



Australian Government
Department of Foreign Affairs and Trade

**Australian
Aid** 



REGIONAL HUMANITARIAN STRATEGY FOR AFGHANISTAN AND PAKISTAN 2021–2024

January 2021

EXECUTIVE SUMMARY

The Regional Humanitarian Strategy for Afghanistan and Pakistan ('the Strategy') provides a strategic policy overview to guide Australia's humanitarian engagement and investments in Afghanistan and Pakistan from 2021 to 2024.

In August 2020, an independent Mid-Term Review of the first phase of the Strategy (2018 to 2020) found that the Strategy was an appropriate, relevant, effective and efficient response to the protracted humanitarian crisis in Afghanistan and Pakistan. Through the first phase of the Strategy, Australia has delivered critical humanitarian assistance to displaced people and host communities on both sides of the border. The Mid-Term Review also found that substantial humanitarian need in both countries persists, and recommended that Australia continue multi-year contributions to existing partners through the regional approach to humanitarian assistance across Afghanistan and Pakistan.

Building on the first phase of the Strategy and the recommendations of the Mid-Term Review, this Strategy will:

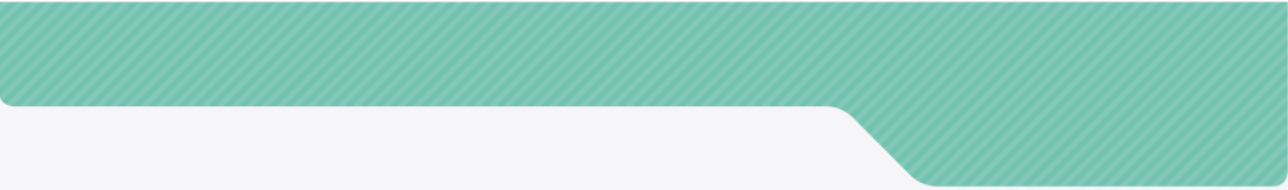
- continue to guide implementation of DFAT's humanitarian investments in Afghanistan and Pakistan, through trusted and effective partners with consideration to security, context and resourcing; and
- further enhance the strategic focus, effectiveness and efficiency of DFAT's engagement and coordination by focusing limited resources where we can make a real difference and where our efforts can complement and contribute to Australia's broader development and political objectives.

The protracted nature of challenges in the Afghanistan-Pakistan region mean that short-term humanitarian assistance alone is insufficient. Under this Strategy, DFAT will develop targeted, well-planned multi-year interventions through to 2024, and focus our humanitarian advocacy on three priority cross-cutting issues – gender, protection, and disability. The Strategy promotes Australia's leadership in responding to humanitarian crises and human displacement in our region, and contribution to global relief and recovery efforts as outlined in the *Partnerships for Recovery Strategy: Australia's COVID-19 Development and Response Plan*. Through this Strategy, we aim to achieve the following outcomes:

- affected people, particularly women and girls and people with disabilities, gain improved access to essential food, basic health services and protection through government and humanitarian programs; and
- households, particularly in displaced, returnee and host communities in border areas, have increased resilience.

DFAT will provide predictable, flexible and largely un-earmarked funding to address immediate humanitarian and protection needs in Afghanistan and Pakistan.¹ This will allow partners to fill gaps in response efforts to meet emerging priorities as they arise. Multi-year funding for Afghanistan will be channelled through the World Food Programme (WFP), UN Population Fund (UNFPA), and the Afghanistan Humanitarian Fund (AHF) managed by the UN Office for Coordination of Humanitarian Affairs (OCHA). This Strategy details humanitarian expenditure from the Afghanistan bilateral development program, with investments scalable where necessary. With the conclusion of Australia's bilateral development program to Pakistan in 2019-2020, humanitarian priorities in Pakistan will be supported by DFAT global funding where available and

¹ Funding will be ear-marked to the country level, but un-earmarked below this level. Therefore, funding is referred to as 'un-earmarked' throughout this Strategy.



as needs emerge. If required, including in response to sudden onset crises, additional ad-hoc allocations may be provided.

Investments in Afghanistan and Pakistan are inherently high risk. Only trusted, effective, partners with demonstrated experience in the context and robust risk management and safeguard policies have been selected. A risk assessment will be conducted and monitored over the life of the Strategy.

This Strategy implements the Foreign Policy White Paper's vision for Australia to play a leadership role in addressing humanitarian crises in our region. The design addresses the Foreign Policy White Paper's commitment to supporting displaced people close to their home, including to enable returns when conditions allow. It also emphasises the importance of addressing the particular needs of women and girls and people with disabilities, recognising they are disproportionately affected in conflict and disaster settings as well as the important role they have to play in leadership and decision-making related to humanitarian activities.

This Strategy is consistent with DFAT's Humanitarian Strategy, particularly its focus on building resilience and strengthening responses to protracted crises through effective humanitarian and development assistance that addresses the underlying causes of conflict, displacement and chronic vulnerability. The package also aligns with DFAT's Gender Equality and Women's Empowerment Strategy and Preventing Sexual Exploitation, Abuse and Harassment Policy and 'Development for All' Strategy for strengthening disability inclusive development.

CONTENTS

EXECUTIVE SUMMARY	1
BACKGROUND AND CONTEXT	2
Regional context	2
Afghanistan	3
Pakistan	6
Australia's Engagement	7
PROGRAM APPROACH	8
Strategic focus and expected outcomes	8
Implementation arrangements	9
RISK MANAGEMENT AND GOVERNANCE ARRANGEMENTS	15
Governance, Monitoring and Evaluation	15
Risk management	16
Advocacy and visibility	18
ANNEXES	ERROR! BOOKMARK NOT DEFINED.
Program Logic	21

BACKGROUND AND CONTEXT

REGIONAL CONTEXT

Afghanistan and Pakistan have experienced protracted conflict and insecurity for nearly forty years, accompanied by high levels of displacement, creating one of the world's largest humanitarian crises. In 2021, almost 46 per cent of the population (18.4 million of a total population of around 40 million people) need humanitarian assistance in Afghanistan², triple the number since the first phase of the Strategy was implemented. An additional 36.4 million people are persistently and chronically vulnerable to food insecurity, and highly exposed to natural hazards in Pakistan,³ with needs exacerbated by sudden onset natural disasters and the reduction in humanitarian architecture and donor funding in country since 2019.

At the end of 2020, approximately five million Afghans who were displaced within Afghanistan since 2012 had not returned home.⁴ Around three million more are displaced in Iran (one million refugees,⁵ and up to two million undocumented), and more than 2.6 million in Pakistan (1.4 million registered refugees,⁶ 840,000 Afghan Citizen Cardholders, and at least 460,000 undocumented).⁷ The economic downturn in the region due to COVID-19 triggered record numbers of voluntary and involuntary return of migrants back to Afghanistan from Iran.⁸ 2020 was the largest ever return year on record with almost 860,000 Afghans returning from Iran alone. Returnees add to the increasing numbers of conflict-induced internally displaced people (IDPs) in Afghanistan, with over 400,000 new IDPs in Afghanistan in 2020 alone.⁹ In contrast, with 6,700 returnees, 2020 was one of the lowest years on record for Afghans returning from Pakistan. A deterioration in the security situation in Afghanistan is also likely to result in further flows of people back into Pakistan.

² OCHA, [Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, January 2021](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf);
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf

³ OCHA, [Humanitarian Response Plan, Pakistan 2020](#)

⁴ Displacement Tracking Matrix, International Organisation for Migration

⁵ UNHCR, [The Support Platform for the Solutions Strategy for Afghan Refugees - A Partnership for Solidarity and Resilience](#)

⁶ UNHCR, [Pakistan](#)

⁷ Advice from International Organisation for Migration, based on figures provided by Pakistan Government's Chief Commissionerate on Afghan refugees

⁸ OCHA, [Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, January 2021](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf);
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf

⁹ UNOCHA, <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>

In addition to displaced Afghans, Pakistan also has 106,000 temporarily displaced people from conflict and violence, and 15,000 people from disaster.¹⁰ This includes recent returnees to the north-west border regions (formerly known as the Federally Administered Tribal Areas, FATA) which are now known as Newly Merged Districts of Khyber Pakhtunkhwa (KP) province. Ongoing cross-border and internal displacement exceeds humanitarian partner assistance capacity and prompts protection concerns. In addition, both countries are at high risk of sudden onset crises, including earthquakes and flooding. Afghanistan and Pakistan were rated second and 22nd respectively (out of 191 countries) in terms of vulnerability to humanitarian crises.¹¹ The impact of recurrent crises is compounded by challenging security environments, which limit humanitarian access and complicate operations and monitoring, and reduce coping capacities of communities and governments.

The COVID-19 pandemic has escalated the existing humanitarian challenges in Afghanistan and Pakistan. Both countries are managing the negative impacts of the pandemic on health systems, livelihoods and food security, particularly for the poorest in their societies and especially on women and girls and people with disabilities.

AFGHANISTAN

Decades of war have devastated human, physical, social and institutional infrastructure in Afghanistan. The spread and intensity of the current conflict and repetitive sudden onset crises, force new and repeated displacement, increasing humanitarian need and challenging development gains. OCHA estimates that in 2021, 15.7 million people (of a total 18.4 million people in need) are acutely vulnerable and will be targeted with humanitarian assistance. This represents almost a six-fold increase in the number of acutely vulnerable people targeted compared to 2018 when the multi-year HRP was launched.¹² In 2020, Afghanistan was ranked amongst the top five countries globally with the highest risk of humanitarian crisis and disaster, for the fifth year in a row.¹³

Civilians bear the brunt of conflict, and UNAMA has assessed that despite recording the lowest number of civilian casualties (2,117 killed and 3,822 injured) in the first nine months of 2020 compared to any year since 2012, the conflict in Afghanistan remains one of the deadliest in the world for civilians. Children accounted for 31 per cent, and women 13 per cent, of all civilian casualties in the first nine months of 2020. Anti-government elements were reported to be responsible for the majority (58 per cent) of civilian casualties in the first nine months of 2020 (similar levels to the same period in 2019), but there was the increase (by 25 per cent) in civilians killed and injured attributed to the Afghan National Army during this period.¹⁴

The signing of the United States - Taliban agreement in February 2020 brought about temporary reductions in violence, including the Eid ceasefire, but by June 2020 both the Afghan National Security and Defence Forces and the Taliban had resumed conflict activity. In 2020, for the second year running, the Global Peace Index ranked Afghanistan as the least peaceful country in the world. Ongoing uncertainty around the future of the US-Taliban agreement, intra-Afghanistan peace talks and the intentions of other non-state armed

¹⁰ [Internal Displacement Monitoring Centre, Pakistan](#)

¹¹ [INFORM, Index for Risk Management 2020-21](#)

¹² [OCHA, Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, January 2021; https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf)

¹³ [European Commission, INFORM Report 2020, Shared Evidence for Managing Crises and Disasters](#)

¹⁴ [UNAMA, Afghanistan: Protection of Civilians in Armed Conflict, Third Quarter Report: 1 January to 30 September 2020](#)

groups, primarily Islamic State of Khorasan Province (ISKP), create a highly dynamic security situation and the potential for a widespread protection crisis and mass irregular migration, which will place additional strains at border crossings.

As at December 2020, it was estimated there were 4.9 million internally displaced persons from both conflict and disasters in Afghanistan who have not returned to their home.¹⁵ In January 2021, OCHA reported an additional 400,000 people were newly displaced during 2020, 80 per cent of whom are women and children who are more likely to face abuse and exploitation.¹⁶ People with disabilities are also overrepresented among those who are in humanitarian need in Afghanistan and face additional barriers accessing humanitarian and development assistance.

The humanitarian crisis in Afghanistan has also been exacerbated by the impacts of the COVID-19 pandemic. Regional COVID-19 lockdown measures and resulting economic hardship drove unprecedented surges in cross-border returnees to Afghanistan, with 115,410 people returning from Iran in a two-week period in March 2020 alone, marking the highest recorded fortnightly return numbers.¹⁷ Efforts to contain the spread of the virus in Afghanistan through border closures, lockdowns and physical distancing have also reduced incomes for almost all Afghans, impeded access to markets, and contributed to food shortages and high food prices. An Integrated Food Security Phase Classification Analysis reported that the number of people in “crisis” and “emergency” levels of food insecurity had risen from 13.9 million in November 2019 to 16.9 million (42 per cent of the population) in November 2020.¹⁸ La Niña weather conditions in 2021 may see this situation worsen with low precipitation, snow fall and soil moisture, leading to a shortfall in the wheat yield and depleted livestock pasture.

During the COVID-19 pandemic, cases of violence against women and girls have also increased,¹⁹ from already very high rates (87 per cent of Afghan women experience at least one form of physical, sexual or psychological violence),²⁰ with rates likely higher for women with disabilities.²¹ COVID-19 also forced the suspension of the government’s polio vaccination program, with Afghanistan and Pakistan being the last two countries in the world where wild poliovirus still circulates. Reduced routine immunisation services during the pandemic also present an additional risk with the potential to result in outbreaks of vaccine-preventable diseases and further stress on an overwhelmed health system.

Even prior to the COVID-19 pandemic, consecutive crises had strained the health system and compromised access to quality health services and nutrition. According to OCHA, only 30 per cent of the population living in hard-to-reach and conflict-affected areas have access to essential health services. Women are particularly affected as some 75 per cent of the female population live in rural areas, some of them hard-to-reach.²²

Decades of chronic undernutrition has been exacerbated by ongoing conflict and displacements, inadequate household food security and insufficient maternal and child health care. Nearly one in two children under

¹⁵ [Internal Displacement Monitoring Centre, Afghanistan Country Information](#)

¹⁶ [OCHA, Afghanistan: Snapshot of Population Movements \(January to December 2020\), 23 January 2021](#)

¹⁷ [OCHA, Global Humanitarian Overview: Afghanistan Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, Mid-Year Monitoring Report, January to June 2020](#)

¹⁸ [OCHA, Global Humanitarian Overview: Afghanistan Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, Mid-Year Monitoring Report, January to June 2020](#)

¹⁹ [UNAMA, Report: ‘In Search of Justice for Crimes of Violence Against Women and Girls’, December 2020](#)

²⁰ [UNFPA, Afghanistan: Gender-based violence](#)

²¹ [UN Women, Gender Alert on COVID-19 Afghanistan, 25 June 2020](#)

²² [OCHA, Afghanistan Humanitarian Needs Overview, Humanitarian Programme Cycle, January 2020](#)

five (3.1 million children out of 7 million) and one in four pregnant and lactating women is now facing acute malnutrition and requires life-saving treatment services. Additionally, 15.3 per cent of infants under six months are affected by wasting, 6.2 per cent of whom are severely wasted. 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. Roughly 14 per cent of all acute malnourishment in Afghanistan is due to COVID-19.²³ Infant mortality is high (47 deaths out of 1,000 live births),²⁴ and maternal mortality rates are amongst the highest in the world (638 maternal deaths per 100,000 live births).²⁵

The ongoing conflict, specific health issues (including polio), and poor access to necessary health care have contributed to Afghanistan having one of the world's largest per capita rates of disability, with 79 per cent of adults and 17 per cent of children estimated to live with some form of disability.²⁶ People with a disability in Afghanistan experience discrimination, exclusion and neglect, and face significant barriers to education, employment and health care.²⁷ The intersectionality between gender, age, poverty and disability contributes to greater marginalisation with women and girls with disabilities in Afghanistan facing multiple layers of discrimination, leaving them more likely to be excluded from labour force participation and putting them at a higher risk of gender-based violence, neglect, sexual abuse and exploitation.

In November 2020 at the Geneva Conference on Afghanistan, the Afghanistan Government released the second *Afghanistan National Peace and Development Framework* (ANPDF II, 2021–2025), which focuses on three broad objectives of peace-building, state-building and market-building as the foundations for stability and sustainable development in Afghanistan. This is supported by the National Policy Framework for Returnees and IDPs, and the Citizens' Charter National Priority Programme,²⁸ both of which recognise the importance of durable solutions for displaced and returnee Afghans to achieve long-term resilience and development. The Government of Afghanistan, supported by humanitarian and development partners, address the protection of IDPs in protracted displacement and of returnees by focusing on programming at the nexus between humanitarian, peace and development to achieve durable solutions and inclusive development.

²³ OCHA HNO 2021

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afghanistan_humanitarian_needs_overview_2021.pdf

²⁴ UNICEF, *Afghanistan: Key demographic indicators*

²⁵ UNFPA, News: 'Midwives on the front lines working to reverse Afghanistan's high maternal death rate', 21 October 2020; and *Maternal mortality rates and statistics - UNICEF DATA*

²⁶ OCHA, *Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, Mid-Year Monitoring Report, January to June 2020*

²⁷ *Human Rights Watch, Afghanistan: 'Women with Disabilities Face Systemic Abuse', 27 April 2020*

²⁸ *UNHCR Afghanistan and Ministry of Refugees and Repatriations, 'Afghanistan: Priority Areas of Return and Reintegration: A synopsis'*

PAKISTAN

Pakistan has a fast-growing population, estimated to be over 221 million people,²⁹ and faces significant risk of natural hazards. OCHA estimated in 2020 that 36.4 million people were persistently and chronically vulnerable to food insecurity and highly exposed to natural hazards and shocks.³⁰ COVID-19 has exacerbated these challenges with many economically vulnerable refugees and displaced people in the border areas relying on daily wages or other support.

Pakistan has experienced the second largest and longest protracted refugee crisis in the world, hosting millions of Afghans fleeing conflict in Afghanistan for more than forty years. The Government of Pakistan is cooperating with the Government of Afghanistan and the UNHCR to ensure dignified and voluntary returns of Afghans to Afghanistan under the Solutions Strategy for Afghan Refugees (SSAR). However, uncertainty surrounding the Afghan peace talks, escalating violence and lack of access to basic services and livelihoods in Afghanistan, as well as COVID-related restrictions on movement, meant 2020 saw the lowest number of voluntary returns since 2002. Australia, through the International Organization for Migration (IOM), supported the Government of Pakistan to issue 840,000 Afghan Citizen cards in 2017-18, which allow Afghans to temporarily remain in Pakistan. In September 2020, Pakistan expanded the availability of visas for Afghans wishing to visit Pakistan. Those that have returned need humanitarian assistance until basic services and conflict-affected infrastructure are restored. There are significant protection, health and food security needs for IDPs, Afghans and host communities. Almost 37 per cent of the population is food insecure, with an estimated 15 million pregnant and lactating women and 24 million children under-nourished,³¹ and 44 per cent of children under five stunted.³² Food insecurity is highest in former FATA. Approximately 1.4 million people (or 35 per cent of the former FATA population) do not have enough access to meet basic consumption needs.³³ Maternal mortality rates (178 deaths per 100,000 live births)³⁴ and infant mortality rates (42 per 1,000 live births) remain high.³⁵ In 2020, Pakistan ranked 151 out of 153 on the Global Gender Gap Index with rates of violence high and access to support low.³⁶

Persons with disabilities form Pakistan's largest overlooked minority, with estimates of up to 27 million. These estimates are expected to be an underestimation considering factors particular to the country which are likely to contribute to increased prevalence, including high poverty rates, the prevalence of endemic debilitating diseases (including malaria, dengue fever and polio) and injuries sustained through natural disasters and conflict.³⁷

There remains obstinate and occasionally violent distrust of the polio vaccine amongst Pashtun communities which routinely cross the Afghanistan-Pakistan frontier. The security environment and complex access procedures in parts of Pakistan limit humanitarian partner access to IDPs and displaced Afghans in border regions, complicating operations, and restricting monitoring.

More broadly, Pakistan faces ongoing threats to livelihoods from natural disasters and climate-induced hazards, which may limit the support provided for protracted crises among donors. Floods, drought, major

²⁹ [United Nations Department of Economic and Social Affairs, Population Dynamics](#)

³⁰ [OCHA, Humanitarian Response Plan, Pakistan 2020](#)

³¹ [Pakistan Ministry of National Health Services, National Nutrition Survey 2019](#)

³² [Pakistan Ministry of National Health Services, National Nutrition Survey 2019](#)

³³ [WFP, Pakistan, Comprehensive Food Security and Livelihood Assessment 2020](#)

³⁴ [Pakistan National Institute of Population Studies, Maternal Mortality Survey 2019](#)

³⁵ [Pakistan National Institute of Population Studies, Maternal Mortality Survey 2019](#)

³⁶ [World Economic Forum, 2019](#)

³⁷ [The Economist Intelligence Unit, 'Moving from the margins: Mainstreaming persons with disabilities in Pakistan', August 2014](#)

snowstorms, earthquakes and landslides have all occurred in recent years and led to a proliferation of humanitarian responses. Looking ahead, the predicted La Niña could result in reduced snowfall in the northern parts of the country which would reduce irrigation supplies downstream, negatively affecting crop production and leading to food insecurity. Locust infestation is an ongoing threat; while the 2020 infestation was brought under control, there remains the risk of isolated infestations in Balochistan.

AUSTRALIA'S ENGAGEMENT

Australia has positioned itself as a credible and effective humanitarian donor in the region. We have provided predictable multi-year and emergency humanitarian funding to Afghanistan since 2014 and to Pakistan since 2016. This has addressed humanitarian needs and built the resilience of the most vulnerable including displaced people, women and girls, older persons and people with disability. Our assistance has been provided alongside immediate responses to sudden-onset disasters, and longer-term broader development programs which focus on agriculture, health/nutrition, education, gender equality and governance to support peace, stability and sustainable, inclusive economic growth.

Australia has provided \$199.7 million to Afghanistan (\$134.1 million) and Pakistan (\$65.6 million) since 2014, including \$72 million under the first phase of the Regional Humanitarian Strategy in partnership with the AHF (managed by OCHA), WFP, and UNFPA. Our humanitarian assistance in Afghanistan increased in response to the 2018 drought to help meet the food security needs of over 362,000 people through food, cash and voucher distributions, and provided sexual and reproductive health and gender-based violence services to over 270,000 people. In addition, 137,000 people received protection services, and an additional 162,000 received health services. Australia also has a long history of supporting Pakistan including the Mirpur earthquake in Pakistan-Administered Kashmir in November 2019 and responding to the Balochistan snow emergency in January 2020. In 2019-20 our support for WFP reached 69,800 beneficiaries, including women and children, who received cash transfers and nutrition-specific services.

Our humanitarian contributions make us a moderately sized donor in Afghanistan and Pakistan – below the United States and United Kingdom, but comparable to similarly sized countries (e.g. the Nordic states). Despite our modest size, Australia's approach ensures we are viewed as a key partner by governments and other donors. The Mid-Term Review of the first phase of the Regional Humanitarian Strategy for Afghanistan and Pakistan acknowledged the strength of DFAT's management of partners and influence across the humanitarian response, and high-performing DFAT staff were credited with contributing to improved performance of two key partners (OCHA AHF in Afghanistan and UNFPA in Pakistan) and leveraging additional funding from other donors.

At the 2020 Geneva Conference on Afghanistan, Australia made a non-binding pledge of up to \$200 million over 2021-2024, with \$52.5 million in development and humanitarian assistance for 2020-21. In line with these commitments, the Australian development program, through this Strategy, will allocate \$11 million annually from the bilateral Afghanistan development budget for humanitarian activities in Afghanistan (around 20 per cent of the bilateral ODA program). In Pakistan, a forward pipeline of funding through UNFPA and WFP may be supplemented by ad-hoc allocations in response to changes in the context or emerging crises.

PROGRAM APPROACH

STRATEGIC FOCUS AND EXPECTED OUTCOMES

Consistent with the Government's 2017 Foreign Policy White Paper, Australia has major security, political and humanitarian interests in contributing to solutions to, and mitigating the impacts of, the protracted humanitarian crises in Afghanistan and Pakistan. Our objective is to contribute to the international humanitarian effort to meet humanitarian needs of vulnerable people in Afghanistan and Pakistan, including displaced people and host communities, assisting them to become more resilient and promote stabilisation in the region. This includes implementing the Foreign Policy White Paper commitment to supporting displaced people close to their home, including to enable returns when conditions allow.

In August 2020, an independent Mid-Term Review of the first phase of the Strategy (2018 to 2020) found that the Strategy was an appropriate, relevant, effective and efficient response to the protracted humanitarian crisis in Afghanistan and Pakistan. Through the first phase of the Strategy, Australia has delivered critical humanitarian assistance to displaced people and host communities on both sides of the border. The Mid-Term Review also found that substantial humanitarian need in both countries persists, and recommended that Australia continue multi-year contributions to existing partners through the regional approach to humanitarian assistance across Afghanistan and Pakistan.

Building on the first phase of the Strategy and the recommendations of the Mid-Term Review, this Strategy will contribute to two outcomes:

- 1. Affected people, particularly women and girls and people with disabilities, gain improved access to essential food, basic health services and protection through government and humanitarian programs.**

We will build on our investment under the first phase of the Strategy to continue to support trusted partners working in food security and health, specifically to provide assistance to women and girls and people with disabilities to meet protection needs. This will support the objectives of the Afghanistan and Pakistan COVID-19 Development Response Plans, to respond to exacerbated health, stability and economic needs as a result of the pandemic, with an ongoing focus on women and girls and people with disabilities. This sectoral focus also leverages our existing Afghanistan bilateral investments in ending violence against women (EVAW) and agriculture, capitalising on Australian expertise, strengthening our capacity to monitor and evaluate investments, enhancing the impact of development assistance, and building resilience by bridging the divide between humanitarian and development efforts. By prioritising women's empowerment and participation, investments also contribute towards the global and national women, peace and security agendas. Australia is committed to ensuring all populations affected by humanitarian crisis, including those most vulnerable, have equitable access to its humanitarian assistance.

2. Households, particularly in displaced, returnee and host communities in border areas, have increased resilience.

Investments under the Strategy will support the delivery of lifesaving services to displaced people, returnees and their host communities on both sides of the Afghan-Pakistan border, including vaccinations and sexual and reproductive health services. The regional approach of our humanitarian assistance will complement Australia's security, stabilisation, irregular migration, and counter-terrorism/countering violent extremism priorities in the region. Instability undermines economic growth, discourages investment and results in high unemployment rates, particularly amongst youth. There are also links between high rates of gender inequality and levels of instability. Providing assistance in food security, basic health services and protection in targeted populations will support stability by empowering women and youth, and reduce the pressures from displacement, food scarcity and rapid population growth that may undermine government legitimacy, fuel further conflict and drive recruitment by anti-government groups.

The Strategy aligns with Afghanistan's priorities under the Afghanistan National Peace and Development Framework II (ANPDF 2021-2025), the 2017 Zero Hunger Strategic Review, National Policy Framework for Returnees and IDPs and Citizens' Charter, which focuses on reintegrating IDPs and returnees by providing needs-based assistance including to host communities. It supports Pakistan Government priorities including Pakistan's Vision 2025, the FATA Sustainable Return and Rehabilitation Strategy (2015), the Repatriation and Management Policy for Afghan Refugees (2017) and the SSAR.

The Strategy is based on our assessment of the dynamics of this protracted crisis over the next four years. It is anticipated the objectives and outcomes will remain valid for the life of the Strategy, although variation may be required. As such, we will provide flexible, un-earmarked funding where possible to facilitate rapid and flexible responses to changing needs and enable partners to increase effectiveness and better plan activities. Multi-year funding strengthens our ability to work with partners to improve reporting, visibility of Australian assistance and in-country coordination; leverage global partnerships and advocate on humanitarian reform. This aligns to commitments made in the Australian Government's 2017 Foreign Policy White Paper and Humanitarian Strategy, Australia's commitments under the Grand Bargain, and to Good Humanitarian Donorship Principles and Practices, as well as the Charter on Inclusion of Persons with Disabilities in Humanitarian Action and the Inter-Agency Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action. Our humanitarian investments will also support both displaced and hosting communities, in line with Australia's commitment to support more comprehensive responses to displacement under the Global Compact for Refugees.

IMPLEMENTATION ARRANGEMENTS

Under this Strategy, we will fund a series of investments over four calendar years, 2021 to 2024. Additional ad-hoc allocations to Afghanistan and Pakistan may be provided as new priorities emerge or the context changes, including sudden onset crises. We will continue to limit the number of partners to avoid excessive fragmentation, reduce management and administrative burdens, and improve efficiency and effectiveness. All partners will be required to deliver assistance in line with global humanitarian and do-no-harm principles, integrate gender and disability inclusion, and to demonstrate a commitment to effective regional and country coordination with government and humanitarian partners.

DFAT has taken a regional approach to managing its humanitarian response in Afghanistan and Pakistan. This approach was designed in 2018, when large people movements were expected across the Afghanistan–Pakistan border. There remains a symbiotic relationship between the humanitarian needs of both countries, given cross border tribal links, and with Pakistan hosting 2.6 million displaced Afghans. The implementation of the regional approach is characterised by the regional Strategy design, annual regional meetings with partners, and combined internal processes, including annual quality checks. The Mid-Term Review found that the annual regional meetings instituted under the first phase of the Strategy initiated regional reflections and relationships and were highly valued by implementing partners, and the annual regional meetings will continue to be a key feature of the second phase of the Strategy. These meetings will be held virtually, until face-to-face meetings are feasible in the post-COVID-19 context. These are supported by regular engagement with partner headquarters in Geneva, Rome and New York and through annual High Level Consultations with partners at the headquarters level.

The security situation restricts access, implementation and monitoring across the whole of Afghanistan and parts of Pakistan (particularly regions bordering Afghanistan –Balochistan, and KP including former FATA) for Australian Government and partner staff. DFAT will work through existing, trusted multilateral partners, the WFP, UNFPA and OCHA. These agencies have demonstrated effectiveness in responding to this regional crisis; have robust security, financial and risk management systems; and align with DFAT’s development program and that of the Governments of Afghanistan and Pakistan. Selected partners hold Strategic Partnership Arrangements with DFAT, through which high-level engagement on global and country-level priorities will supplement in-country engagement. These investments build on DFAT’s humanitarian response to date and wider Australian Government support to the region.

The Strategy and associated investments prioritise gender and disability inclusion. DFAT has selected partners to deliver specialised support to strengthen gender equality, set requirements for and support quality collection and use of sex, age and disability disaggregated data, and which are committed to engaging in strategic advocacy and policy dialogue on these priorities. Where appropriate and relevant, DFAT will also introduce clauses within funding agreements which require partners to develop ‘Action Plans’ for Gender and Disability Inclusion within a specified timeframe. The Strategy will be implemented in accordance with DFAT’s Gender Equality and Women’s Empowerment Strategy and Preventing Sexual Exploitation, Abuse and Harassment Policy and ‘Development for All’ Strategy for strengthening disability inclusive development. In response to the Mid-Term Review findings on the need for an intersectional approach to inclusion, DFAT recognises that gender and disability are overlapping and interdependent and that individuals experience vulnerability in different ways. Our investments will seek to target more vulnerable groups of women, including girls and older women, women with disabilities, and pregnant and lactating women.

The Strategy also demonstrates Australia’s commitment to strengthening the humanitarian system, particularly by localising our assistance and improving accountability to affected populations (AAP). To support localisation and AAP outcomes across the Strategy, DFAT has selected partners that have established and productive relationships with local humanitarian actors, and are committed to engaging in policy dialogue on these priorities. Where appropriate and relevant, DFAT has also introduced obligations within funding arrangements which require partners to plan for and demonstrate progress towards localisation and AAP. These measures recognise the benefit of engaging all stakeholders, with their comparative advantages, to promote more enduring peace and stability, drive economic growth, reduce poverty and build resilience. Funds will be disbursed annually over the four calendar years of the Strategy, contingent on satisfactory results through DFAT’s Investment Monitoring Reporting process and subject to annual government budgetary appropriations.

WORLD FOOD PROGRAMME (WFP)

Australia's largest humanitarian partner, WFP, is a long-standing partner in Afghanistan and Pakistan. DFAT's humanitarian funding to WFP will complement our development programming and support global commitments, including Sustainable Development Goal 2: Zero Hunger and COP-21. DFAT has flagship development programs in agriculture, rural resilience and nutrition, which endeavour to improve food security and the resilience of vulnerable populations in Afghanistan and Pakistan. This recognises the long-term multiplier benefits of food security and adequate nutrition for individual development and country and regional peace and stability. It also recognises the cause and consequence links between food insecurity and malnutrition with disability.

Funding will be earmarked to the country level to support WFP's Country Strategic Plan (CSP) in Afghanistan, with the potential for ad-hoc allocations to Pakistan on an as-needed basis. Both CSPs were developed following extensive consultation with host governments, affected communities, donors and the humanitarian community. The CSPs incorporate lessons learned from previous operations and align with host government priorities including Afghanistan's National Peace and Development Framework II (ANPDF 2021-2025) and 2017 Zero Hunger Strategic Review, and Pakistan's Vision 2025 and FATA Sustainable Return & Rehabilitation Strategy (2015). WFP has also recently developed a Disability Inclusion Roadmap (2020–2021) which will guide DFAT's investments to support people with disabilities.

Supporting WFP contributes to Outcome 1 of the Strategy, by supporting improved food security and nutrition of vulnerable communities and building government capacity. Supporting WFP also contributes towards Outcome 2 by encouraging cross-border coordination and mitigating some of the displacement pressures caused by food scarcity and enhancing community and household resilience. WFP has demonstrated its commitment to localisation, implementing through trusted effective local NGO partners, with a commitment to build the capacity of the local community and government.

The Mid-Term Review found that WFP is able to provide food assistance at scale in challenging contexts and has the logistical and security systems in place to continue to deliver high-quality programs.

Afghanistan – \$8 million annually (\$32 million over four years until 2024)

The overarching objective of WFP's Afghanistan CSP current (2018-2022) is to 'support Afghanistan to achieve Zero Hunger by 2030 in a manner that contributes to the broader transition to peace and development'. The CSP will deliver against six strategic outcomes: emergency response, resilient livelihoods, malnutrition prevention and treatment, nutritional value chains, policy coherence, and common services and platforms. Interventions focus on bridging humanitarian and development assistance to support efforts for peace and stability, attempting to reduce hunger and resulting desperation that can further fuel tensions and conflict. Gender equality, protection and accountability to affected populations are cross-cutting and Household Targeting and Vulnerability Criteria include specific focus on people with disability, women and children.

Pakistan

The WFP's Pakistan CSP will contribute to lifting the most vulnerable out of poverty and food insecurity by providing the building blocks to realise gender equality and improve nutrition outcomes of the current generation to reduce malnutrition in future generations. It will also bolster Pakistan's systems (such as the Government's Ehsaas social protection program) to manage and reduce the risks of shocks, such as COVID-19, safeguarding hard-won development gains. The CSP envisages a shift in focus from relief to development and delivers against five strategic outcomes: humanitarian response and early recovery, social protection and school feeding, nutrition, resilience, disaster risk reduction and integrated climate risk management, and strengthen government capabilities to provide food security and essential services. Social protection aspects support the most vulnerable, especially women and children and people with disabilities, through improved access to safe, nutritious and sufficient food.

UNITED NATIONS POPULATION FUND (UNFPA)

Humanitarian intervention to support essential primary health care including maternal and child health, sexual and reproductive health (SRH), family planning (FP), and gender based violence (GBV) response is needed to supplement and reinforce existing structures and prevent avoidable loss of lives and related complications.³⁸ Australia is a lead donor in Afghanistan and Pakistan advocating for gender equality and supporting EAW specific initiatives. Gender equality and protection are global priorities for Australia and DFAT's Humanitarian Strategy and the Foreign Minister has committed to supporting women and girls, particularly with SRH programming.

UNFPA is filling critical gaps in the provision of SRH and FP services and GBV prevention and response in targeted border provinces where need is highest. Balochistan has the highest rate of maternal mortality in Pakistan with 298 deaths per 100,000 live births, compared to the national average of 276 deaths per 100,000 live births. The ratio is also 26 per cent higher in rural areas (199 deaths per 100,000 live births), compared to urban areas (158 deaths per 100,000 live births).³⁹ Continued funding will help address shortfalls in this sector.

The vulnerabilities of youth during displacement are heightened due to many reasons including, but not limited to, a breakdown of social and cultural systems, absence of role models, disrupted friendships and education, exposure to violence, personal traumas and forced marriage. Youth and adolescents are particularly vulnerable to sexual and reproductive health threats during emergencies. These threats include a lack of basic information on sexual and reproductive health, higher risks of contracting STIs and HIV, exposure to GBV, risks of sexual violence and early sexual initiation and early and unwanted pregnancies (leading to teenage pregnancy or unsafe abortions).

DFAT humanitarian funding to UNFPA will contribute to Outcome 1 of the Strategy, by reinforcing government-led basic health service provision and strengthening protection for vulnerable groups. It will contribute to Outcome 2 by empowering women and youth and addressing health and protection pressures causing and arising from displacement. This will complement Australia's development program and advocacy efforts on women's rights and empowerment and will include clear performance markers on improving cross-border and UN agency coordination.

³⁸ OCHA, Afghanistan Humanitarian Needs Overview, Humanitarian Programme Cycle, January 2020

³⁹ [UNFPA, Pakistan News: 'Maternal mortality decreased to 186 deaths per 100,000 live births', 21 August 2020](#)

Afghanistan and Pakistan have young and fast-growing populations. Annual population growth in Afghanistan is 2.3 per cent, and in Pakistan 2 per cent.⁴⁰ Afghanistan has one of the youngest populations in Asia; over 63 per cent of the population is under 25 years of age, and 46 per cent under the age of 15.⁴¹ Over 70 per cent of the Afghan population was born amidst violent conflict.⁴² In Pakistan, 61 per cent of the population is between 16 and 64 years of age, and around 35 per cent of its population are under 15 years.⁴³ Limited access to education, livelihoods and basic health, including SRH, can force negative coping strategies and protection risks such as early marriage and threaten repeated displacement and instability.

UNFPA supports women with disabilities due to SRH complications such as obstetric fistula, providing technical support for treatment (including psychosocial counselling, rehabilitation and reintegration services), logistics and referrals. UNFPA will coordinate with organisations such as Humanity and Inclusion on cross-referrals to meet the needs of people with disabilities, including SRH, GBV, health and mobility equipment support.

The Mid-Term Review assessed that UNFPA brings specific technical capacities to deliver on Australia's protection priorities.

Afghanistan – \$1.5 million annually (\$6 million over four years until 2024)

UNFPA is an effective partner in DFAT's bilateral EAW program in Afghanistan and has demonstrated positive results under a humanitarian pilot program in 2016-17 to provide SRH and GBV prevention and response to returnees, IDPs and host communities. Support to UNFPA will continue and expand these activities and strengthen the focus on Afghan youth, noting the significant youth bulge. UNFPA will continue outreach with mobile health teams to deliver SRH, family planning and GBV support in areas of high return and conflict displacement; fund women-friendly and family-protection centres, establish gender specific youth service centres, strengthen the technical and operational capacity of health facilities to deliver emergency obstetric and new-born care services, train and recruit skilled female community health workers and birth attendants and build community and government awareness and response capacity to GBV. In its interventions, UNFPA will work with and support people with disabilities. It will target approximately 1.7 million affected people over four years, including approximately 420,000 women and girls across Kabul, Nangarhar, Kunar and Laghman provinces.

Pakistan (\$1.7 million until 2022)

There is a great unmet need for SRH services in Pakistan including for refugee and undocumented Afghans, Pakistani TDPs, returnees and host communities. Basic health services in the border areas of Pakistan have been severely stressed beyond capacity by the mass movement of people from Afghanistan.

An Independent Evaluation of the UNFPA program (2020) found an increase of 46 per cent in utilisation rate of the reproductive health services, when compared with the baseline. In addition, there was a sevenfold increase in uptake of family planning services in KP province compared to the baseline. Up to 80 per cent of the 385 beneficiaries interviewed (157 adult male, 228 adult female) appreciated the added value of the program services in their lives.⁴⁴

⁴⁰ [World Bank, Data: Annual population growth, 2019](#)

⁴¹ [UNFPA, Afghanistan: Young people](#)

⁴² [Stockholm International Peace Research Institute, 'The Afghan People: Observing nearly 40 years of violent conflict', 5 October 2017](#)

⁴³ [UNFPA, World Population Dashboard, Pakistan](#)

⁴⁴ UNFPA, Pakistan Independent Evaluation Report 2020

The UNFPA program in Pakistan does not discriminate between registered or unregistered Afghan refugees and provision of quality services continues to build trust in the target communities. It will target approximately 462,000 affected people over four years, including 270,000 directly (238,000 women and girls).

UNITED NATIONS OFFICE FOR COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)

Afghanistan Humanitarian Fund (AHF) – up to \$2 million annually (up to \$8 million over four years)

The AHF is a multi-donor fund managed by OCHA which provides timely responses to support displaced, refugee and host communities, and vulnerable people, encourages effective coordination through engagement with clusters, donors and the government and supports the leadership of the Humanitarian Coordinator to respond to priority needs. Funding to the AHF supports both outcomes of the Strategy, by providing basic health, protection and nutrition services for vulnerable communities as well as mitigating the impacts of displacement on host communities, encouraging resilience and stability. The AHF supports Australia’s commitment to localisation, with over half of the fund distributed through national and international NGOs with a focus on hard to reach areas. The flexibility of the AHF is also a key benefit of contributing to the fund.

Australia continues to be a member of the AHF Advisory Board, working closely with donor partners to enhance results reporting. In December 2017, OCHA released its first multi-year Humanitarian Response Plan (HRP) from 2018-2021,⁴⁵ recognising that humanitarian assistance will be required in Afghanistan for some time, and outlining the strategic humanitarian needs and outcome indicators and guide allocations of the AHF. The three strategic objectives of the HRP (most recently updated in January 2021) are:

1. Lives are saved in the areas of highest need;
2. Protection violations are reduced and respect for International Humanitarian Law is increased; and
3. Vulnerable people are supported to build their resilience.

The Mid-Term Review determined that OCHA allows DFAT to efficiently reach the most vulnerable through a range of implementers including local actors, supporting Australia’s localisation objectives.

Emerging Priorities

Further to multi-year commitments to the selected partners, additional DFAT allocations or redirected funding from the indicative AHF allocation may be allocated as required to address emerging priorities or a significant change in the situation. In the event of a large-scale humanitarian event, DFAT will assess need, funding gaps, and ability and appropriateness for Australia to respond, using information from host governments, other donors, overseas diplomatic posts, available reporting and discussions with partners. Initial consideration will be given to the above partners as the most efficient option from a resourcing and timeliness perspective, and because of their demonstrated financial management and results precedent. Selected partners have substantial budgets, giving confidence in their ability to manage scaled up funding should additional funds become available. Other partners will be considered where appropriate, including those focused on protection and displacement, pending the particular need.

⁴⁵ OCHA, Global Humanitarian Overview: Afghanistan Humanitarian Response Plan, Afghanistan 2018-2021, Humanitarian Program Cycle, Mid-Year Monitoring Report, January to June 2020

RISK MANAGEMENT AND GOVERNANCE ARRANGEMENTS

GOVERNANCE, MONITORING AND EVALUATION

Management responsibility for the Strategy will rest with the First Assistant Secretary, North and South Asia Division (NSD), with support from Australia's Ambassadors in Kabul and High Commissioner in Islamabad and from the First Assistant Secretary, Humanitarian, NGOs and Partnerships Division (HPD).

To ensure consistency under this Regional Strategy, a collective approach will be implemented. The Assistant Secretary, Afghanistan and Regional Branch (ANB), will lead annual Regional Strategy and investment review meetings with representatives from partners' regional headquarters and/or country offices and DFAT HPD, to review performance, progress against humanitarian reform agenda and identify any required adjustments, including additional ad-hoc allocations. Indicative evaluation questions will be considered at each meeting. NSD will support coordinated oversight, including engaging partners at regional and country levels and leading bi-monthly teleconferences with Australia's diplomatic posts to maintain visibility and consistent messaging.

Selected partners have Strategic Partnership Agreements with DFAT, so receive both core funding and funding for specific crises. This allows us to pursue advocacy and policy objectives with headquarters and in-country. We will engage partners on improving reporting to demonstrate the effectiveness and impact of our assistance (including in relation to gender equality and disability inclusion), and improving coordination in response and recovery efforts (particularly for common activities such as cash programming). Strategic Partners are subject to annual High Level Consultations, as well as regular working level and senior meetings, which provide opportunity to raise issues and make adjustments. In addition, HPD is implementing a more structured approach to engaging Strategic Partners on un-earmarked contributions. For each partner, focus areas for reporting on Australia's funds will be identified and mutually agreed, and subject to regular review. Priorities will be specific to each partner, reflect strengths and areas for improvement, and align with DFAT's Humanitarian Strategy.

Indicative Evaluation Questions

Draft evaluation questions are provided to ensure partner monitoring and evaluation collects data on these issues.

- Are partners able to demonstrate an integrated approach to cross-border programming and resilience?
- Has multi-year flexible funding led to increases in efficiency?
- Has Government delivery of services increased or improved in quality?
- Have partners consistently complied with safeguards, mainstreamed social inclusion (gender, disability and child protection) and disaggregated data? Have lessons and good practice approaches to inclusion been shared and used to inform ongoing programming?
- Are activities delivered in a way that is coordinated and complementary, and supports recovery, resilience, stabilisation and long-term development?

In consultation with partners, DFAT will develop a proportional Strategy level performance assessment framework (PAF) to guide investments and ensure the Strategy remains appropriate and targeted to changes in the context. Based on recommendations from the Mid-Term Review, the PAF will specifically include systems to track performance systematically, support reporting of results and achievements, and improve visibility of performance. The PAF will also support partners to report lessons learned and share good practice approaches with regard to achieving positive inclusion results, and enable DFAT to contribute to the evidence base on effective inclusion approaches. Due to difficulties in accessing field locations, we will draw on assessments by partners, other donors and humanitarian actors. Funding for monitoring and evaluation through the Afghanistan bilateral administered budget and global funds for Pakistan will support annual internal quality assurance processes, regional review meetings and a mid-term independently-led evaluation. This evaluation will assess progress of investments under the Strategy against expectations with consideration given to quality of partner reporting, demonstrated results, impact of DFAT funding, and appropriateness of the mechanism and management approach. Findings will be incorporated into the ongoing approach and management, as well as future phases of funding. Scheduled DFAT internal quality assurance processes will also provide an opportunity for discussions on progress of investments and any potential revisions to the Strategy. Implementing partners' provision of quality reporting, including age, gender and disability disaggregated quantitative data as well as qualitative data where possible, is essential to these arrangements and potential further funding allocations.

RISK MANAGEMENT

The operating environment in Afghanistan and border areas of Pakistan means humanitarian response in both countries is considered inherently high risk. The Strategy and investments will be subject to ongoing risk assessment and monitoring. Partners will be required to manage, mitigate and report on relevant risks. Responsibility for risk management will rest with the delegate in NSD, with day-to-day support provided by NSD, HPD and diplomatic posts (Kabul/Islamabad). DFAT, including our diplomatic posts, will monitor the situation to regularly review risks, assessing changes to context and implications for activities under the Strategy.

Due to the health risks of the COVID-19 pandemic, at the time of writing, Afghanistan and Pakistan are considered 'do not travel locations'. Prior to COVID-19, Afghanistan was rated as a 'do not travel destination' by Smart Traveller, and the main locations for humanitarian investments in Pakistan were rated as either 'do not travel' or 'reconsider your need to travel' locations. There are significant conflict, ongoing security incidents and kidnapping risks in these areas.

To the extent possible, we will mitigate risks by working only through trusted partners with appropriate security and risk mitigation strategies in place, including drawing on the UN Department of Safety and Security, working through local partners to minimise risks and utilising remote and third party monitoring practices. All partners have been assessed as compliant with DFAT's Safeguards Policies globally, and have been subject to a Multilateral Partner Assessment (which includes review of performance, alignment to Australia's priorities, organisational capacity and approach to risk management). Partners, and their local partners, will be required to adhere to Australian Government counter-terrorism policies and anti-money laundering policies and applicable laws and safeguard measures, including providing sufficient assurances to satisfy DFAT these are being managed appropriately.

Table: Summary of key risks

Risk	Mitigation strategy
<p>The challenging and insecure environment, including frequent sudden crises including natural hazards, spikes in conflict and the COVID-19 pandemic, hinders program implementation, affects regular M&E and threatens safety of partner staff and resources. There are also high demands on humanitarian partners and governments due to pressures from sustained displacement, leading to a risk of over-stretched capacity. In addition, restrictions make access challenging e.g. development partners, including civil society, face challenges in obtaining approval from the Pakistan Government to work in specific locations and/or sectors, and/or travel to project locations for monitoring and evaluation, particularly since the introduction of more stringent regulation of I/NGO activities in Pakistan).</p>	<p>We will provide un-earmarked funding to allow partners to determine the most appropriate way to manage risks and adapt programming. Partners will be expected to have appropriate risk management processes in place, including for staff security, and are obligated to report incidents, impacts and remedial action to donors. We will continue the strategy of engaging multilateral agencies who work with local partners and operate successfully in target areas. These partners have effective remote and third-party monitoring practices in place to mitigate restrictions.</p>
<p>Due to the conflict partners may have restricted access to districts and communities which could result in reduced access to people in need, and diminished ability to provide services to women.</p>	<p>We will work with likemindeds and the UN to promote impartiality of humanitarian action and allow humanitarian actors to work unimpeded.</p>
<p>Investments under this Strategy will work with particularly vulnerable groups (e.g. people with disabilities, displaced peoples and returnees), causing some safeguard risks, such as for child protection, gender equality and women's empowerment, and preventing sexual exploitation, abuse and harassment (PSEAH) as well as the overarching Do No Harm principles.</p>	<p>DFAT will ensure protection risks are considered in all stages of design and implementation and appropriate mitigation strategies are either proposed or developed. DFAT will request implementing partners to provide information on their approach to child protection, PSEAH and Do No Harm principles and assess this as appropriate. DFAT will require safeguards be reflected in agreements between contracted partners and local partners and will expect regular reporting to monitor adherence.</p>
<p>Terror financing, corruption and fiduciary risks are a major issue in Afghanistan and Pakistan in all programming, but it is likely they are exacerbated for humanitarian programming. Limited direct monitoring opportunities due to the insecure environment compound the problems.</p>	<p>Risks will be minimised by working through effective, credible partners with robust financial, risk management, accountability and monitoring systems. These include multilateral organisations and international NGO partners that DFAT is already partnering with either in Afghanistan/Pakistan or in other country programs. With respect to counter-terrorism, grantees will be asked to ensure their local partners adhere to counter terrorism policies and processes, and provide assurances to DFAT on how these risks are managed. The UN has policies and procedures in place to ensure its member organisations operate in a manner consistent with its sanctions regime. Australia is a board member of UNFPA, WFP and the Afghanistan Humanitarian Fund (AHF), so can monitor and address potential issues early.</p>

ADVOCACY AND VISIBILITY

Australia's comparative advantage through this Strategy comes from committing predictable funding to partners, providing leadership on gender equality and food security, and advocating for the protection and inclusion of vulnerable groups, including people with disability. This Strategy demonstrates Australia's commitment to and expectation that funded partners pursue effective cross-border coordination.

Australia's humanitarian assistance supports the most vulnerable, in particular women and girls and people with disabilities. We are committed to promoting respect for principled humanitarian action and international law. Our advocacy is underpinned by principles in DFAT's Humanitarian Strategy to Do No Harm, be accountable to affected populations, support national leadership, gender equality, disability and social inclusion and to consider risk, effectiveness and innovation. Both globally and in-country, the Strategy demonstrates our commitment to Good Donorship principles and practices. Consistent with the Australian Government's 2017 Foreign Policy White Paper commitment to pursue key global humanitarian reform priorities, this strategy support UN reform priorities including strengthening local and national actors, promoting the use of gender and disability-sensitive cash-based transfers (and a common platform for these), prioritising protection and inclusion, better integrating humanitarian and development activities and ensuring a focus on conflict prevention. These issues will be reviewed in regular partner meetings and as part of the evaluation.

DFAT's humanitarian program works in concert with ongoing advocacy to influence and support the Government of Afghanistan to prevent avoidable humanitarian crises, including through continued efforts to improve security and stability and pursue a lasting peace. In Pakistan, our humanitarian support over a number of years has been targeted at ensuring access to basic services (particularly for women and girls), protection for vulnerable groups, and building the resilience and preparedness of government institutions and communities to repetitive shocks. Regionally, we also advocate for needs-based assistance to returnees, IDPs, refugees and host communities provided in a safe, dignified and sustainable manner. We will continue to encourage effective and ongoing cross-border coordination between humanitarian partners and affected governments to address mutual issues, including displacement and returns, to enhance the response, reintegration and stability of the region.

The Mid-Term Review of the first phase of the Strategy recommended DFAT elevate the visibility of the Afghanistan-Pakistan crisis internally. As such, DFAT commits to undertake focused advocacy highlighting the increasing regional needs internally within DFAT to ensure sustained commitment for the region. DFAT ANB will arrange regular coordination meetings with internal stakeholders to discuss priorities, ways and means of internal advocacy for the humanitarian needs of Afghanistan and Pakistan, including working with key diplomatic posts.

Consistent with our global priority to improve communication and visibility of Australia's humanitarian responses, DFAT is developing visibility strategies with all Strategic Partners. DFAT will also work with partners to strengthen visibility, such as regular social media articles, sharing of photos and branding, as well as best practice on these issues in complex affected contexts. We will also improve communications with the Australian public, international community and the host governments, to demonstrate the impact of Australian funding, such as through increased social media and consistent advocacy messages. In doing so, we will remain cognisant of Do No Harm principles and the particular sensitivities of operating in complex environments. We will provide clear directions to partners on visibility and monitoring and evaluation expectations.