and training on their use						
	4. Hygiene promotion with particular focus on densely populated sites / settlements - scaling up handwashing promotion in COVID19 response						
	5. Improvement of water and sanitation facilities, and distribution of hygiene kits and essential supplies at border crossing points (Iran and Pakistan)						
1.10	COORDINATION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	The coordination structure is fit for purpose and facilitates a timely and effective response to people in need	# of HCT Compact progress updates delivered to the HCT	Total:	4	4	0	HCT meeting minutes
	The coordination structure is fit for purpose and facilitates a timely and effective response to people in need	# of joint ICCT/HCT meetings held	Total:	4	4	4	HCT meeting minutes
OUTPUTS		# of mandatory area of responsibility presentations to the HCT	Total:	14	48	49	HCT meeting minutes
		# of ICCT updates delivered to the HCT	Total:	14	12	12	HCT meeting minutes
		# of ICCT field trips	Total:	2	2	0	ICCT reports
	The annual HNO is evidence-based with data drawn from a range of coordinated, inter-sectoral needs assessments which accurately identify people in need	# of rapid (HEAT) assessments completed in relation to displaced populations	Total:	320	320	74	OCHA assessment registry
	Decision-makers have access to robust and rigorous data on internal and cross-border population movements, needs, response and gaps enabling them to make informed funding and programme decisions	# of sector-specific and inter-sectoral needs assessments completed	Total:	56	60	500	OCHA assessment registry
	Decision-makers have access to robust and rigorous data on internal and cross-border population movements, needs, response and gaps enabling them to make informed funding and programme decisions	# of households assessed as part of the annual WoA Assessment	Total:	31,114	30,000	13,147	WOA assessment data

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

2.1	EDUCATION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	School-aged girls and boys affected by shocks have access to quality, basic education in a safe learning environment	# of school-aged girls and boys affected by shocks have access to quality, basic education	Total:	168,569	418,991	194,117	4Ws, field monitoring visits
			Boys:	74,297	208,631	106,092	
			Girls:	94,272	196,844	88,025	
			Men:	-	6,954	-	
			Women:	-	6,561	-	
OUTPUTS	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of TLS (CBE with minimum WASH package, ALC, TLS) established and maintained)	Total:	5,808	13,516	4,801	4Ws, field monitoring visits
		# of school-aged children benefitting from teaching and learning materials (student kits, teaching kits, classroom kits) and winterisation supplies	Total:	329,353	418,991	296,887	4Ws, field monitoring visits
			Boys:	172,470	208,631	170,570	
			Girls:	156,883	196,844	126,317	
			Men:	-	6,954	-	
			Women:	-	6,561	-	
ACTIVITIES	1. Establishment of Community Based Classes (CBCs), Temporary Classrooms (TCs) or Temporary Learning Spaces (TLS) with a minimum WASH package						
	2. Distribution of teaching and learning materials and winter-sensitive supplies						
	3. Provision of water and gender segregated latrines in schools / learning spaces						
	4. Training teachers on basic psychosocial support and group activities						

2.2	PROTECTION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Impact of armed conflict and natural disasters on civilians and civilian facilities is reduced	% of surveyed population reporting a feeling of safety and dignity	Total:	80%	85%	72%	WoA Assessment, protection monitoring reports
OUTPUTS	Enhanced protection analysis of the environment	# of people reached through protection monitoring	Total:	97,726	1,402,520	180,133	Protection monitoring reports
			Boys:	16,797	241,063		
			Girls:	16,994	243,890		
			Men:	35,367	507,571		
			Women:	28,567	409,996		
	Enhanced protection analysis of the environment	# of protection monitoring reports circulated for protection advocacy and programme response	Total:	10	24	6	Monitoring reports, confirmation emails to Protection Cluster
	Individuals with specific needs or heightened vulnerability are reached with protection oriented direct or referral assistance	# of people who were provided with direct and referral assistance	Total:	55,15	250,000	41,098	Coded referral matrix, monthly reporting ReportHub, PDMs, monitoring reports
			Boys:	305	13,830		
			Girls:	233	10,588		
			Men:	1816	82,320		
			Women:	3,160	143,262		

ACTIVITIES	1. Undertaking regular protection monitoring (including incidence monitoring) 2. Carrying out protection analysis (including risk analysis) and producing monthly protection monitoring dashboard 3. Provision of direct protection and referral services (Individual protection assistance, provision of PSS, cash for protection outcome, case identification and referrals)						
2.3	PROTECTION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	An appropriate coordinated response provides necessary protection assistance to affected communities and people, including children, in a timely manner	# of women, girls, boys and men from affected communities (IDPs, returnees, conflict/disaster affected non-displaced host communities) are supported with GBV prevention and response services under COVID-19 response	Total:	85,476	1,152,433	550,200	ReportHub
			Boys:	2,439	59,829		monthly
			Girls:	14,505	382,304		reports, activity
			Men:	6,408	39,831		reports, WFHS,
			Women:	62,124	670,468		FPCs, PSS
OUTPUTS	At-risk vulnerable population receiving multisector GBV response (psychosocial, safety, health and legal) through facility and community based interventions	# of at-risk IDP, returnee and non-displaced conflict or natural-disaster-affected people receiving multi-sectoral GBV services (psycho-social, legal, safety, health & case management)	Total:	85,476	694,933	242,495	ReportHub
			Boys:	2,439	36,078	86,078	monthly
			Girls:	14,505	230,535	141,156	reports, WFHS,
			Men:	6,408	24,019	3,089	FPCs, PSS
			Women:	62,124	404,302	12,172	outreach
	Increased community awareness of and capacity to respond to GBV	# of community members mobilised through community dialogues to prevent and respond to GBV	Total:	572,792	100,000	250,851	Community
			Boys:	107,936	5,192	69,141	dialogue
			Girls:	75,169	33,174	110,430	agency activity
			Men:	107,367	3,456	31,455	reports,
			Women:	282,320	58,179	39,825	advocacy events reports
	Dignity and protection of women and girls is ensured	# of women and girls in need are reached with dignity kits	Total:	2,708	493,910	56,164	Dignity kits
			Girls:	299	189,489	32,106	distribution
			Women:	2,409	304,421	24,058	reports
	Improved economic empowerment and community leadership for women and girls	# of women and girls reached with livelihood and leadership interventions	Total:	0	40,500	690	Monthly
			Girls:	0	15,538		ReportHub
			Women:	0	24,962		reports, project reports
	Increased opportunities for children to develop, learn, play, and strengthen resilience and psychosocial well-being, and families are provided with information and tools to create a safe and nurturing environment at home	# of children and their caregivers reached with center, mobile and home based activities to improve their mental health and psychosocial well-being following program completion	Total:	105,709	250,000	209,951	CFS attendance
			Boys:	47,140	118,144	11,214	records and
			Girls:	38,569	99,714	11,741	Activity reports
			Men:	12,000	18,942	93,761	
			Women:	8,000	13,200	93,235	

Children with protection needs are identified and have their needs addressed through provision of case management, including alternative care, family tracing and reunification, and integrated psychosocial support and referrals to relevant service providers	# of girls and boys at risk, including unaccompanied and separated children, and child survivors of SGBV identified, documented, and received case management services	Total: Boys: Girls: Men: Women:	10,571 4,714 3,857 1,200 800	7,000 ¹ 3,796 3,204	2,700	Case management records
Communities and families understand the child protection risks related to COVID-19 and actively prevent children from being exposed to abuse, exploitation, violence, and neglect	# of people who have been reached by information on COVID-19 and the danger and consequences of hazardous child labor, child marriage, trafficking and other negative coping mechanisms	Total: Boys: Girls: Men: Women:	43,139 12,754 11,746 10,451 8,188	500,000 236,288 199,429 37,885 26,398	258,914	Activity reports

ACTIVITIES

1. At-risk vulnerable population receive multisector response (psychosocial, safety, health and legal) including provision of PEP kits, enhanced PSS outreach through mobile teams
2. Community dialogues and awareness raising on key GBV issues focusing on social and behavioral aspects of COVID-19 community dialogues and awareness raising on key GBV issues focusing social and behavioral aspects of COVID-19
3. Provision of dignity kits to women and girls in need
4. Provision of economic empowerment programmes utilising community leadership models
5. Provision of psychosocial support to children by designing and providing pedagogical materials for girls, boys, and family members to use in their homes and other safe spaces to strengthen coping and resilience mechanisms when public health measures preclude face-to-face contact
6. Provision of case management services, PSS and referrals to children at risk of abuse, neglect, exploitation, violence, including SGBV survivors and children at risk of marriage
7. Community-based awareness raising on child protection issues and dissemination of COVID prevention and well-being messaging

2.4	PROTECTION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Displaced communities are able to claim HLP rights and/or possess HLP documents	% of people who report possessing a security of tenure document for their house/land/property	Total:	80%	70%	74%	Quarterly outcome survey beneficiary feedback and reporting
	Displaced communities are able to claim HLP rights and/or possess HLP documents	% of people who received HLP support (awareness raising, advocacy and legal counselling) who then went on to access land, security of tenure, adequate housing or HLP documentation, in line with their legal rights	Total:	74%	60%	81%	Quarterly outcome survey beneficiary feedback and reporting
OUTPUTS	# of individuals receiving information on HLP rights	Total:	60,000	183,750	382,794	Case files	
		Men:	35,000	110,250	268,167	case database	
		Women:	25,000	73,500	114,627	photos	
	# of individuals receiving counselling and/or legal assistance on HLP rights	Total:	6,000	47,844	43,741	Case files,	
		Boys:	3,600	4,784		Cases	
		Girls:	2,400	4,784		database	
		Men:		22,966	28,928		
		Women:		15,310	14,813		

		# of government, humanitarian and other partners receiving training and/or technical support on HLP	Total: Men: Women:	3,000 1,800 1,200	2,750 1,650 1,100	3,221 1,832 1,389	Attendance sheets, training reports, photos
ACTIVITIES	1. Provision of emergency legal support and advocacy for communities under immediate threat of eviction 2. Technical support to the Government in the implementation of regulations and procedures to identify and make state land available for allocation to IDPs, returnees and other vulnerable groups 3. Conducting awareness raising campaigns on land allocation schemes, application processes and eligibility requirements						

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

3.1	ES-NFI	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Vulnerable IDP, returnee, refugee and non-displaced conflict and natural disasters-affected women, men and children of all ages are protected through provision of transitional shelter aimed at building their resilience and preventing recovering communities from slipping back into humanitarian need	Proportion of IDP, returnee and nondisplaced conflict-affected women, men and children of all ages receiving shelter assistance who express satisfaction about this support	Total:	98%	100%	90.6%	PDM
			Boys:	32%	32%		
			Girls:	29%	30%		
			Men:	18%	19%		
			Women:	19%	19%		
OUTPUT	Transitional shelter support is provided to affected people in a timely manner	# of people receiving support to construct transitional shelters	Total:	21,001	152,330	46,146	ReportHub
			Boys:	6,625	44,477	9,600	
			Girls:	5,613	39,787	9,753	
			Men:	4,614	34,751	13,516	
			Women:	4,148	33,316	13,277	
ACTIVITIES	1. Support to construct transitional and permanent shelters						
	2. Provision of technical guidance and training on shelter construction to people receiving assistance						
3.2	EDUCATION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTPUT	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of teachers (f/m) recruited	Total:	5,979	13,516	14,252	4Ws, field
			Men:	3,230	6,954	7,108	monitoring
			Women:	2,749	6,561	7,144	visits
			Total:	7,942	13,516	12,355	4Ws, field
			Men:	3,914	6,954	5,997	monitoring
OUTPUT	Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children	# of teachers (f/m) trained on standardised teacher training manual including PSS	Women:	4,028	6,561	6,358	visits
			Total:	20,885	67,579	22,027	4Ws, field
			Men:	9,404	34,772	11,929	monitoring
			Women:	11,481	32,807	10,098	visits

ACTIVITIES	1. Recruitment, training and deployment of teachers, particularly women						
	2. Provision of professional development training on child-centered, protective and interactive methodologies, classroom management, training on psychosocial needs of the learners and available referral arrangements to detect and refer children in need of psychosocial support, social cohesion as well as peace education						
	3. Training of School Management Shuras and other community members and awareness raising on the importance and right to education for every child, especially for children with disability and girls						
3.3	FSAC	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/REACH	MEANS OF VERIFICATION
OUTCOME	Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition	Percentage of the targeted people reporting increase in food production or income	Total:	0	80%	5.1%	SFSA and PDM reports of partners.
OUTPUTS	Necessary livelihood assistance is provided to affected people in a timely manner	# of shock affected and vulnerable (natural disaster affected, people affected by COVID-19, and food insecure IPC phase 3 and 4 people) women, men and children of all ages who receive adequate livelihood assistance in a timely manner	Total:	1,386,893	2,400,092	2,068,526	Quarterly reports of partners
			Boys:	388,330	672,026	475,761	
			Girls:	360,592	624,024	475,761	
			Men:	318,985	552,021	579,187	
			Women:	318,985	552,021	537,817	
	Necessary livelihood assistance is provided to affected people in a timely manner	# of women, men and children assisted through livelihood asset creation/rehabilitation activities	Total:	0	330,000 ¹	264,572	Quarterly reports of partners
			Boys:	0	92,400	60,852	
			Girls:	0	85,800	60,852	
			Men:	0	75,900	74,080	
			Women:	0	75,900	68,789	
	Necessary livelihood assistance is provided to affected people in a timely manner	# of women, men and children receiving livelihood assistance in-kind	Total:	1,295,838	1,920,074	1,961,932	Quarterly reports of partners
			Boys:	362,835	537,621	451,244	
			Girls:	336,918	499,219	451,244	
			Men:	298,043	441,617	549,341	
			Women:	298,043	441,617	510,102	
	Necessary livelihood assistance is provided to affected people in a timely manner	# of women, men and children receiving livelihood assistance in cash	Total:	91,055	480,018	106,594	Quarterly reports of partners
			Boys:	25,495	134,405	24,517	
			Girls:	23,674	124,805	24,517	
			Men:	20,943	110,404	29,846	
			Women:	20,943	110,404	27,714	
	Necessary livelihood assistance is provided to affected people in a timely manner	# of women, men and children assisted through vocational skills livelihood training activities	Total:	0	50,000	25,963	Quarterly reports of partners
			Boys:	0	14,000	5,971	
			Girls:	0	13,000	5,971	
			Men:	0	11,500	7,270	
			Women:	0	11,500	6,750	
ACTIVITIES	1. Provision of food/cash assistance to rehabilitate or construct livelihoods and mitigate asset depletion						
	2. Provision of assorted crop seeds (wheat, maize, pulses and vegetables), basic tools and fertilisers to small-scale vulnerable farmers						
	3. Extension of animal feed and disease control support to ensure livestock survival						
	4. Provision of backyard poultry, asset creation (through cash- and food-for-work); and vocational skills training to vulnerable families at risk of hunger						
	5. Through asset creation activities, construct or rehabilitate communities’ productive assets and structures such as irrigation systems, canals, flood protection schemes, and water ponds in drought- prone areas						
	6. Provision of off-farm livelihoods support for returnees (such as vocational training)						

3.4 HEALTH		INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Additional FATPs are accessible to treat people with traumatic injuries	# of new FATPs established in high-risk provinces	Total:	28	28	29	HMIS data
OUTPUTS	Health staff can provide services according to the national GBV protocol	# of health staff trained on national GBV protocol	Total:	4,600	4,800	3,883	Cluster data
			Men:	800	800	1,486	on training
			Women:	3,800	4,000	2,397	
	People living in hard-to-reach areas with access to health care	% of people living in hard to reach district 2 hr away from health facilities, acceding healthcare	Total:	30%	40%	31.2%	HMIS data
	Female health staff are available in health facilities	% of health facilities with female health staff	Total:	40%	45%	43%	HMIS data
	People receive post trauma rehabilitative care	# or people receiving rehabilitative care from conflict related traumatic injuries	Total:	3,600	3,600	5,932	Report Hub
			Boys:	200	200	1,484	
			Girls:	100	100	821	
			Men:	2,500	2,500	2,535	
			Women:	800	800	1,092	
	Health facilities are scaled-up to manage infectious diseases	# of isolation wards established	Total:	0	20	31	Report Hub/ HMIS
ACTIVITIES	1. Provision of post-trauma physical rehabilitation services and assistive devices (such as prosthetics)						
	2. Expansion of primary health care in hard-to-reach districts						
	3. Establishment of additional FATPs, stabilisation of FATP services and referral of patients in high-risk provinces						
	4. Training of health personnel on GBV protocol						
	5. Establishment of isolation ward and scale-up health facilities						
3.5 NUTRITION		INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	More PLWs are practicing optimal maternal nutrition recommendations	# of IDP, returnee, refugee and nondisplaced PLWs received Maternal Infant and Young Child Nutrition (MIYCN)	Women:		414,534	300,055	Nutrition online database
OUTPUT	More children (6-59 months) affected by emergency have increased accessed to micronutrient supplementation	# of children (6-59 months) receiving micronutrient supplementation	Total:		19,001	12,598	Training report
			Boys:		9,743		
			Girls:		9,258		
OUTCOME	More PLWs are following optimal Infant and Young Child Feeding practices	# of IDP, returnee, refugee and nondisplaced PLW received Infant and Young Child Feeding services in Emergencies (IYCF-E)	Women:	71,546	232,877	71,546	Nutrition online database/ Rapid Nutrition Assessment (e.g 24 hour recall)

OUTPUT	Service providers are trained on promotion of maternal and child caring practices	# of service providers trained on promotion of maternal and child caring practices	Total:	150	2,600	1,121	Training report
			Men:	45	0	0	
			Women:	105	2,600	1121	
ACTIVITIES	1. Provision of infant and young child feeding practices in emergency support (IYCF-E) for mothers and children among emergency-affected populations						
	2. Provision of MIYCN to PLWs from IDP, returnee, refugee, and non-displaced households						
	3. Capacity building of frontline nutrition workers						
	4. Provision of micronutrient supplements to children aged between 6 and 59 months among shock-affected populations						

3.6	PROTECTION	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	Community-based protection systems are strengthened to reduce community vulnerabilities	% of assisted communities reporting living in strengthened protection environment	Total:	80%	85%	Data not supplied	Community-Based Protection reports, PDM reports
	Community-based Protection Initiatives (including DRR) are conducted with affected communities to prevent and mitigate the effect of armed conflict and/or natural disasters	# of people benefiting from Community-Based Protection initiatives	Total:	535,763	1,433,920	453,639	Community-Based Protection reports, PDM reports, Monthly reporting ReportHub
OUTPUT			Boys:	132,634	354,983	124,567	
			Girls:	144,131	385,753	127,097	
			Men:	111,718	299,003	101,351	
			Women:	147,280	394,181	100,624	
ACTIVITY	1. Provision of community-based protection assistance						
	2. Advocacy with and sensitisation of authorities; community members, community /religious leaders, humanitarian actors and parties to the conflict on protection risks and COVID-19						

3.7	WASH	INDICATORS	BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION	
OUTCOME	Vulnerable people have access to safe drinking water system supporting handwashing promotion led by development networks	Proportion of people gaining access to safe drinking water as a result of resilience assistance/activities	Total:	0	100%	34.72%	Monthly reports (ReportHub)
			Boys:	0	28%	8.32%	
			Girls:	0	26%	7.54%	
			Men:	0	23%	11.25%	
			Women:	0	23%	7.61%	
OUTPUTS	Improved availability of sustainable safe water supply facilities	# of vulnerable people having access to at least 15 litres per person per day of safe drinking water	Total:	0	1,189,961	977,724	Monthly reports (ReportHub)
			Boys:	0	333,189	252,363	
			Girls:	0	309,390	244,265	
			Men:	0	273,691	242,073	
			Women:	0	273,691	239,023	
	increased availability of sustainable sanitation facilities	# of vulnerable people having access to improved sanitation facilities	Total:	0	397,784	265,240	Monthly reports (ReportHub)
			Boys:	0	111,614	79,592	
			Girls:	0	104,108	73,037	
			Men:	0	91,109	53,065	
			Women:	0	90,953	59,546	

3.8	WASH	INDICATORS		BASELINE	TARGET 2020	Q4 PROGRESS/ REACH	MEANS OF VERIFICATION
OUTCOME	WASH comprehensive package of resilient services is delivered to women, men, boys and girls living in hard-to-reach areas and overcrowded settlements	# of hard-to-reach districts and overcrowded settlements where underserved people have received WASH assistance	Total:	68	80	51	WASH partner reports/ Cluster reports
OUTPUT	The humanitarian system facilitates a timely and effective response to people in need	# of underserved people in hard-to-reach districts receiving WASH assistance	Total:	250,000	1,000,000	789,082	WASH partner reports/
			Boys:	78,251	313,000	182,140	Cluster
			Girls:	73,936	296,000	191,010	reports
			Men:	47,485	190,000	212,143	
			Women:	50,328	201,000	203,789	
ACTIVITIES	1. Establishment and rehabilitation of durable WASH facilities for vulnerable people and in areas of origin						
	2. Upgrade of existing water infrastructure in priority informal settlement sites and installation of new infrastructure to expand capacity to cope with new returnee arrivals						
	3. Provision of safe drinking water by tankering, rehabilitation of existing water systems or installation of new infrastructure for underserved people in hard-to-reach districts						

**HUMANITARIAN
RESPONSE PLAN**
AFGHANISTAN

2020 YEAR-END
MONITORING REPORT

JANUARY - DECEMBER 2020