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**THIS ACTION IS FUNDED BY THE EUROPEAN UNION**

**ANNEX**

of the Commission Implementing Decision on the financing of a special measure in favour of Afghanistan for 2021

**Action Document for Afghanistan essential services and livelihoods stabilisation programme**

1 SYNOPSIS

1.1 Action Summary Table

<b>1. Title CRIS/OPSYS business reference Basic Act</b>	<b>Afghanistan essential services and livelihoods stabilisation programme</b> CRIS N° NDICI ASIA/2021/43637
<b>2. Team Europe Initiative</b>	No
<b>3. Zone benefiting from the action</b>	The action shall be carried out in Afghanistan The action shall be carried out country-wide and/or in selected areas of Afghanistan based on needs and local conditions
<b>4. Programming document</b>	N/A - Special Measure
<b>5. Link with relevant MIP(s) objectives / expected results</b>	N/A
<b>PRIORITY AREAS AND SECTOR INFORMATION</b>	
<b>6. Priority Area(s), sectors</b>	112 – Education 122 – Health 160 – Infrastructure and social services 311 – Agriculture

<b>7. Sustainable Development Goals (SDGs)</b>	Main SDGs: SDG 1: End poverty SDG 2: Zero hunger SDG 3: Good health and well-being Other significant SDGs and where appropriate, targets: SDG 5: Gender Equality SDG 10: Inequalities			
<b>8 a) DAC code(s)</b>	12220 – Basic health care 12240 – Basic nutrition 16050 – Multisector aid for basic social services 31120 – Agricultural Development 11220 – Primary Education 72010 – Assistance to displaced persons			
<b>8 b) Main Delivery Channel @</b>	20000 – Non-Governmental Organisations (NGOs) and Civil Society 44001 – World Bank 41000 – United Nations agency, fund or commission[RW(1)]			
<b>9. Targets</b>	<input checked="" type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
<b>10. Markers (from DAC form)</b>	<b>General policy objective @</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participation development/good governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women’s and girl’s empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Trade development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Nutrition @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>RIO Convention markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11. Internal markers and Tags:</b>	<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Digitalisation @ Tags: digital connectivity digital governance digital entrepreneurship job creation digital skills/literacy digital services	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Connectivity @ Tags: transport people2people energy digital connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Migration @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities (methodology for marker and tagging under development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>BUDGET INFORMATION</b>				
<b>12. Amounts concerned</b>	Budget line(s) (article, item): BGUE-B2021-14.020130-C1-INTPA Total estimated cost: EUR 53 000 000 Total amount of EU budget contribution: EUR 53 000 000			
<b>MANAGEMENT AND IMPLEMENTATION</b>				
<b>13. Type of financing<sup>1</sup></b>	<b>Direct management</b> through grants <b>Indirect management</b> with the entity(ies) to be selected in accordance with the criteria set out in section 4.3.1.			

## 1.2 Summary of the Action

This action responds to some of the most urgent challenges facing the Afghan population following the overthrow of the constitutional government of the Islamic Republic of Afghanistan by the Taliban on 15 August 2021, leading notably to a drastically altered political landscape and a severe humanitarian and economic crisis.

<sup>1</sup> Art. 27 NDICI

On 11 October 2021, during an informal videoconference of EU Ministers of Foreign Affairs and Development called by HRVP Borrell, the EU and its Member States agreed on the need to assist the population directly by supporting essential services, avoiding government channels, and going beyond humanitarian aid to focus on direct basic needs and livelihoods assistance, an approach also termed sometimes as humanitarian+. Funds should be channelled through international organisations and NGOs and the benchmarks agreed in the Council conclusions of 21 September 2021 should be respected.

More specifically, 1) principles for delivery of aid will be taken into account including: women, girls and persons belonging to minorities should be able to access services in a non-discriminatory fashion; 2) support can only be given through multilateral organisations or NGO's, not through the Taliban both in Kabul and at the local level, either directly or through other actors; and 3) the Taliban should not be involved in the hiring, of recruitment policy nor in the, implementation and management of support mechanisms.

On 12 October 2021, the President announced the Afghan Support Package for the Afghan people and neighbouring countries, addressing the urgent needs in the country and the region.

### **Objectives:**

- **The general objective** is to prevent a humanitarian catastrophe and the socio-economic collapse of the country, which would also result in increased instability, severe security threats and migratory flows in Afghanistan, the region and beyond.
- **The specific objective** is to safeguard and maintain a minimal functioning of basic services in the country, to avoid as much as possible a breakdown of health and nutritional services and the collapse of primary and secondary education, and to safeguard livelihoods.

**What:** to deliver on these objectives, the action will:

- Deliver a **package of essential services** through existing, non-government structures.
  - o sustaining the delivery of and access to **primary and secondary health services** across the country, including the continuation of immunisation campaigns (COVID-19, polio, cholera, measles) and strengthening **nutritional support** to children and women through the non-government health system;
  - o sustaining the delivery of, and access to **primary and secondary education services** across the country, for all children, boys and girls<sup>2</sup>;

This may include the direct payment of salaries/stipends to health workers and teachers, especially female staff.

- Sustain **livelihoods and food security** by focusing on community-based employment and income-generating opportunities in particular for women-led households that complement and reinforce life-saving humanitarian assistance.

**How:** the whole action will:

- be delivered according to the approach agreed by EU Development Ministers on 11 October, in close coordination and complementarity with EU humanitarian assistance, stopping short of the state-building approach pursued by EU development assistance until the Taliban takeover;

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<sup>2</sup> In 1994, Afghanistan ratified the UN Convention on the Rights of the Child, which concerns both health and education. A child means every human being below the age of 18 years.

- focus on the **most vulnerable segments of the population**, including both displaced and host communities, and on ensuring **women and girls' rights and access to basic services**;
- Nothing in this action can be construed as a support to, or as a recognition of the Afghan *de facto* authorities, in full recognition of the guiding principles of engagement laid down by the Council conclusions on Afghanistan of 21 September 2021. No funds under this action will be channelled through the government systems and the Taliban will not be involved in the hiring, of recruitment policy, nor in the implementation and management of support mechanisms.

The action will be implemented by indirect management with international organisations (16 MEUR) and direct management (grants) (37 MEUR).

The duration of the proposed action is 24 months with the possibility to conduct a mid-term review given the developing situation on the ground.

## 2 RATIONALE

### 2.1 Context

#### General

Afghanistan is facing an uncertain period since the collapse of the Islamic Republic on 15 August 2021, with a real risk of social and economic collapse and increased levels of instability. Depending on numerous factors, Afghanistan could experience an economic contraction of around 30% by mid-2022 according to the World Bank if no support to basic functioning is provided, which would plunge the country into unprecedented levels of poverty, bearing in mind that Afghanistan already was in the Least Developed Country category before the Taliban takeover.

The humanitarian response has been scaled up significantly, with a focus on life-saving operations and covering approximately 35% of identified needs. The aim of this action is to safeguard and maintain functioning systems for the delivery of basic services and livelihoods. Going beyond humanitarian assistance will be crucial to pay salaries of essential workers in the health and education sectors without whom the systems would collapse.

The EU and its Member States pledged over EUR 2.5 billion of humanitarian and development assistance at the Geneva Conference in 2020, in a then fundamentally different situation. While EU development assistance to Afghanistan was frozen after 15 August, there are significant challenges ahead for the EU and its Member States:

- There is a need to achieve the right balance between, on the one hand, a response to urgent needs to avoid a total collapse of the country and retaining achievements of past investments without legitimising, recognising or supporting the Taliban regime and, on the other hand, the need to retain leverage and, in line with the benchmarks set out in the Council conclusions of 21 September 2021, and more specifically, the principles as defined in the summary of the action.
- Any further destabilisation of the country or further deterioration of already extremely challenging living conditions would have major consequences in the region and beyond, including in terms of *inter alia*, security and displacement of persons inside and across Afghanistan borders;

- Any delivery of assistance must be done in direct support of the Afghan people and for the continued provision of basic services and livelihoods.

In that context, the EU and its EU Member States have an interest to ensure a ‘Team Europe’ approach encompassing both humanitarian and direct basic needs and livelihoods assistance that helps to strike that balance.

**The rationale for a direct basic needs and livelihoods assistance approach.** Until 15 August 2021, external support accounted for 75% of the Government’s budget and half of Afghanistan’s GDP. International donors have financed the main national programme providing access to health services. Donor-funded Basic Packages of Health Services and Essential Packages of Hospital Services have so far been delivered in 31 of the 34 provinces, and implemented by NGOs selected through a procurement process. Only in three provinces has the government provided the health services directly.

In 2020, the education budget was highly dependent on external aid. The total budget reported by the Ministry of Education was AFN 34 billion (around EUR 386.29 million), 95% of which was spent on salaries as reported by UNICEF. External aid has provided vital support to agriculture, given the high reliance of poor, rural populations on agricultural production and processing (around 40% of Afghans are employed in agriculture). This shows the dependence of the country’s systems on external aid to deliver basic services and sustain livelihoods, and how a “direct basic needs and livelihoods assistance” approach could keep these systems functioning for the benefit of the population.

“Direct basic needs and livelihoods assistance” assistance informally refers to actions that address directly (without government intermediation or interference) basic human needs and livelihoods of local populations in crisis and emergency situations, to avoid unnecessary additional suffering of the population, in complementarity with humanitarian assistance.

## **Essential Services**

### **Health and nutrition**

International assistance to Afghanistan has supported rapid improvements in health outcomes over the past two decades.

The network of health facilities is organised in several models, delivering different levels of services. Those models are classified according to the services they provide and the way they are financed. Much progress has been made, especially in expansion of coverage and utilisation of health services. Implementation of standardised basic packages has resulted in rapid expansion of health services to remote and insecure areas. This modality has also provided implementing NGOs with autonomy and flexibility. Many key health indicators have improved rapidly, for example, maternal and child mortality have dropped significantly between 2003 and 2021. Life expectancy at birth has increased from 56 years in 2000 to 65.3 years in 2021.

Despite this progress, Afghanistan’s health indicators are still among the worst in the region:

- The maternal mortality rate is estimated as 620 per 100,000 live births, the infant mortality rate 47.5 per 1,000 live births and the under-five mortality rate 60.3 per 1,000 live births;
- Around 10% of population (mainly living in rural areas and internally displaced persons’ (IDPs’) camps) have no access to health services within 2 hours and 43% must travel more than half an hour;

- Prior to the suspension of development assistance, access to the Basic Package of Health Services was accessible to only around 50% of population;
- Shortages of female medical staff has always been an issue, especially in rural area. Barriers to female employment are complex and have only become more difficult after 15 August;
- Prolonged conflict and insecurity have resulted in exceptionally high levels of mental health disorders registered, including depression, anxiety and post-traumatic stress disorder, self-harm and suicide. Children are also affected, which can be seen in the prevalence of emotional problems at 39%, conduct disorders at 41%, attention deficit hyperactive disorder at 15% and problems with peers at 52%. 11.5% of children are impaired in their daily lives because of a mental health problem;
- The COVID-19 pandemic, with around 155,000 registered cases, is affecting routine health services, in addition to the suffering from the direct health effects of the virus. Indirect effects include increased malnutrition, loss of livelihoods, reduced access to regular healthcare and social tension, which particularly affect the most vulnerable. In February 2021, the first vaccines were rolled out under the COVAX facility and donations from India. Although more donations followed from COVAX and other countries, the vaccination rate has lagged significantly. The country was severely hit by a wave of the Delta variant infections in the summer of 2021;
- Measles and cholera are spreading and tuberculosis is widespread. Afghanistan is also one of the last two countries in the world where polio is still endemic and on the rise since 2018. The year 2020 and the first half of 2021 were very challenging for Afghanistan's polio eradication programme due to COVID-19, restrictions imposed by anti-government entities and attacks on polio vaccination teams. While the new *de facto* authorities at central level have approved of female health professionals going to work and vaccination campaigns being carried out at mosques, house-to-house vaccinations are not permitted and female staff are increasingly facing challenges in doing their work, subject to regional differences. This can have an impact on service provision to female beneficiaries.

Malnutrition (acute and chronic) is a serious development and humanitarian challenge. At least 26 out of 34 provinces are above the emergency threshold for acute malnutrition. Despite rising poverty, Afghanistan had been on course to reach the international stunting target for 2025 and has also achieved progress on wasting. However, Afghanistan continues to have one of the highest rates of child stunting in the world, with substantial variation across provinces: 5 provinces have stunting rates ranging from 47% to over 70%. Deficiencies in micronutrients, including iodine, Vitamin A, Vitamin D and iron, are widespread. Only 15.5% of Afghan children aged 6-23 months receive a minimally adequate diet.

### **Education**

Significant progress has been made in Afghanistan's education sector over the last twenty years. Participation in education increased from less than 1 million in school in 2000 (around 10% girls) to 9.2 million students (38% girls) in 2018.

The recent events put in serious danger these achievements, especially in the context of the previously existing substantial gender gap since the literacy rate for men stood at 55% and for women only at 29.8%. Despite the progress, 12 million youth and adults (15+) in Afghanistan still lack basic literacy skills. UNESCO estimated that in 2020 the literacy rate has increased to 43% in comparison to 2016/17 when it was 34.8% and the literacy rate for youths aged 15 to 24 stood at 65%.

An estimated 4.2 million school-age children, nearly one third of the total in Afghanistan, are not in school, according to UNICEF. Over 2 million of them are girls. The education of almost 10 million Afghan children that previously were in school is at risk (mainly for girls). Displaced school-aged children face an uncertain future, as they remain at higher risk of missing education. Girls specifically face higher risk of being married off early whereas boys face the risk of being recruited by armed groups.

Cultural norms, safety concerns, poverty insufficient relevant learning/teaching resources, capacity limitations in formal schools to take on additional children and inadequate or damaged classrooms are still obstacles to achieve better results. In addition, the COVID-19 measures led to gaps in Afghan children learning due to prolonged school closures since March 2020.

In September 2021 the *de facto* authorities/Taliban excluded girls from secondary schools in certain provinces and districts in Afghanistan, where only boys and male teachers were allowed back into classrooms, sending a worrying sign to the international community.

### **Livelihoods and food security**

The severe economic instability due to heightened uncertainty is halting national production and investment, has interrupted trade and finance, and is leading to an economic implosion. Due to the disruption of financial services, aid and subsidies, exports are collapsing, with severe impact in particular on rural livelihoods.

In the past, donor aid has provided vital support to communities with agricultural production, livelihoods, small-scale infrastructure, and emergency relief, through a range of actions. Support to agriculture has been particularly important given the high reliance of poor, rural populations on agricultural production (around 40% of Afghans are employed in agriculture) and for food security.

Since external aid accounted for three-quarters of the government's budget for 2021, the loss of aid flows will result in a drastic fiscal tightening, leading to reduced aggregate demand for labour. Employment will be severely hit, since external aid supporting basic health and education as well as the maintenance of critical infrastructure sustained hundreds of thousands livelihood opportunities.

The collapse of services and the economy could lead to a much greater displacement, including outward movements. Afghanistan currently has 3.5 million internally displaced people, and it is estimated that as of August 2021, over half a million people have already been displaced by conflict and thousands more affected by disasters. Recent shocks are felt hardest in poor urban and rural communities, where the populations resort to negative coping mechanisms in the face of loss of livelihoods, notably joining the large numbers already displaced or radical terrorist groups.

The scale, severity and complexity of the economic and social development impact of the current instability is far-reaching and the consequences in terms of human development losses could become irreversible. Depending on how the situation evolves, Afghanistan's gross domestic product could see a contraction of around 30% by the middle of 2022. In the worst-case scenario, this could bring Afghanistan to the precipice of near universal poverty.

No mass outflows of people from Afghanistan to neighbouring countries through official land borders have been observed by mid-October 2021, as these borders remain closed, except for people with valid travel documents and for commercial purposes. UNHCR has recorded 38 650 newly arriving Afghans potentially in need of international protection to neighbouring countries since the start of the year. However, the number of newly arrived Afghans are understood to be higher than reported as many Afghans continue to cross into Iran undetected

and, for fear of being apprehended by authorities, do not make themselves known to the government or UNHCR.

For the time being, displacement mostly remains within the country. There are currently almost 665 000 newly IDPs in Afghanistan, induced by conflict since January 2021. This is in addition to the estimated 2.9 million IDPs by conflict as of 31 December 2020. A further 110 000 are estimated to have been displaced by natural disasters (mainly the ongoing drought) by June 2021. The majority of those are minors and in need of special support. Over 143 000 IDPs are estimated to have returned to their places of origin. Over 948 000 undocumented Afghans have returned to Afghanistan in 2021 (as of October). Many of these returns are believed to be forced. IDPs and returnees are among the most vulnerable populations in Afghanistan.

## **2.2 Problem Analysis**

### **General**

Afghanistan is facing a severe economic crisis, collapsing public finances, increasing pressure on the banking system, a loss of effective governance structures, disruption to essential services, a persistent drought and ongoing outbreaks of infectious diseases are immediate threats to the livelihoods, markets, health, and nutrition of nearly the entire Afghan population. The collapse of services and the economy and unprecedented levels of food insecurity and unemployment could lead to further displacement, including outside the country.

### **Essential services**

#### Health and nutrition

The end of donor support to the national primary health programme would lead to an almost complete collapse of basic health delivery, with impacts across nearly all communities in Afghanistan, and beyond in the region:

- Nearly 25,000 health professionals would be laid off, including 7,500 women. Provision from government-run health facilities and hospitals has already ceased due to lack of funds.
- Assuming even a 40-50% decrease in healthcare coverage, mortality among women and children would increase by approximately 33% over the next year. This increase in mortality would result in more than 26,000 additional child deaths and 1,900 maternal deaths, according to the World Bank.
- Efforts to vaccinate Afghanistan's population would effectively cease. Increased efforts to tackle COVID-19 and polio were needed even prior to 15 August 2021, and have become more urgent since then.

Increased emergency humanitarian support in health is not sufficient to meet the increasing needs, including on the filling critical of critical health gaps as part of and beyond Sehatmandi. Increased efforts to tackle malnutrition, COVID-19 and polio were needed even prior to 15 August, and have become more urgent since then.

Prior to recent political developments, the UN/World Food Programme (WFP) projected that 9.4 million people would face acute food insecurity by November 2021. The UN has now increased this estimate to 14 million (or more than one-third of the total population). An estimated 3.2 million children under the age of five expected to suffer from acute malnutrition by the end of the year. Hikes in food prices and prolonged droughts affect nutrition. In October 2021, the food security situation is deteriorating sharply with just 5% of households consuming

enough food according to WFP's latest surveys. Urban residents are suffering from food insecurity at similar rates to rural communities, who had to withstand drought twice in the past three years. While families with lower education levels are reportedly hardest hit by food insecurity, more than 90% of households with high-school or university educations are unable to afford enough food to feed their families.

In the latest reports, virtually all households have too little to buy sufficient food with up three out of four households limiting portion sizes and adults eating less so their children can eat more. Households headed by women are particularly hard hit, skipping meals, and reducing their portions far more than those headed by men. Cash shortages are hampering commercial transporters, millers and cooperating partners as they face challenges in securing cash to pay staff and procure raw materials.

The causes of persistent malnutrition, exacerbated by the ongoing humanitarian crisis, include chronic poverty, drought, armed conflict and displacement, gender inequality, inadequate diets, poor infant and young child feeding and caring practices, lack of safe water, hygiene and sanitation and low access to basic health services. Even prior to the crisis, the situation had been further aggravated by the COVID-19 pandemic.<sup>3</sup> Today, 22.8 million people (more than half of the population) are facing acute food insecurity including 3.2 million children at risk of malnutrition.<sup>4</sup>

### **Education**

Conflict and economic struggles have resulted in the breakdown of the public service delivery in the education sector. The situation has a particularly heavy impact on access to school affecting teaching and learning opportunities. Under these circumstances, it remains extremely difficult to ensure the right to education to Afghan children, especially girls. The financial constraints are jeopardising the entire education system, due to the impossibility to pay teachers' salaries, and it will have a considerable impact on learning opportunities but also on the psycho-emotional wellbeing and protection measures of children and adolescents, especially girls.

The priority in the coming months is:

- to ensure schools open and stay open from grade 1 to 12, for boys and girls. The longer schools are closed, the less likely it is that children, particularly girls, but also vulnerable boys, do come back when schools reopen
- to address the issue of paying salaries of teachers: while international conditionalities impress on the right for girls to go to school, teachers are absent because they have not been paid.
- to ensure that youth, girls and women have access to quality education and equitable literacy opportunities. This would enable them to contribute actively to the societal and economic life. Conversely, a decrease in literacy skills will lead to a general rolling back in girls' and women's rights, already threatened by a much more restricted access to the public space.

The *de facto* authorities have promised that girls' schools would reopen, explaining the delay due to financial constraints and operational issues on running shifts and separating classes. However, if solutions to the issues concerning the already overstretched and underfunded school system and the lack of enough female teachers at secondary level are not found, problems in the sector will deepen.

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<sup>3</sup> Nutrition Country Profile for Afghanistan, INTPA

<sup>4</sup> [WFP Afghanistan: Situation Report 10 November 2021 - Afghanistan | ReliefWeb](#)

Among the anticipated challenges/constraints, the development and humanitarian partners will have to critically assess and consider the unequal access to school by girls across the country (owing to local authorities more conservative/stricter rule). If necessary, support could be adjusted regionally and/or locally to promote equal access to education.

### **Livelihoods**

The withdrawal of donors' agricultural assistance, emergency relief, and livelihood programmes under current conditions is likely to exacerbate further economic hardship, poverty, food insecurity and displacement.

In the medium-term, prolonged loss of livelihoods and skills risk undermining the re-emergence of market conditions needed for businesses, including Micro Small and Medium Enterprises (MSMEs), to develop, hire, and thrive. The consequence would be further internal displacement, overloading the weakened social system throughout the country, and potentially followed by an increase in external migration.

The issue is compounded by the major internal forced displacement caused by conflicts and disasters. Both IDPs and returnees have often lost their livelihoods and are facing difficulties re-establishing it. Livelihood opportunities for IDPs, which were already limited prior to August 2021, have been further curtailed. This leads to risk of resorting to negative coping mechanisms.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:

The whole aid architecture in Afghanistan is in the process of being redesigned and the situation at the time of writing this Action Document is **still very fluid. The conditions that underpinned the previous aid architecture do not exist anymore:**

- There is no longer an internationally-recognised government to work with. EU sanctions vis-à-vis the Taliban are strictly UN-based. Any proposed measure shall comply with the existing sanctions applicable in the EU. While the UN (and therefore the EU) has designated 135 individuals and five entities, the US has designated the Taliban and the Haqqani network as entities, under their counter-terrorism sanctions, which include secondary sanctions and may in turn impact the work of, among others, European operators. All interventions will therefore be conducted under the strict implementation of the UN sanctions regime, which allows contacts with the Taliban but prohibits any funds to be passed to those on the sanctions list or operating under their command, i.e. main part of the government.
- The international community has therefore to move away from a state-building approach; the Afghanistan Partnership Framework agreed in Geneva in November 2020 is in practice not relevant anymore as a framework for engagement, although its principles, also enshrined in the Key elements for sustained international support to Peace and Development in Afghanistan, remain valid.
- The large aid community present in Afghanistan for the last 20 years has shrunk.

**In the new aid architecture in the making, the United Nations is expected to take the lead.** While the humanitarian track is in many ways separate, including WFP, WHO, UNICEF and UN Office for the Coordination of Humanitarian Affairs (OCHA), under humanitarian principles, the main challenge is to design a workable funding structure for the direct basic needs and livelihoods assistance part where political sensitivities and monitoring are more challenging in the current context and ensure better coordination among humanitarian and direct basic needs and livelihoods assistance in order to achieve maximum synergy. A certain degree of variety of the instruments in the name of efficiency and effectiveness in the different

tracks is deemed advisable by the UN while fostering a “One UN” approach. Intense work is underway to simplify the UN offer as much as possible under the authority of the Resident Coordinator. While different options to channel funds are being considered, the recommendation at UN level is for setting-up a new multi-donor, multi-partner UN Special Trust Fund for Afghanistan under the authority of the Deputy Secretary General, with a board that would decide on priorities. The UN has in-depth experience of such mechanisms, in Yemen for example, including accountability mechanisms.

The United Nations Development Programme (UNDP) has proposed an ‘Area-Based Programme for Early Recovery and Stabilisation’ that would constitute its Afghanistan country programme in the coming years, pivoting its engagement towards a decentralised and area-based portfolio of projects allowing direct work with beneficiary communities through civil society and micro and small enterprises. The Area-based Programme would be centred around cash-based interventions and focus on sustaining essential services, protection of livelihoods, investment in climate-resilient, local community infrastructure and – to ensure full ownership and conflict-sensitive interventions – community planning and social cohesion; it would be centred around cash-based interventions, employment generation (Cash for Work), and support to women-led businesses in the informal sector, social enterprises and enterprises expanding to new areas (Cash for Markets). UN agencies will contribute to the activities of the programme on the basis of their respective mandates.

In parallel, the resumption of medium and long-term activities under the Afghanistan Reconstruction Trust Fund (ARTF) managed by the World Bank still needs to be clarified. On 30 November, the World Bank’s Board of Executive Directors approved the transfer out of USD 280 million from unallocated funds to UN agencies and invited the Bank to present a strategy for the medium term. The ARTF was originally conceived in 2002 as a multi-donor trust fund to support immediate stabilisation and reconstruction needs in Afghanistan through a coordinated financing mechanism. It has since then evolved to become the main vehicle for multi-donor, on-budget support for the Government’s national programmes reform agenda, fiscal sustainability and the prioritisation and delivery of the national development strategy. The ARTF was supported by 34 donors (of which 18 are currently active) and administered by the World Bank. Its three-tier governance framework is composed of a Steering Committee, a Management Committee and the World Bank as an Administrator.

Other stakeholders include the implementing NGOs, UN agencies, other development partners, humanitarian partners, civil society organisations (e.g. patient and health workers’ representative organisations) and the private healthcare sector, for which unhindered access and ability to deliver will be key and monitored as a benchmark for further engagement. At the community level, health committees are important stakeholders who will represent the rights-holders voice (people).

**At EU level**, the EU will promote a coordinated response with EU Member States, in pursuit of a direct basic needs and livelihoods assistance approach closely coordinated with humanitarian efforts in a nexus approach.

### 3 DESCRIPTION OF THE ACTION

#### 3.1 Objectives and Expected Outputs

The **general objective** of this action is to prevent a humanitarian catastrophe, which could result in increased instability leading to an implosion of the country and severe security and migratory spillovers for Afghanistan's neighbouring countries and the wider region.

The **Specific Objectives** (Outcomes) of this action are:

1. to safeguard a minimal functioning of **basic services** for the Afghan population in complementarity with humanitarian relief efforts;
2. to safeguard **livelihoods** of the population.

The **Outputs** to be delivered by this action contributing to the corresponding Specific Objectives (Outcomes) are:

- contributing to Outcome 1 (or Specific Objective 1)

1.1. Continued **access to health and nutrition services** by the population, particularly women, children and vulnerable people including IDPs and returnees.

- sustaining the delivery of primary and secondary **health services** across the country, including the continuation of immunisation campaigns (COVID-19, polio, measles);
- strengthening **nutritional support** to children and women, including returnees and IDPs, through the non-government health system.

1.2. Continued access to quality **primary and secondary education** in safe learning environments, in particular for girls.

- sustaining the delivery of quality primary and secondary **education services** in safe learning environments across the country, especially for girls and returnees/IDPs in areas where equal access to services in a non-discriminatory way can be guaranteed;

This may include the direct payment of salaries/stipends to health workers and teachers, especially female staff, when a mechanism for paying salaries to teachers without going through the de facto authorities has been identified.

- contributing to Outcome 2 (or Specific Objective 2)

2.1. Safeguarded community-based employment and income-generating opportunities as well as economic activities and opportunities for MSMEs, including female-headed MSMEs

2.2. Enhanced food security and enabled sustainable food production and processing, including food diversification

#### 3.2 Indicative Activities

Activities will take a sectoral approach and/or a multi-sectoral community-level approach. Activities listed below are indicative and non-exhaustive, and will be designed in a flexible way to cater for their adjustment depending on the design of the new multi-donor aid architecture in Afghanistan:

Activities related to Output 1.1 may include:

- Delivering basic health and nutrition services across the country adjusted regionally and /or locally when principles such as equal access are not met;
- When possible, delivering specific sexual and reproductive health rights (SRHR) services targeting women and girls;
- Direct payment of healthcare staff salaries/stipends;
- Health facilities', including laboratories, infrastructure rehabilitation and improvement;
- Re-build the supply chain (equipment, drugs, medicines, supplies);
- Conduct immunisation campaigns (e.g. COVID-19, polio, measles), strengthen surveillance and monitoring of infectious diseases;
- Awareness campaign on nutrition and diversified diet composition at household level. and/or "behaviour change communication" campaign informed through formative research.
- Promote live-saving sustainable access to safe water and sanitation, and good hygiene practices that reduce the risk of water-related disease transmission.
- 

Activities related to Output 1.2 may include:

- Delivering primary and secondary education services in safe learning environments across the country targeting specifically women and girls adjusted regionally and /or locally when principles such as equal access are not met;
- Direct payment of teachers' salaries/stipends on an individual basis provided that a substantial and measurable access to the schools concerned is ensured for women and girls;
- School infrastructure rehabilitation and improvement, including winterisation, ensuring safe and inclusive learning standards, especially in areas of high-displaced populations;
- Provision of teaching and learning materials;
- Mental health/Psycho-social support delivered to children and teachers through primary and secondary education services;
- Life skills training and literacy classes delivered for households, including over-aged and out-of-school children and youth;
- Cash for Education or incentivise families to send their children back to school through acceptance building and promotion;
- Support to children out of school through community-based education aligned with the existing curriculum to ensure adequate recognition ;with specific learning outcomes;
- Training of (female) teachers on inclusive, child-centred education and child protection;
- Community engagement to ensure children and youth (especially girls) participation and the protection of the educational spaces;
- Guarantee access to water and sanitation and nutrition at school level

Activities related to Output 2.1 may include:

- Community support using unconditional cash transfers, cash-for-work/food interventions, livelihood assets and / or provision of grants to SMEs targeting women and discriminated groups;, followed by post distribution monitoring

Activities related to Output 2.2 may include:

- Sensitisation activities with regard to agriculture and climate; encourage climate-adaptation initiatives at community level;
- Construction of feeder roads, stabilisation works, small-scale irrigation, small-scale energy generation (hydro, solar).

### **3.3 Mainstreaming**

#### **Environmental Protection & Climate Change**

**Outcomes of the Environmental Impact Assessment (EIA) screening** (relevant for projects and/or specific interventions within a project)

The EIA screening classified the action as Category C (no need for further assessment).

**Outcome of the Climate Risk Assessment (CRA) screening** (relevant for projects and/or specific interventions within a project)

The (CRA) screening concluded that this action is no or low risk (no need for further assessment).

Because of climate change, Afghanistan faces many problems such as food, water and energy security, including those linked to its arid/semi-arid climate and vulnerability to droughts and floods. In the past 30 years, the country has ranked 24<sup>th</sup> globally for climate risk and 15<sup>th</sup> for weather-related disasters. The country's vulnerability is expected to increase which will have both direct and indirect consequences on public health. In order to improve managing the impacts of climate change on public health and nutrition, climate risk on health and possible adaptation measures in health sector should be included in policy discussions and raised at health policy forums and technical working groups.

All health care providers are held responsible for environmental compliance on health-care waste management in their management plan and have to set standards concerning health waste management. Existing [guidelines for healthcare waste management](#) should be taken into account to the extent possible.

#### **Gender equality and empowerment of women and girls**

Women and girls make up 50% of the Afghan population and continue to face widespread discrimination and human rights abuses.<sup>5</sup> According to a Survey of the Afghan People 2019, major problems faced by women are unemployment (23.9%), followed by domestic violence (16.9%), lack of women's rights (13.5%), forced marriage (12.2%), and poverty (8.7%).<sup>6</sup> The latest political developments, economic, security and humanitarian situation in Afghanistan contributed to a dramatic increase in the fragility of women and girls' rights and gender equality. Severe limitations around women's freedoms, movement, access to information, education, health services as well as access to public spheres, and ability to earn income or control resources are now in place and require to apply a solid gender lenses in all new interventions.

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<sup>5</sup> For further information, please consult: <https://www.unicef.org/afghanistan/gender-focus>

<sup>6</sup> The Asia Foundation (2019). Survey of the Afghan People.

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1.

The action will contribute to address more specifically and ensure the unhindered access to basic services of women and girls with particular attention to SRHR, as well as maintaining employment for female workers in the fields of health, nutrition and education. Livelihoods opportunities should benefit equally to women, including those heading MSMEs, contributing to their economic empowerment.

It should however be noted that despite the initial positive narrative from the Taliban as regards women participation in the society/public life, Taliban's words did not translate into positive actions (from the central leadership or local authorities), on the contrary, the situation has worsened. Although, the *de facto* authorities highlighted that the restrictions imposed to women are only temporary, a continuous assessment of such restrictions will be necessary and should inform the EUs position for adapting the activities of this action.

### **Human Rights**

To the extent possible, the people will be considered as rights-holders and will be represented by the Civil Society Organisations (CSOs), which will be highly involved in the action. The action will ensure the implementation of the Human Rights-Based Approach (HRBA) principles: Respect to all rights, non-discrimination, transparency, participation and accountability. A protection mainstreaming approach will be pursued as well, in line with the direct basic needs and livelihoods assistance approach of the Action.

All categories of the community with a special attention to population living in the most vulnerable situations such women, girls and all ethnicity groups will have access to health services under this action. Health services will be provided to the entire population, with a focus on under-served areas.

### **Disability**

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that mental health and disability are core components of Basic Package of Health Services and Essential Packages of Hospital Services, and therefore this action will continue expanding health services to persons with disabilities.

### **Democracy**

Basic services are provided to the whole population. However, groups living in the most vulnerable situations or the most subject to discriminations, including women, children are specifically targeted by this action.

### **Conflict sensitivity, peace and resilience**

The elements of the conflict analysis screening conducted in 2020-2021 that are still relevant in the new context will be factored into the design of activities covered by this action. Flexibility will contribute to ensuring that the activities covered by this action can be more easily sequenced with humanitarian assistance, thereby promoting the EU's crisis response capabilities according to a direct basic needs and livelihoods assistance approach.

Since refugees, returnees and IDPs are a particularly vulnerable segment of the population, they will be specifically considered when expanding the reach of basic services.

With the Taliban victory, military hostilities ceased in most of Afghanistan, putting an end to the primary drivers of displacement. Preliminary statistics from IOM and UNHCR show that current displacement is due to the economic situation in the country and the ongoing drought.

Through its focus on economic resilience, this action directly addresses the main drivers of external and internal displacement.

Follow the Safe School Declaration and Guidelines at all levels in the education services and involving the communities, to promote peace and resilience building at community level.

### Disaster Risk Reduction

Mainstreaming of disaster risk reduction is equally important to avoid or mitigate as much as possible the negative impact of external shocks (linked to natural or human hazards). Basic services under this action will be provided also to displaced people because of disasters and hazards. Sustained investments in basic services will make them more resilient to cope with the humanitarian impacts of disasters.

### Child protection

Child protection, especially for girls, should be at the centre of the intervention, included in all the components of the intervention. The education services and the communities play a critical role in the protection of children and youth. The implementation of the Safe School Declaration, with involvement of communities is key to guarantee the protection of the most vulnerable ones. Given the context, the actions should support the implementation of the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies and the Minimum Standards for Child Protection in Humanitarian Action, as relevant.

## 3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High / Medium / Low)	Impact (High / Medium / Low)	Mitigating measures
<b>Security</b> The security situation has been deteriorating in the past years. Security since 15 August 2021 remains fragile with increased attacks by terrorist groups.	Risk 1	H	M	Flexibility will be given to the implementing partners to engage with the local communities to provide livelihood support and education and health services in challenging areas. Strong institutional collaboration with stakeholders at various levels. Engagement with security sector stakeholders in view of ensuring respect for humanitarian law. Selection of staff from local community for livelihoods activities and the vaccination campaigns.
<b>Political commitment</b> The EU has set benchmarks for engagement with de facto authorities. It remains to be	Risk 2	H	M	Notwithstanding the principled benchmarks for engagement, technical coordination of the

<p>seen how these benchmarks will be fulfilled. Moreover, several members of the cabinet are included in the UN sanctions list. Any moneys flowing to or through the authorities could breach sanctions or rules for the prevention of terrorism financing. Although the authorities are vying to continue the stewardship role entrusted to the previous government, this cannot happen until these issues are resolved.</p>				<p>implementing partners with the <i>de facto</i> authorities will be necessary, for them to allow basic services such as health and education to continue operating under the command of an international organisation.</p>
<p><b>Human resources</b> Gaps in human resources hinder the implementation of activities and sustainability of achievements. This includes staff departures since the collapse of the republic, questions around the freedom for women to work, and a pre-existing shortage of in female staff in basic services.</p>	Risk 3	H	H	<p>Decentralisation of recruitment to provide more autonomy to implementing partners for recruitment of female staff from local communities.</p>
<p><b>Unequal Social norms</b> Unequal social norms against women can negatively affect participation of women in livelihoods activities, and access to basic services in particular education.</p>	Risk 4	H	H	<p>A systematic gender-sensitive approach will be implemented in the action including a specific gender analysis and specific activities for women. It will be important to avoid a negative impact of an “all women focus” and a possible backlash on women if men are not properly involved in decision-making.</p>
<p><b>Acceptability</b> Access to basic services to women and girls as well as women’s employment might not be allowed by the <i>de facto</i> authorities. Polio vaccinations – despite a certain level of commitment by the <i>de facto</i> authorities (including Doha level), polio vaccinations have not been able to restart yet. It remains unclear whether the mosque-to-mosque approach will be the only possible one (vs. the</p>				<p>Engagement with the <i>de facto</i> authorities will be needed, as well as operating at local level as the situation is not homogenous across the country. Different operational modalities for vaccination might be deployed on the territory, reaching different types of beneficiaries.</p>

requested house-to-house approach).				
<p><b>Financial resources</b></p> <p>An economy devastated by war and a pandemic puts pressure on public finances. Donor fatigue also showed a downward trend in available funds before 15 August. Within the current bank system limitations, even when/if funds are transferred in an Afghan bank account, withdrawal limitations at both agency and personal level (25,000 USD/month (approximately EUR 21,460) and 200 USD/week (approximately EUR 171.68) respectively) do present serious challenges to the implementation, particularly when it comes to payment of salaries, running costs and cash-based modalities of intervention).</p>	Risk 5	M	M	<p>Implement a strategy to focus first on direct basic needs and livelihoods assistance with a gradual shift to a medium term perspective for livelihoods support.</p> <p>Implementing partners expected to find sound solutions to transfer funds, and develop contingency planning should cash be not a viable modality of intervention (or else a big component of the programme will just be non-implementable). A strong market assessment component is also needed, as cash intervention are beneficial only as long as a functioning market is in place. Flexibility in this regard should also be included at the “geographical” level: if cash modalities might be appropriate in certain areas at certain given times that might not be the case for other areas (i.e. homogeneity should not be a working assumption).</p>
<p><b>Lack of CSO participation</b></p> <p>Potential tendency to overlook the valuable role and position of national civil society organisations</p>	Risk 6	M	M	<p>The action will encourage opportunities (where possible and relevant) to work with and enhance support from the national civil society organisations active in economic and rural development, education, nutrition and the health sector, such as including them in policy dialogues, consultations and reinforcing their capacities.</p>
<p><b>Corruption and fraud</b></p>	Risk 7	M	M	<p>The action will follow the 5 working principles of the HRBA. Transparency and Accountability will be ensured in all steps of the action by the establishment of measures and procedures. No funds will flow through governmental channels.</p>

## **Lessons Learnt (before 15 August 2021)**

### Health and nutrition

The EU's support to the Health sector was delivered on- and off-budget. This flexible use of funds (i.e. off-budget funds for training of much needed staff) combined with the high degree of engagement with stakeholders, have been important elements towards achieving positive results and building ownership.

The Sehatmandi project, through a single programme under ARTF has largely been successful. It improved donor coordination, increased efficiency, and brought greater transparency, fairness and accountability in the contracting approach thus leading to a more effective and efficient health system. Engagement of communities was successful in the selection, recruitment and retention of female health workers in rural and hard to reach areas. It is very important that female patients can access female doctors.

On the downside, delays in payments negatively impacted Service Providers' ability to pay salaries, medicines and other key interventions, resulting in turns in complaints from the provinces.

The past and current EU off-budget projects complemented the on-budget interventions and led to positive results such as the integration of mental health, nutrition, disability and prison health. In addition, nutrition counsellors have been trained and deployed to Basic Package of Health Services (BPHS) and Essential Package for Hospital Services (EPHS) facilities.

Implementation of National Immunisation Days and Sub-National Immunisation Days with oral polio vaccine and targeted use of injecting polio vaccine as part of the multi-antigen / accelerated campaigns in selected high-risk areas is very important for polio eradication. Review of the risk categorisation for high-risk areas and a continued focus on the high-risk districts is key for polio eradication programmes. Maximising reach in inaccessible areas, using all possible strategies and contingency interventions, particularly in the context of expanding polio outbreaks in inaccessible areas. Identification, mapping and coverage of high-risk mobile populations with a focus on the Southern, Eastern and South-eastern regions.

#### Assumptions

- Other partners and donors are committed to continue funding of the health sector.
- The new regime has demonstrated its commitment for Polio Eradication in Afghanistan.

### Education

Due to a clear division of labour between donors in Afghanistan, the EU was not directly present as a donor in the education sector. The current situation warrants reassessing this position.

#### Assumptions

- Other partners and donors are committed to continue supporting and funding the education sector and access for girls to education specifically
- The new regime, at all levels, has concretely demonstrated its commitment with the education, including the support to girls' education

### Livelihoods

The EU's support to the livelihoods and the market sector has been consistent in the last 15 years, and has developed over time and built on the experience of different projects and

programmes. EU support has allowed for flexibility in project delivery to directly support market development, and to be able to reach population outside government controlled regions.

The different Republic Ministries involved had taken ownership and this increased buy in for regulatory reforms and the efficiency of the different programmes. The donor coordination was ensured by ad-hoc coordination groups chaired by relevant Ministries. The communities were involved and supportive of the actions implemented. The Community Development Councils were the first point of contact and they were engaging the communities to improve their livelihoods and providing feedback about the different activities implemented.

EU support also ensured a well-established network of organisations on the ground to support livelihoods in remote and regions outside of the republic's control.

Assumption:

- Other partners and donors are committed to continue funding the restoration of the livelihoods in Afghanistan.

### **3.5 The Intervention Logic**

The underlying intervention logic for this action is that

If health and nutrition (outcome 1.1), education (outcome 1.2) as essential basic services are sustained, and livelihoods can be secured as markets continue to operate (outcome 2.1) and essential food security is guaranteed (outcome 2.2), a full scale catastrophe can be avoided for the Afghan population, hence contributing to stability within Afghanistan and to regional security.

### 3.6 Logical Framework Matrix

PROJECT MODALITY (3 levels of results / indicators / Source of Data / Assumptions - no activities)

Results	Results chain (@): Main expected results (maximum 10)	Indicators (@): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
<b>Impact</b>	To stabilise the socio-economic situation of the population of Afghanistan	1 Proportion of population below the international poverty line, by sex, age, employment status, displacement status, and geographical location (urban/rural) (SDG 1.1.1) 2 Number of men, women of reproductive age, adolescent girls and children under 5 reached by basic health services related interventions supported by the EU	1 TBD 2 TBD	1 TBD 2 TBD	1 Global SDG Indicators Database 3 AHS/DHS 2024/5	<i>Not applicable</i>
<b>Outcome 1</b>	1 To safeguard a minimal functioning of basic services for the Afghan population in complementarity with humanitarian relief efforts.	1.1 Proportion of population covered by essential health services (disaggregated by age group, sex, displacement status, administrative sub-regions, location - urban/peri-urban/rural) (Percentage) 1.2 Proportion of school aged children out of school (disaggregated by age group, sex, displacement status, administrative sub-regions, location - urban/peri-urban/rural) (Percentage)	1.1 TBD 1.2. TBD	1.1 TBD 1.2 TBD	1.1 UNESCO Institute for Statistics (UIS), national statistics offices 1.2 UIS, national statistics offices	

<b>Results</b>	<b>Results chain (@): Main expected results (maximum 10)</b>	<b>Indicators (@): (at least one indicator per expected result)</b>	<b>Baselines (values and years)</b>	<b>Targets (values and years)</b>	<b>Sources of data</b>	<b>Assumptions</b>
<b>Outcome 2</b>	2 To safeguard the livelihoods of the population.	2.1 Number of smallholders reached with EU supported interventions aimed to increase their sustainable production, access to markets and/or security of land 2.2 Agricultural and pastoral ecosystems where sustainable management practices have been introduced with EU support (ha)	2.1 TBD 2.2 TBD	2.1 TBD 2.2 TBD	2.1 WB 2.2 FAO	
<b>Output 1 related to Outcome 1</b>	1.1. Continued access to health and nutrition services by the population, particularly women, children and vulnerable people including IDPs and returnees.	1.1.1 Proportion of the population that maintains access to the Basic Package of Health Services and the Essential Package of Hospital Services (Percentage) disaggregated by age group, sex, 1.1.2 Number of children reached with Polio Vaccine (disaggregated by sex, disability, displacement status and age group). 1.1.3. Number of people reached by vaccination for Covid-19. 1.1.4. Number of women/girls reached with SRHR services.	1.1.1 TBD 1.1.2 TBD	1.1.1 TBD 1.1.2 TBD	1.1.1 Health Management Information System (HMIS) report for establishment of new health facilities 1.1.2 Project progress reports	

Results	Results chain (@): Main expected results (maximum 10)	Indicators (@): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
<b>Output 2 related to Outcome 1</b>	1.2 Continued access to quality primary and secondary education in safe learning environments, in particular for girls.	1.2.1 Number of school-aged boys and girls enrolled in quality, equitable and inclusive basic education disaggregated by age group, sex, disability and displacement status. 1.2.2 Number of education spaces supported by EU that meet protection and well-being standards (Number of) 1.2.3 Number of schools/classrooms rehabilitated/constructed with EU support that meet inclusive, safety and well-being standards (disaggregated by geographical location - region, urban/rural, and by level of education) (Number of) 1.2.4 Number of teachers practicing safe, inclusive and protective education (disaggregated by geographical location - region, urban/rural, and sex)	1.2.1 1.2.2	1.2.1 1.2.2	1.2.1 Project progress reports 1.2.2 Project progress reports 1.2.3 Project progress reports	
<b>Output 1 related to Outcome 2</b>	2.1 Safeguarded community-based employment and income-generating opportunities as well as economic activities and opportunities for MSMEs,	2.1.1 Number of jobs, supported/sustained by the EU 2.1.2 Number of beneficiaries with access to financial services	2.1.1 TBD 2.1.2 TBD 2.1.3 TBD	2.1.1 2.1.2	2.1.1 Project progress reports	

<b>Results</b>	<b>Results chain (@): Main expected results (maximum 10)</b>	<b>Indicators (@): (at least one indicator per expected result)</b>	<b>Baselines (values and years)</b>	<b>Targets (values and years)</b>	<b>Sources of data</b>	<b>Assumptions</b>
	including female-headed MSMEs	with EU support disaggregated by sex, 2.1.3 Number of people who have benefited from institution or workplace based vocational education and training (VET)/skills development Interventions supported by the EU disaggregated by age group, sex,			2.1.2 Project progress reports 2.1.3 Project progress reports	
<b>Output 2 related to Outcome 2</b>	2.2 Enhanced food security and enabled sustainable food production and processing, and food diversification	2.2.1 Number of climate smart agriculture techniques introduced disaggregated by sex 2.2.2 Number of kitchen garden implemented disaggregated by sex 2.2.3 Number of orchards implemented disaggregated by sex 2.2.5 Number of feeder roads, stabilisation works, small scale irrigation, small scale energy generation (hydro, solar) introduced	2.2.1 TBD 2.2.2 TBD 2.2.3 TBD 2.2.4 TBD 2.2.5 TBD	2.2.1 TBD 2.2.2 TBD 2.2.3 TBD 2.2.4 TBD 2.2.5 TBD	2.2.1 Project progress reports 2.2.2 Project progress reports 2.2.3 Project progress reports 2.2.4 Project progress reports 2.2.5 Project progress reports	

## **4 IMPLEMENTATION ARRANGEMENTS**

### **4.1 Financing Agreement**

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country.

### **4.2 Indicative Implementation Period**

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 24 months from the date of adoption by the Commission of this financing decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

### **4.3 Implementation Modalities**

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures<sup>7</sup>.

#### **4.3.1 Indirect Management with international organisations**

Part of this action may be implemented in indirect management with one or more entities drawn from the United Nations specialised agencies (e.g. UNDP, UNICEF, UNHCR, WHO) and/or the World Bank Group. These envisaged entities will be selected according to the new aid architecture being developed in Afghanistan, their consolidated expertise in the different areas of intervention of the Action, their readiness to comply with the approach agreed by Development ministers on 11 October 2021, and their previous experience in running similar programmes in Afghanistan before 15 August 2021 or in similar crisis situations. The implementation by this/these entity(ies) entails contributing to both specific objectives 1 and 2.

If negotiations with the above-mentioned entities fail, that part of the action may be implemented in indirect management with alternative entity(ies) which will be selected by the Commission's services using the following criteria:

- Significant presence inside Afghanistan in the current circumstances;
- Proven experience as EU implementing partner;
- Relevant technical expertise in the sectors tackled by this Action;
- Previous experience in conflict-affected countries and operations focusing on direct basic needs and livelihoods assistance.

In case the envisaged entities would need to be replaced, the Commission's services may select a replacement entity using the same criteria. If an entity is replaced, the decision to replace it needs to be justified.

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<sup>7</sup> [www.sanctionsmap.eu](http://www.sanctionsmap.eu). Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

#### **4.3.2 Grants: (direct management)**

##### **(a) Purpose of the grant(s)**

The objectives of the grant, fields of intervention, priorities and expected outcomes are described under section 3.

The grants are expected to focus on direct basic needs and livelihoods assistance, building on ongoing humanitarian actions.

The implementation by this/these entity(ies) entails contributing to (i) specific objective 1, including activities such as the provision of mental health services, support to disabled persons, nutrition services and potentially, certain activities in the field of education; and (ii) specific objective 2, including support to economic activities at community level. Grant applicants will in particular need to create synergies with other activities funded under EU Afghanistan crisis response and particular other activities under the Afghanistan essential services and livelihoods stabilisation programme.

##### **(b) Type of applicants targeted**

In order to be eligible for the grant, applicants must:

- be legal persons; and
- be non-profit-making; and
- be an international organisation as defined by Article 156 of the EU Financial Regulation; or
- a non-governmental civil society organisation established in a Member State of the EU or an eligible country as per Article 28 of the Regulation (EU) 2021/947<sup>8</sup>; and
- be directly responsible for the preparation and management of the action with the co-applicant(s) and affiliated entity(ies), not acting as an intermediary and
- be operational (i.e. already managing a project and/or have an office) in Afghanistan.

#### **4.3.3 Scope of geographical eligibility for procurement and grants**

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) of Regulation (EU) 2021/947 .

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<sup>8</sup> Regulation (EU) 2021/947 of the European Parliament and of the Council of 9 June 2021 establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe, amending and repealing Decision No 466/2014/EU and repealing Regulation (EU) 2017/1601 and Council Regulation (EC, Euratom) No 480/2009 (Text with EEA relevance), *OJ L 209, 14.6.2021, p. 1–78*.

#### 4.4 Indicative Budget

<b>Indicative Budget components<sup>9</sup></b>	<b>Indicative EU contribution (amount in EUR)</b>
<b>Implementation modalities</b>	
Indirect management with international organisations	16 000 000
Direct management (grants)	37 000 000
<b>Totals</b>	<b>EUR 53 000 000</b>

#### 4.5 Organisational Set-up and Responsibilities

Some of the activities may be carried out through multi-donor Trust Funds managed by International organisations. Should that be the case, the EU is expected to participate in their governance according to its financial participation to them.

Project Steering Committees involving the *de facto* authorities are not envisaged at this stage.

### 5 PERFORMANCE MEASUREMENT

#### 5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews). In particular, third party monitoring on both technical and financial aspects would probably be more suitable (particularly with reference to the components linked to provision of social services through cash incentives).

Monitoring will assess gender equality results and the implementation of the rights based approach working principles (applying all human rights for all; meaningful and inclusive participation and access to decision-making; non-discrimination and equality; accountability and rule of law for all; and transparency and access to information supported by disaggregated data). Monitoring will be based on indicators that are disaggregated by sex, age and disability when applicable.

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<sup>9</sup> N.B: The final text on audit/verification depends on the outcome of ongoing discussions on pooling of funding in (one or a limited number of) Decision(s) and the subsequent financial management, i.e. for the conclusion of audit contracts and payments.

## **5.2 Evaluation**

Having regard to the importance of the action, a final evaluation will be carried out for this action or its components contracted by the Commission.

It will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that this is a focusing on health service delivery in an extremely volatile and fragile context. The lessons learnt from this project could greatly support development cooperation efforts not only in Afghanistan but also in other fragile contexts.

The Commission shall inform the implementing partner at least two months in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Any evaluation will assess gender equality results and the implementation of the rights based approach working principles (applying all human rights for all; meaningful and inclusive participation and access to decision-making; non-discrimination and equality; accountability and rule of law for all; and transparency and access to information supported by disaggregated data).

The financing of the evaluation shall be covered by another measure constituting a Financing Decision.

## **5.3 Audit and Verifications**

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

## **6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY**

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

It will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes

concerned. Instead, these resources will be consolidated in Cooperation Facilities established by support measure action documents, allowing EU Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

In the specific context of this Action, public communication will need to be carried out very prudently and attentively in order to explain the EU's approach well, the direct support to the population and distancing from the *de facto* authorities.