



A BRIGHTER FUTURE FOR CHILDREN:

Realising the Nexus in Afghanistan

World Vision 

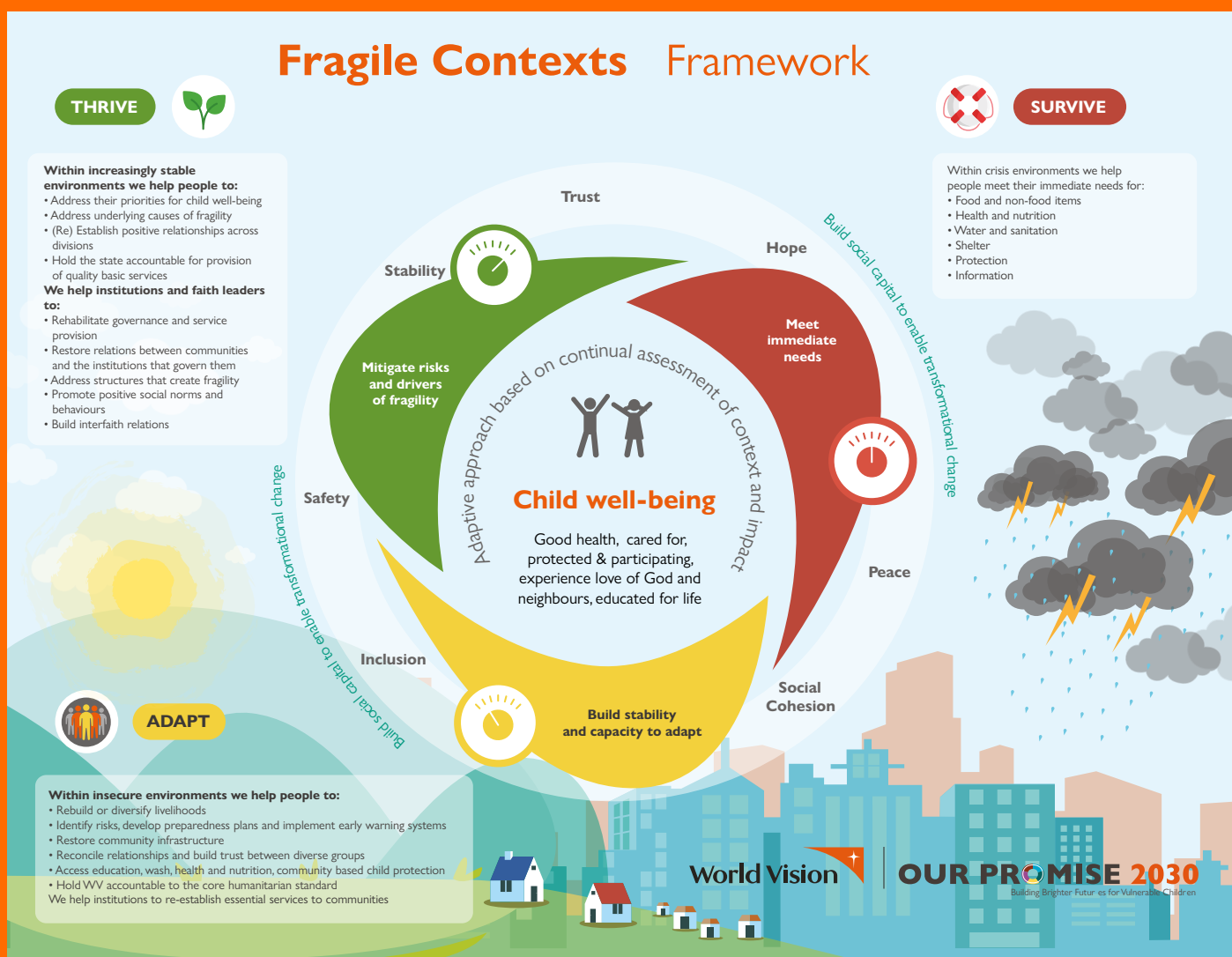
Our approach
to fragile contexts

CASE STUDY

A brighter future for children: World Vision's Fragile Contexts Approach

Two billion people live in countries where development outcomes are deeply affected by fragility, conflict and violence and which are some of the most dangerous places in the world to be a child. In these fragile contexts children face extreme levels of abuse, exploitation, deprivation and violence, often for generations.

Through its global strategy, Our Promise, World Vision is aligning its humanitarian, development, peacebuilding and advocacy efforts to address fragility. Based on more than 70 years of experience working in fragile contexts, World Vision has developed a Fragile Contexts Programme Approach (see diagram below) to support its efforts to expand and deepen its impact. Its approach has informed global frameworks, such as the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) Recommendation on the Humanitarian-Development-Peace Nexus, and, in turn, is informed by them. World Vision's Fragile Contexts Programme Approach (FCPA) has been piloted in multiple countries, with more planned in the future.² World Vision's goal is to make a sustainable difference in the lives of the most vulnerable girls and boys so they can survive, adapt and thrive now and in the future despite fragility. At the heart of the FCPA is the agility to shift from meeting immediate humanitarian needs to addressing root causes even in the context of continued fragility, in order to support transformative change whenever possible, so that communities can build resilience to shocks over the long term.



In 2017, through its global strategy, Our Promise, World Vision made a commitment to direct 27 per cent of its global funding to fragile contexts by 2020. In 2018, World Vision directed 28 per cent of its funding to ten of the most fragile countries in the world where it operates and reached 10.1 million of the most vulnerable people. Almost 60 per cent of those it reached were children. World Vision is committed to continue to grow this commitment through diverse funding, partnerships and knowledge sharing.

1 OECD, DAC Recommendation on the Humanitarian-Development Peace Nexus, OECD/LEGAL/5019

2 FCPA pilot countries: Afghanistan, Burundi, Democratic Republic of Congo, El Salvador, Guatemala, Honduras, Iraq, Mali, Mexico, South Sudan.

Executive Summary

After decades of conflict and natural disaster, Afghanistan is one of the most fragile contexts in the world. The global COVID-19 pandemic has caused humanitarian needs to soar and laid bare the implications of years of chronic poverty, under-development and inability to sufficiently invest in delivery of basic public services, systems and infrastructure. Fragility represents one of the greatest challenges to sustainable development and peace. There has been a progressive global call to more coherently realise the nexus of humanitarian, development and peace outcomes to more effectively tackle factors of fragility.³ Few contexts in the world better represent the urgent need to realise this coherence than Afghanistan.

This case study examines World Vision's experience implementing a nexus approach across health, access to clean drinking water and education interventions in western Afghanistan, and how its joined-up approach to humanitarian and development programming has been adapted since 2018 to better respond to vulnerability, reduce risk and help strengthen the resilience of Afghan children and their families. Key enabling factors included:

- **The use of needs and rights-based programming** driven by localised analysis of vulnerability and risk. Where flexibility was allowed, interventions were designed to be 'fit-for-purpose,' utilising approaches from both humanitarian and development practice, or strategically 'piecing together' complementary but distinct humanitarian and development projects.
- **Establishing long-term community presence and partnership**, achieved by World Vision's commitment to stay and deliver through the delicate balancing of humanitarian, development and internal resources, which helped build trust and unlock access to hard-to-reach areas for both humanitarian and multiyear development interventions.
- **Balancing place-of-displacement and place-of-origin interventions** and investments to mitigate the limitations of status-based targeting, contribute to conditions conducive to return from the outset of localised displacement, and support social cohesion by enhancing the equity of how and where humanitarian and development programming was targeted.
- **The inclusion of 'crisis modifiers'** which enable existing humanitarian and development programming to flex or adapt to shocks, including re-programming to respond to COVID-19, or the provision of flexible budget rules that gave space to manage the challenges that iteratively emerge consequent of operating in a highly complex environment.
- **The presence of a vibrant private sector**, interested to engage with communities through linkages

facilitated by multi-mandated organisations such as World Vision, and critical to the sustainability of new and innovative approaches to addressing protracted development challenges.

- **Working together with open-minded champions** – personalities within some donor and UN agencies who saw the limits of a siloed approach to humanitarian and development programming, and were interested in more innovative nexus approaches to realise greater efficiency and impact.

For Afghanistan, cracking the nexus must be an urgent priority. Despite many enabling factors, this case study still identified barriers that significantly constrain the realisation of a nexus approach. To overcome these, World Vision makes the following recommendations:

- **The Government of Afghanistan** should continue to advance its COVID-19 response in a joined-up manner, and work with the humanitarian and development community to facilitate unfettered access to affected populations for COVID-19 actions, ongoing humanitarian response and sustainable development solutions.
- **Donor agencies and international financial institutions** should implement Grand Bargain commitments and the OECD-DAC Recommendation on the Humanitarian-Development-Peace Nexus, increase the transparency and accountability of large-scale multiyear sustainable development frameworks that better take into consideration humanitarian programming and use a joined-up approach, and support investment in more innovative programme design, particularly in the humanitarian sector, to more effectively reduce vulnerability and risk for affected populations.
- **The UN system** should realise the New Way of Working commitment by working more collaboratively with humanitarian and development actors, including the NGO community and civil society, to define collective outcomes; these outcomes must still preserve space for principled humanitarian action. The UN should continue to use and promote the Afghanistan Humanitarian Response Plan 2020's expanded *people in need* definition that makes greater use of vulnerability-driven criteria, and continue to strengthen collaboration between UN-led humanitarian clusters and development-focused sectoral coordination spaces.
- **The humanitarian and development community of actors** should continue to collect evidence of the nexus at work on the ground to demonstrate the amplified impact of more coherent and joined-up approaches, and share best practices to highlight both planned and unanticipated wins realised by adopting a nexus approach.

³ Culminating in the Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD-DAC) [Recommendation on the Humanitarian Development-Peace Nexus](#).

Introduction

Fragility represents one of the greatest challenges to sustainable development and peace. Conflicts, which frequently occur in and define contexts affected by fragility, drive 80 per cent of humanitarian needs globally. In 2016, US\$68.2 billion or 65.5 per cent of total earmarked Overseas Development Assistance (ODA) was spent in fragile contexts, compared to US\$35.8 billion spent in non-fragile contexts.⁴

The onset of the global COVID-19 pandemic in 2020 has only magnified and compounded fragility. People living in contexts affected by conflict, in particular those where health facilities and workers were already under attack, have seen their health systems and services strained such that mitigation measures such as testing and tracing or treatment have been severely hampered; chronic gaps in access to clean water, hand-washing facilities and soap or personal protective equipment (PPE) have meant these contexts were also least prepared to prevent virus transmission. The socioeconomic impacts of COVID-19 preventative measures that are available in fragile contexts – lockdowns, restriction of movement, business closures – pushed millions deeper into crisis.

The challenges for fragile contexts, now compounded by COVID-19, demand the implementation of a new approach. There has been a global call to strengthen policy, operational and funding coherence between and by humanitarian development and peace actors, with commitments made and operational guidance rolling out across the United Nations (UN) Member States and civil society to achieve this 'nexus' approach.⁵ In 2020, the need for this coherence has never been greater in order to ensure no one is left behind, particularly those living in fragility.

This research focuses on Afghanistan, a complex crisis defined by decades of conflict and fragility which has driven displacement, caused persistent need for life-saving humanitarian interventions and weakened social protection systems, and left millions without access to basic services. The situation in Afghanistan, however, is also defined by the incredible resilience of its citizens and their skills, perseverance and commitment to something better for the next generation. Few contexts in the world are more in need of or can benefit from a nexus approach that brings together humanitarian, development and peacebuilding objectives.

Over the last several years some actors, including World Vision Afghanistan, have been working to realise this nexus. This research examines whether and how a nexus approach has been demonstrated across health, access to water and education interventions in western Afghanistan, identifying best practices of and barriers to World Vision's work with communities in Herat, Badghis and Ghor provinces. Ultimately, this research finds that at the last mile, implementing NGO partners have been using a nexus approach to meet the very

Methodology

These conclusions are derived from a mixed-method research methodology which included a desk review of internal and external literature and field-based research. World Vision researchers held 20 key informant interviews and five focus group discussions, speaking to 113 people including World Vision, peer NGO and UN staff, government, and men, women, girls, and boys from local communities. Data collection took place in Herat, Badghis and Kabul.

real short- and long-term needs of communities, but they continue to face normative, coordination and administrative barriers stemming from decision-maker and donor levels that ultimately hamper a nexus approach and sustainable impact of humanitarian and development assistance in Afghanistan.

World Vision's commitment to the Nexus

World Vision, a multi-mandated organisation spanning the humanitarian-development and peacebuilding nexus, has committed to expanding and deepening its presence and impact for the most vulnerable children and families in fragile contexts. This case study examines World Vision's experience with working across the nexus in western Afghanistan and identifies promising practices and key challenges in operationalising the nexus at the field level. This country-level experience is also mirrored in World Vision's global working paper 'A Brighter Future for Children: Our Approach in Fragile Contexts'⁶ and reflected in annual organisational Grand Bargain reporting.⁷

This case study outlines the lessons learnt from implementing health, water, sanitation and hygiene (WASH) and education programming across the nexus, recognising these three sectors have been heavily affected by COVID-19 in Afghanistan, and provides recommendations for government, donors, the UN and other stakeholders on how to create a more enabling environment for a nexus approach.



Children engaged in learning at Early Childhood Development (ECD) centres in Badghis.

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4 OECD Legal Instruments. [DAC Recommendation on the Humanitarian-Development-Peace Nexus](#). OECD/LEGAL/5019. 2020

5 Inter-Agency Standing Committee (IASC). [Grand Bargain Self-Reporting Exercise, 2019–2020](#); OECD Legal Instruments. [DAC Recommendation on the Humanitarian-Development Peace Nexus](#). OECD/LEGAL/5019. 2020

6 World Vision, 'A Brighter Future for Children,' 2019.

7 IASC, [Grand Bargain Self-Reporting Exercise, 2019–2020](#).

1.

What is the ‘Nexus’?

The humanitarian-development-peace nexus – ‘the nexus’, for short – is difficult to define. According to the Organisation for Economic Co-operation and Development (OECD), the nexus ‘refers to the interlinkages between humanitarian, development and peace actions,’ and a nexus approach refers to ‘*the aim of strengthening collaboration, coherence and complementarity. The approach seeks to capitalize on the comparative advantages of each pillar – to the extent of their relevance in the specific context – in order to reduce overall vulnerability and the number of unmet needs, strengthen risk management capacities and address root causes of conflict.*’⁸

On the ground, the nexus manifests as the everyday vulnerability, risk and need that women, girls, boys and men experience as a result of an emergency, compounded by underdevelopment or a lack of access to or a denial of a basic good, service or human right, and often protracted by an overall absence of peace. The nexus is fundamentally about a commitment by States, donors, the UN and civil society to come together such that humanitarian investments are better ‘picked up’ by longer-term early recovery, resilience and

development schemes; and that development schemes focused on institutional, systems or infrastructure strengthening can ‘flex’ to mitigate risk or manage shocks. It means that the necessarily different approaches and objectives of humanitarian action, development assistance and peacebuilding ensure a joined-up approach and ‘speak’ to each other to solve problems in a way that comprehensively works to address the challenges that people experience in their daily lives, regardless of cause, duration, status or other factors.

Throughout 2020 there has been increasing recognition that a global pandemic such as COVID-19, with its direct health and indirect socioeconomic impacts, further underscores the need for coherency across humanitarian, development and peace objectives. In fragile contexts COVID-19 has been a ‘tipping factor’ that has pushed vulnerable populations into life-threatening situations, demanding rapid humanitarian intervention and sustainable development solutions, with both being critical to mitigate conflicts and prevent back-tracking on peace progress.

Who committed to what?

The recognition of the challenges presented by fragility and the intersectionality of vulnerability and risk is not new, nor is the international community’s efforts to tackle this. There is, however, growing agreement that it is necessary to do more to achieve greater complementarity across humanitarian, development and peace outcomes. The UN and international financial institutions (IFIs) such as the World Bank, States and civil society have committed to realising the concept of the nexus. While nebulous, three spaces of commitment emerged at the global level for advancement at country level.

- **The World Humanitarian Summit (WHS)** identified the need to strengthen the humanitarian-development nexus and to overcome longstanding attitudinal, institutional, and funding obstacles. The concept of ‘collective outcomes’ has been placed at the centre of the [New Way of Working](#), a commitment signed by the UN secretary-general and all eight UN principal agencies, and endorsed by the World Bank.⁹ States, including major donor governments, signed up to WHS commitments, similarly pledging to break down silos between humanitarian and development policies, planning and funding mechanisms.
- **The Grand Bargain** was a unique agreement between some of the largest donors and humanitarian organisations to increase the reach of assistance and improving the effectiveness and efficiency of humanitarian action, including the coherence between humanitarian and development objectives. Its 61 signatories (24 Member States, 21 NGOs, 12 UN agencies, two Red Cross movements and two intergovernmental organisations) committed to greater transparency, improving joint and impartial assessments, increasing collaborative humanitarian multiyear planning and funding, harmonising and simplifying reporting requirements, and improving engagement between humanitarian and development actors.¹⁰
- **The OECD Development Assistance Committee (DAC) Recommendation on the humanitarian-development-peace nexus** was adopted in 2019. In part it calls on donor governments to ‘support for prevention, mediation and peacebuilding and early recovery, with a view to decreasing the risk of violent conflict, disasters and crises that generate humanitarian needs and undermine development,’ and ‘[consider] how joined-up programming can more effectively address the root causes and structural drivers of conflict.’¹¹

8 Ibid.

9 Ibid.

10 IASC, ‘The Grand Bargain,’ as of September 2020.

11 OECD Legal Instruments, [DAC Recommendation on the Humanitarian-Development-Peace Nexus](#), OECD/LEGAL/5019. 2020

2.

Context: Western Afghanistan

Afghanistan has experienced decades of conflict, and today is now the deadliest crisis in the world according to the UN.¹² Multiple generations have grown up knowing only the terrors and uncertainty that come with conflict, as 2020 represents the 40th year in which Afghans have experienced the physical, psychological, political and financial impacts of war.

Insecurity remains the greatest challenge. Almost 400,000 people have been internally displaced by conflict since the start of 2019. Afghanistan remains one of the deadliest countries for civilians in the world, particularly children. For a short period of time, mainly attributed to the impact of COVID-19, civilian casualties were 30 percent less in 2020 compared to the same reporting period in 2019, with fewer suicide attacks and a steep drop in air strikes by international forces. However, as the Inter Afghan peace talks resumed in September 2020, civilian casualties began to escalate once again. Between 1 January 2020 and 30 September 2020, the UN Assistance Mission in Afghanistan (UNAMA) reported 1,848 children killed or maimed, representing 31 per cent of all civilian casualties.¹³

The consequences of war, insecurity, political instability and corruption have led to staggering rates of poverty and the absence or decay of even the most basic infrastructure, services and systems. Before COVID-19, 93 per cent of Afghans were living on less than US\$2 per day, with one-quarter of the national labour force unemployed.¹⁴ This will only become more challenging as almost three-quarters of the population is under the age of 30, while insecurity, ongoing economic impacts of COVID-19 and hampered economic development limit job creation from keeping pace.

The reach of the global pandemic has not spared Afghanistan. According to the Ministry of Public Health (MoPH), by October 2020 over 40,000 people in all 34 provinces have been confirmed to have COVID-19. Due to limited public health resources and testing capacity, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be underreported overall.¹⁵ The pandemic has pushed more people to the brink, increasing the number of people in need of life-saving humanitarian assistance from 9.4 million in December 2019 to 14 million by



Girls playing together and learning about health in World Vision's education programmes.
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12 United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), December 2019.

13 UNAMA, *Afghanistan: Protection of Civilians in Armed Conflict Third Quarter Report: 1 January to 30 September 2020*, 27 October 2020.

14 UN OCHA, *Afghanistan: Humanitarian Response Plan 2020 (June Revision)*, June 2020; World Bank, *Overview: Afghanistan*, as of October 2020.

15 UN OCHA, *Afghanistan: Strategic Situation Report: COVID-19 no.81*, 22 October 2020.



Education in a Temporary Learning Space for children displaced by the 2018 drought emergency. Priority is placed on ensuring opportunities for girls' education to help address gender inequality.
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June 2020. In addition, 35 million people are in need of a social safety net – demonstrating the need for humanitarian and development solutions to work across the nexus to address the sweeping impacts of COVID-19.¹⁶

Gender inequality is a significant underlying factor of fragility in Afghanistan. Women and girls continue to experience widespread discrimination and human rights abuses.¹⁷ Movements are often restricted for women without male accompaniment, rendering access to services, information, income generation and public participation challenging. This is clearly shown in MoPH data, where 70 per cent of confirmed COVID-19 cases are adult males, reflecting both the movement of men in public compared to women and the gendered constraint for women independently to access healthcare, including for COVID-19 testing. Girls face significant challenges to access education. Where education for girls is available, it is difficult to receive education beyond the 6th grade; girls represent 60 per cent of children out of school. One in three adolescent girls experiences early, forced

child marriage.¹⁸ Humanitarian disasters such as the 2017–19 drought and grinding poverty push parents to adopt negative coping mechanisms. Pre-arranging the forced marriage of a daughter, even as early as at birth, was widely cited as an income-generating practice during this time.¹⁹

Despite significant insecurity and underdevelopment, Afghans remain resolute in their search for peace. Almost 89 per cent said they either 'strongly' or 'somewhat' support efforts to negotiate peace with the Taliban, a tribute to Afghans' commitment to peace and reconciliation.²⁰ Across all interviews conducted by World Vision with community members – echoed in UN, peer NGO and academic research – is the incredible resilience of Afghan men and women and their commitment to finding or contributing to solutions to their challenges. It is this resilience, of families and communities doing everything they can to survive despite so many obstacles, that compels the urgency of finding real solutions and closing the nexus gap for Afghanistan.

16 UN OCHA, *Afghanistan: Humanitarian Response Plan 2020*, December 2019; *Afghanistan: Humanitarian Response Plan 2020 (June Revision)*, June 2020.

17 UNICEF Afghanistan, 'Gender Focus,' December 2019, <https://uni.cf/2UKZpVo>.

18 UNICEF Afghanistan, 'The Situation for Women and Children,' as of September 2020.

19 Kathryn Strifolino, Patricia McIlreavy, 'Take the Blinders Off,' *Interaction*, December 2019.

20 Asia Foundation, 'Afghanistan in 2019 – A Survey of the Afghan People,' November 2019.

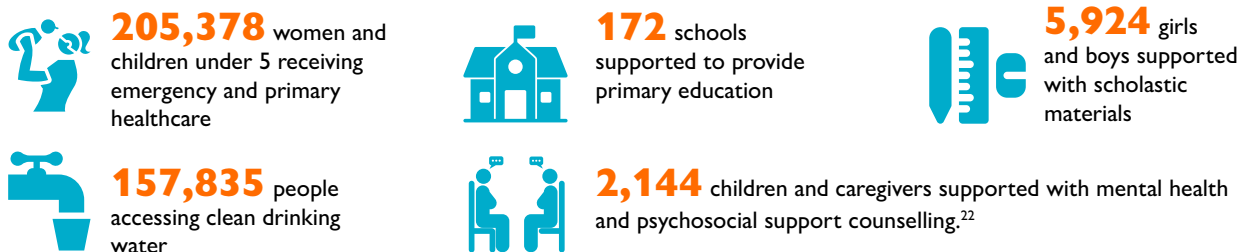
3.

World Vision’s Work in Afghanistan

World Vision began emergency relief operations in Afghanistan in 2001, addressing humanitarian needs of children and their families affected by conflict and natural disaster. Almost 20 years later, World Vision Afghanistan has evolved its operations and partnerships with communities to provide humanitarian response alongside early recovery, resilience and development initiatives in the western provinces of Herat, Ghor, Badghis and Bamian.²¹

World Vision Afghanistan programming prioritizes maternal and child health, nutrition, WASH, livelihood and food security, education and child protection. As a multi-mandate organisation with significant experience in humanitarian relief, development and advocacy, World Vision works in collaboration with communities to address needs holistically, those that are urgent and life-saving and those that require systems or institutional strengthening, policy change, or long-term investment.

World Vision’s programming reach has resulted in



During the COVID-19 pandemic, World Vision’s approach to bridging emergency and long-term health programming was put to the test, as health systems, structures, services and personnel were called on to mobilise rapidly to prevent, mitigate and respond to COVID-19. Leveraging its systems approach to healthcare and scaling its rapid response capacities, by September 2020 World Vision Afghanistan had reached 132,726 people, including more than 55,000 children. This included distribution of 63 PPE kits to health workers and over 15,000 comprehensive hygiene kits. Health workers trained to provide long-term maternal and child healthcare at the last mile were mobilised to sensitise communities on how to prevent and mitigate COVID-19.

World Vision Afghanistan’s COVID-19 response



Regardless of whether an intervention may be classified as humanitarian or development, World Vision Afghanistan seeks solutions to safely, feasibly, economically and sustainably address the needs, vulnerabilities and risks children and their families face. Well before Member States and the humanitarian community committed to a nexus approach, and now during COVID-19, in Afghanistan and around the world World Vision has been linking emergency and development approaches to find solutions to community needs and challenges.

²¹ World Vision Afghanistan, Annual Report 2019.

²² Ibid.

²³ COVID-19 Response from March 2020 to September 2020. World Vision Afghanistan. COVID-19 Situation Report #17. September 2020.

4.

Operationalising the Nexus

4.1 Health Systems Strengthening: Before & During COVID-19

Provision of maternal, newborn and child healthcare (MNCH) in western Afghanistan, like the rest of the country, is a complex web, with the backbone being the Basic Package of Health Services (BPHS) as defined and led by the Ministry of Public Health (MoPH). Despite significant development assistance, MNCH remains thinly spread, with 30 per cent of the population having limited access to health services within two hours' travel distance. The COVID-19 pandemic threw these gaps into sharp relief.²⁴ Maternal mortality rates continue to be classified by UNICEF as 'very high', with 638 deaths per 100,000 live births.²⁵ Routine immunisation coverage remains challenging, with 46 per cent of children aged 12–23 not receiving basic vaccines.²⁶ COVID-19 halted critical polio vaccination campaigns for five months, leaving at least one million children at risk, and were only able to begin again in July 2020; as a result, 34 polio cases were reported.²⁷

Though the BPHS was designed to provide basic health services to the entire country, significant 'white areas' exist due to lack of resources, leaving rural and hard-to-reach areas in particular without access to primary and maternal healthcare.²⁸ Women are particularly affected as some 75 per cent of the female population live rural areas, and despite having a high

fertility rate, there are only 37 dedicated maternity hospitals in the country. One of the critical challenges for Afghanistan is that the 'white areas', or chronic absence of any health systems or services have effectively created an emergency health situation, yet such gaps cannot be sustainably addressed by the humanitarian system. Herat province alone has 130 white areas.

World Vision's health programming in Afghanistan has naturally flexed between 'humanitarian' and 'development' approaches, driven by advocacy to highlight health system gaps and needs, identify resources from humanitarian or development donors, and merge these resources into a coherent nexus approach. In practice, this has meant the short-term and medium-term deployment of mobile health teams to drought-affected displaced populations, and now to communities affected by COVID-19. Mobile health teams target communities that continue to be affected by displacement, but also reach communities in 'white areas' at risk of COVID-19 that lack basic health services. Mobile health teams complement World Vision's long-term commitment to strengthening health systems and extending MNCH services in hard-to-reach, rural and remote areas affected by chronic underdevelopment – a 'joining up' of humanitarian and development approaches. Two of the most important initiatives exemplifying a nexus approach have been the midwifery training programme



Female students studying midwifery at the Herat Institute of Health Sciences, supported as part of World Vision's MNCH programming.
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24 UN OCHA, Humanitarian Response Plan 2020 (June Update), June 2020.

25 UNICEF, Maternal Mortality Statistical Dataset: Afghanistan, September 2019.

26 UNICEF, Afghanistan: The Situation of Women and Children, 2020.

27 UNICEF, Polio Vaccination Campaigns Resume in Afghanistan and Pakistan after COVID-19 Disruptions Leave 50 Million Children Unimmunized, 11 August 2020.

28 In the context of Afghanistan, a 'white area' refers to a defined geographic area in which the BPHS is not available to the population residing within that area.

through the Institute of Health Sciences in Herat, and the work to establish and integrate Family Health Houses (FHHs) into the BPHS to extend life-saving MNCH services to rural and hard-to-reach areas.

Midwifery training is urgently required to address health-service-delivery requirements across the humanitarian-development nexus. World Vision's midwifery training, in partnership with the Institute of Health Sciences, is a two-year development donor-funded programme that works with rural communities to identify two local women per village to become midwives. Additional training in laboratory techniques and Expanded Programme on Immunization (EPI) is provided, should the infrastructure and equipment be provided in their community by the MoPH in the future.

The programme covers the cost of studies, room and board in Herat; travel and logistics; and some daily expenses. In exchange, the women commit to returning to provide MNCH services to their local area on graduation. World Vision works extensively with the community leadership and the selected candidates' families to help overcome the significant gender barriers that prevent female students from pursuing higher education and living without direct supervision by their father, husband or male relative. Since 2018, two cohorts totalling 30 female midwives have graduated and are now providing MNCH services in 15 former 'white area' villages that previously were without any services at all, yet have an average of 10 deliveries taking place in each per week. Before the trained midwives began, the maternal mortality rate in these villages could be as high as 50 per cent. With the newly trained midwives, maternal mortality has dropped to an estimated 30 per cent.

Family Health Houses (FHHs) represent another initiative across the humanitarian-development nexus. These structures ensure reproductive MNCH services are available in rural areas. Though the Health Post is intended within the BPHS to be the structure closest to community level, Health Posts are staffed by unpaid volunteers and are capable only of providing family planning or routine essential medicines such as



A student practices during her midwifery courses at the Herat Institute of Health Sciences
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paracetamol. The next step within the BPHS is a Sub-Centre, which is often too far for the majority of women and their children to reach due to distance, insecurity or gendered barriers limiting female travel. The FHH is situated closer to the village level, like a health post, but is staffed with two trained, salaried midwives and capable of providing MNCH services including non-complicated delivery.

World Vision has elevated the effectiveness of this model by linking its midwifery training to the establishment of specific FHHs; it has pieced together distinct humanitarian and development funding sources to realise this. In addition to the agreement with the future midwife to return to her village to provide services, World Vision establishes an agreement in collaboration with the community and state-level Department of Public Health to construct an FHH during the two years their future midwives are studying. Following graduation, the community will have an FHH, necessary supplies and equipment, and two qualified female midwives assisted with supportive supervision from World Vision to ensure reproductive and MNCH services are available locally, within a safe distance, and, critically, accessible for women.

During COVID-19, trained midwives have been able to share critical prevention information and provide education to reduce the rumours, misinformation and stigma related to the virus. Midwives at FHHs are equipped with tablets to share health education videos and songs. This helps improve quality and consistency of messaging, compared to reliance on memory and oratory. Use of simple digital technology also allows for new health information to be programmed and added quickly – such as for COVID-19. FHHs, serving 15 communities previously without any functional health services, are now able to scale up and offer a life-saving entry points for COVID-19 prevention, referral and response without the risks or barriers imposed by distance.

As trained midwives returned to their communities, they reported a number of positive changes both directly linked to healthcare as well as to broader social normative change. At the Perwana FHH the midwives expressed a great satisfaction and sense of relief that reproductive and MNCH services were now available to the village. Providing antenatal care, safe delivery, postnatal care and services for newborn, infant and young-child survival has been life saving, but it has also been empowering for the midwives on a personal level. The construction of the FHH and seeing the difference it provides has helped increase the value placed on women and adolescent girls' health, including among men, and has led to significant commitment by the community leaders to secure, protect and, as needed, repair the FHH. The introduction of digital learning has been exciting, shared one midwife, helping to create more interest in health education specifically, but also inspiring ideas for other ways to use basic digital technology for learning. For the midwives personally, though their road has been fraught with significant barriers, the experience of becoming a midwife has been an empowering one. In Perwana, the female midwives are highly respected and valued by both men and women, and they are perceived to have helped make small normative gains towards more equal opportunities for women and girls.

“I am so pleased to be part of the midwifery programme. Seeing children die in our village was so painful to me. I live in a village where there is no health facility and no other way. After I complete my studies this year though, I will be able to help the women and the children. In the future I would like to know more about nursing and trauma care. We have people injured from attacks, like the air strikes, and I would like to be able to help save their lives too.”

– Amina, midwifery student in Herat City

Implementing a nexus approach to health in western Afghanistan has not come easily. Aside from the operational challenges related to insecurity, access issues and bureaucratic impediments and delays that affect all partners, strengthening health service delivery and systems across the spectrum has been affected by informal normative definitions of *humanitarian* versus *development* as applied in Afghanistan. Extension of basic health services to all populations with necessary infrastructure, equipment and supplies, and with qualified, gender-appropriate health personnel is understood as development, yet insufficient international development assistance and national budget allocation have created essentially humanitarian health needs in ‘white areas’ where basic health services do not reach. Humanitarian assistance cannot sustainably fill these gaps but is often the only funding source available for resourcing health interventions in hard-to-reach areas.

Another area of the health sector significantly affected by the absence of coherence between humanitarian and development systems is capacity building of the health workforce. Government resources are not sufficient to build the capacity required, and while classes are offered, there are almost no resources specifically to support rural, female students overcome gendered or distance barriers and costs. International development donors may complement the BPHS with additional funds for health worker training, but this may not always be driven by gap analysis and typically will not include resourcing sufficient to overcome the rural-urban divide or gendered barriers. Humanitarian donors may step in to fill gaps, but resources will be limited to a maximum of one year. This effectively prevents students from enrolling in multiyear programmes such as midwifery. The short-term nature of funding is also problematic for teaching institutions such as the Herat Institute of Health Sciences, which are unable predictably and consistently to resource programmes and salaries for instructors.

In some ways the health system has been able to flex to meet the demands of COVID-19. In urban and peri-urban areas the humanitarian ‘character’ of the pandemic has allowed resources to flow again for mobile health teams to reach displaced and host communities. The development health system has been mobilized in rural areas. World Vision’s COVID-19 response is reaching over 98,000 people through

its combined humanitarian-development health programme. Still, ‘white areas’ remain, where development assistance does not reach and humanitarian aid may not be prioritised or only a short-term solution, requiring aid organisations such as World Vision to continue to advocate for improved coordination between the humanitarian system and BPHS, and its donors, to ensure effective response.

4.2 Mitigating COVID-19: Access to clean drinking water

Though the 2018 drought brought western Afghanistan’s population to the brink of life and death, the challenge to access clean drinking water in Badghis province has been chronic. The most available source is groundwater, but the salinity has been too great to consume safely. Among displaced people, 58 per cent do not have access to water and 65 per cent of returnees from Iran, now in and around Herat, do not have access to water and sanitation services. COVID-19 has increased the number of people in need of clean water, sanitation and hygiene items by 2.3 million people as of June 2020, in particular to help improve access to hand washing and hygiene.²⁹



Before World Vision’s interventions in Abkamari, Badghis province, most children only had access to poor quality surface or groundwater.
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29 UN OCHA, *Humanitarian Response Plan 2020 (June Update)*, June 2020.

To address this chronic development failure, now beginning to cause a humanitarian emergency, World Vision piloted a unique solution – reverse osmosis (RO) water purification units. These operate at the village level, powered by solar energy, run sustainably by the community with technical support from a Herat-based private-sector company interested in building its client base, and maintained financially by collecting a small user fee agreed as appropriate by all village members. Community engagement, training, establishing the private-sector relationship, finding the optimal technical specs for the use of solar, and establishing the user fee system took experimentation, patience and time. In the end, though, an investment of US\$60,000 and a set-up period of four to eight weeks resulted in clean drinking water for 1,000 households per unit, where no clean drinking water was previously available. The RO units have proved to be sustainable, with one village generating US\$3,000 in community revenue from water sales and user fees and sales after deducting local staffing and guard fees and maintenance costs, and another village generating US\$1,000 in revenue from water sales, after deducting staffing fees, purchasing a back-up generator and solar/diesel-powered mill for grinding grain, and enhancing perimeter security fencing. The lifecycle of RO units can be 20 years.

As the drought emergency displaced 260,000 people, pushing them into IDP (internally displaced persons) settlements in urban centres such as Qala-E-Naw, humanitarian actors began to respond. In 2020, COVID-19 prompted an urgency to establish more hand-washing facilities, which has again required interventions to increase the availability of clean water.

Activity prioritisation and informal definitions of ‘emergency WASH’ resulted in donors almost exclusively funding – and at least one major donor, insisting – on response limited to water trucking. While water trucking can be appropriate in the immediate term, this type of intervention is extremely expensive, costing approximately US\$200,000 per month in Qala-E-Naw. Water trucking also raises serious environmental concerns about long-term depletion from over-pumping without groundwater recharge and created a ‘pull’ factor to IDP settlements that raised protection concerns, particularly for children, according to interviews with UN and World Vision staff involved in the response.

World Vision responded to the displaced populations with

“The RO has given us the water we need for our children to drink safely. It has changed everything. The only people unhappy are the chemists who were selling paracetamol and other treatments. They have less business. Some families collect water from the RO as a family and stay for a picnic. It has brought back our community.”

– Women’s Group Leader



A girl in Chahkaran, Badghis province collects clean drinking water from the village’s new water treatment system which uses reverse osmosis.
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water-trucking services immediately, while continuing to scale the RO units in the IDPs’ rural places of origin, working with community members who stayed behind. Extensive advocacy was conducted with the WASH Cluster and donor community, and a full business case was developed to highlight the efficiency and sustainability of the RO units from a cost-benefit perspective. In one of the villages the RO unit worked so efficiently that a peer international NGO used its emergency grant funds from a humanitarian donor to purchase water from the community’s pumps for water trucking to the IDP settlements in Qala-E-Naw.

With only humanitarian funding available in Badghis to address water supply needs, and the narrow definition of ‘emergency’ water interventions, this advocacy proved an uphill climb. Several major donors were not inclined to fund what they perceived as a development solution, even when RO units were assessed to be the best response to both short-term and long-term needs, more cost efficient, and a means to mitigate vulnerability and risk in the future. A nexus approach was achieved when UNICEF and the WASH Cluster identified the RO units as a ‘best practice’, cutting across emergency relief, early recovery, resilience and development needs, and resourced additional RO units for drought-affected villages. Outside UNICEF, though, support for resourcing RO units remained low. Donors acknowledged that the RO units were innovative and efficient, but funding dichotomies and typologies, coupled with a perception that scaling a successful pilot is a development responsibility not a humanitarian one, were key barriers to replicating in other villages.

Since COVID-19, the RO units continue to provide the only clean water source to the communities in which they are situated. They have also helped create a ‘pull’ factor for IDPs to return to their place of origin, reducing the protection risks children faced while situated in the IDP settlements or urban areas. This long-term investment has proved scalable to meet the demands of the emergency WASH situation created by the pandemic and has provided communities that have RO units with much needed shared income during the economic downturn from COVID-19. In many ways the RO units exemplify a ‘best case’ of the nexus – humanitarian funds used to meet a life-saving need by installing ‘development’ infrastructure using a capacity building and partnership approach, delivering a sustainable development outcome, and able to easily flex to scale to

“My father is the RO operator. He has taught all of his children to operate, including me. But I would like to be the treasurer [for the Water Management Committee] when I am older!”

– RO unit operator’s daughter

meet unanticipated emergency needs. The biggest challenge in Afghanistan remains convincing multi and bilateral donors that saving lives can and must be done alongside investing in the longer-term, especially in fragile contexts.



An innovative approach - an RO operator, unit and water treatment system - treating highly saline water to become a safe drinking source, powered by solar energy for sustainability.
© World Vision Afghanistan

“We value the RO unit. Before, there were so many illnesses from drinking bad water or boys who were lost while walking long distances to collect water. The route is not secure. Now, we have drinking water right here, and almost no illnesses anymore. We protect the RO with a guard and a fence we built. When there is fighting, we ask them not to attack the RO ahead of time. Our RO was still damaged once, but we worked together to quickly repair it. It has changed our village.”

– Water Management Committee member

4.3 Education Across the Nexus

Education has consistently been under attack in Afghanistan, with the UN reporting 70 attacks on education facilities in 2019 perpetrated by State actors, international forces and non-State armed groups.³⁰ Access to quality education in Afghanistan remains a significant risk and challenge for girls and boys – an estimated 3.7 million children were out of school before COVID-19. Low enrolment for girls is attributed by UNICEF to the limited number of female teachers and the fact that only 16 per cent of schools are designated as girls only.³¹ Quality of education is also a significant gap, with early childhood education not standardised and 48 per cent of teachers lacking minimum academic qualifications. In March 2020 schools and community-based education initiatives were closed by the Ministry of Education (MoE) to mitigate the spread of COVID-19. While schools continue to reopen, 10 million children had their education interrupted. For girls, especially, this may mean never returning to class.³²

Similar to the health and WASH sectors, the education sector in Afghanistan experiences a normative division between what is perceived to be *humanitarian* versus *development* interventions, which define the type of donor to engage or funding available and 'allowed' intervention types, all of which influence the capability to realise a nexus approach. For example, emergency education resourced by humanitarian

assistance primarily targets based on status (e.g. internally displaced, refugee), with a focus on provision of classes through temporary learning spaces (TLSs) and short-term capacity building for teachers. Education interventions perceived normatively as 'development' include early childhood education, increasing access to education for children in general (without a displacement status) and teacher training. Like the health sector, humanitarian and development education initiatives are not always well joined up to target similar locations and populations.

Despite the challenges, World Vision has attempted to take a nexus approach to its education programming. In drought and conflict-affected areas, Education In Emergency (EIE) services are provided, mostly to populations displaced due to the drought. This includes the operation of 66 TLSs, primarily established in IDP camps and informal settlements. Displaced children have also been provided with scholastic materials, while teachers are supported with teaching aids and TLSs are equipped with learning materials. Pedagogy and materials used in TLSs by World Vision align with MoE standards to mitigate distinctions between regular primary education and EIE.

While it is essential for displaced children to receive education immediately as a means to prevent a gap in learning and cognitive development, as well as to provide a safe and protective space, the use of the TLS approach and the



Girls and boys taking studies together from a TLS classroom in an IDP settlement in Badghis, through World Vision's EIE programming.
© World Vision Afghanistan

30 UN Secretary-General, *Annual Report on Children and Armed Conflict*, June 2020.

31 UNICEF, *Afghanistan: Education Overview*, September 2020.

32 OCHA, *Afghanistan: Humanitarian Response Plan 2020 (June Update)*, June 2020.

“We know of children here who used to be beaten by their parents. Their parents were trying to show discipline. Their children were not being engaged and did not have a way to show their emotions other than acting out. Now, these parents know to talk to their children and how to show love. The parents tell us they are surprised, they do not find a need to discipline like this anymore and their homes are much more peaceful.”

– ECD educator

targeting of IDP children were identified as driven more by the children’s status as IDPs rather than a comparative assessment of need. For example, IDP camps that received donor funding for TLSs and EIE programming were situated in or on the outskirts of existing villages that did not themselves have a functional school or any teachers as a result of decades of protracted conflict and compounded crisis. Despite this clear gap, education services were not extended for village children as they were not displaced and therefore not part of the scope of the ‘emergency’. Among parents and adolescents this contributed to social-cohesion issues as access to education was perceived as unequal. It has proved difficult even for a multi-mandated organisation like World Vision, which has the capacity to implement both emergency and longer-term education approaches, to realize a ‘joined up’ approach to education programming due to the differing targeting and location prioritisation approaches within the humanitarian and development systems.

Where more flexible funding sources are available, primarily through private sources, World Vision was able to prioritize more needs and rights-based approaches that were tailored to the specific education gaps and opportunities in particular communities. World Vision’s early childhood development (ECD) centres run for nine months of the year, with curriculum provided to children aged 4–6 and supplementary sessions for parents several times per week. The curriculum and pedagogy focus on introduction to letters and numbers, reading and writing, self-expression through art and play, and development of social, emotional and psychological well-being. ECD centres also provide a safe space for structured play and interaction with peers as part of essential building blocks to cognitive and socio-emotional development in children.

In the rural context of Badghis, ECD centres have been transformational for the villages in which they operate, particularly for gender roles. Initially, girls could not join or had to be in a separate class from the boys. As ECD instructors built trust with community leaders and parents, girls and boys began to play and learn together. Sessions for parents involve the father and mother, also helping to demonstrate positive and more equal interactions between males and females.

This has proved to be an early and important entry point for breaking down the separation of and discrimination against women and girls, and, critically for villages with ECD, has become an important entry point for girls’ education.

As an intervention that requires community partnership, trust building and curriculum delivery, ECD takes time and falls into the gap the nexus seeks to address of being a medium-term initiative, addressing immediate education and child-protection needs, with the possibility of providing for long-term sustainable development gains. Despite the many positive impacts and its support from government, ECD is not well coordinated with the primary education system because priority is placed on enhancing access to education by increasing enrolment and teacher training. While necessary, this approach has been to the detriment of expanding an early entry point for learning, particularly for girls, and closes off a critical space to challenge the socio-normative barriers that so fundamentally limit girls’ education later on.

ECD has not been well incorporated into EIE in IDP settlements either. This has been due to a lack of resources, a prioritisation of short-term interventions, and a reported perception that ECD is ‘development’ or a ‘luxury’ and therefore not life-saving for displaced children. Absence of durable solutions for IDP children effectively result in their learning experience within a TLS functioning as regular primary education, and thus the benefits of ECD as an early entry point to education, particularly for girls, is just as essential.



A six-year-old girl learns and plays at an ECD centre in Badghis.
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5.

Enabling Factors to Strengthen the Nexus

Afghanistan is relatively unique in that it is a humanitarian crisis that does have a significant development-assistance footprint compared to other large-scale conflicts or emergencies that may only draw resources and implement interventions from the humanitarian system. The presence of both humanitarian and development funding coupled with the presence of dual or multi-mandate organisations such as World Vision helps create an overarching enabling environment for the humanitarian-development nexus to be realised.

Critical enabling factors that have allowed World Vision to adopt a nexus approach in Afghanistan include the following:

- Use of needs and rights-based programming.** When donors gave World Vision flexibility to design and implement a programme using needs or vulnerability-driven data for beneficiary targeting, the project design was more likely to tackle local needs using a mix of fit-for-purpose best practices drawn from humanitarian and development practices. Even where the funding source was humanitarian and short term, if the donor accorded the flexibility, implementation strategies could include sustainable approaches to human capacity development, environment and durable solutions to link to future phases of separately funded programming.
- Long-term community presence and partnerships.** One of the most common challenges cited by many single-mandate humanitarian actors is lack of access. As a multi-mandate organisation with 98 per cent national staff, the majority local, World Vision's commitment to stay, deliver and address community needs year on year, often requiring a delicate balance of mixing humanitarian and development donor funds and internal resources, has helped build significant trust. Partnerships with Imams, faith groups, elders, chiefs and community



A nutrition nurse from World Vision's mobile health team continues nutrition screenings during COVID-19 response.
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groups have also contributed. Trust has led to consistent access to rural and remote areas for both humanitarian response and development programming, sustained through commitment to long-term presence and investment in local partnership building.

- **Balancing place-of-origin and place-of-displacement interventions.** World Vision advocates for funds and, to the degree possible, invests its own resources equally in interventions that respond to needs in IDP settlements and other places of displacement as well as in the places of origin from which displaced populations have come. Sudden shocks aside, sustained displacement in western Afghanistan is driven and protracted more by a lack of basic services – drinking water, basic health services, food, schools at place of origin. Ensuring some balance of interventions in place of origin is essential to avoid creating a ‘pull’ factor to an IDP settlement and to contributing to conditions conducive to return. Having operational presence and experience in displacement settings and places of origin is critical to bridging and realising a nexus approach.
- **Inclusion of crisis modifiers or flexible budget rules.** As a complex operating environment, having impact in Afghanistan means responding to needs but also having the flexibility to problem solve on-the-ground realities, and more important, having the financial resources to implement these solutions meaningfully. For example, financial crisis modifiers were used by World Vision during the pandemic to allow it to shift the focus of existing health education programmes to COVID-19 prevention, and in 2017-2019 to adapt WASH programming to meet the needs of drought-affected communities in Badghis. Flexibility is needed to respond not only to shocks but also to everyday operational challenges and the costs they incur; this is best realised through flexible budget rules, such as those offered by USAID BHA (Bureau for Humanitarian Assistance) award agreements. Flexible budget rules also allow progress on gendered barriers. Each village is different. Some are more conservative, and some are more open - it can hard to predict where the openings and opportunities may emerge. Having budget flexibility to resource solutions that help overcome practical barriers for employing female staff, including women in training programmes, and supporting female participation and decision-making whenever it is possible is essential for sustainable impact.
- **Open-minded ‘champions’.** World Vision was best able to implement a nexus approach to health, WASH and education programming when the donor representative or cluster coordinator was an open-minded ‘champion’ on nexus approaches, interested in

solving the problems for people as they exist on the ground and without constraints derived from specific country-based normative interpretations of what is considered ‘humanitarian’ versus what is considered ‘development.’ Technical specialists in UN agencies such as UNICEF’s WASH section and within the clusters were critical for supporting NGO arguments for interventions that crossed the boundaries of humanitarian-development silos.

- **The presence of and linking to a vibrant, local private sector** in Herat City was essential to the success of the RO units in World Vision’s WASH programming. Local RO suppliers were present in Herat, were interested in reaching new customers and employed skilled technicians able to provide ongoing technical support to rural RO operators and water management committees. This meant that reverse osmosis was feasible for addressing a life-saving need and offered a business case to support long-term sustainability. World Vision’s work to facilitate relationships between communities and this part of the private sector proved both innovative and effective.



A midwife treats an infant in a Family Health House, bringing health services closer to home in Herat province.
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6.

Barriers to Strengthening the Nexus

Despite the efforts of multi-mandated agencies such as World Vision and some champions within the UN system at the country level to implement a nexus approach, the most significant barriers exist at the resourcing level and within the coordination structures between the humanitarian and development systems. The result is a labour-intensive effort by implementing NGOs to glue together a complex arrangement of humanitarian and development grants at the community level, with short and multiyear funding profiles, and differing locations, intervention allowances and targeting criteria.

- **Donor agencies have not sufficiently met their commitments to the OECD-DAC Recommendation on the Nexus.** In the context of Afghanistan, steps remain to be taken towards realising commitments to greater coherence, flexibility and reducing silos. Funding mechanisms do not always ‘speak’ to one another or are planned to ‘follow on’ from humanitarian interventions to facilitate durable solutions. In examples where joint plans or strategies were developed, prioritisation of differing target locations, use of status-based targeting or granular funding decisions were found to limit coherence in the locations assessed. Some development donors and IFIs were still utilising approaches that do not fully maximise a joint approach; while strategy development became more inclusive – comparing from 2018 to the COVID-19 response in 2020 – transparency of more granular decision-making related to selection of implementing partners, target locations and populations, critical to realising a collective approach, remained a hurdle.
- **Absence of a coordinated approach between humanitarian and development architectures.** While there have been a few efforts to coordinate large-scale development assistance strategies and frameworks, the coordination gaps between these development architectures and the humanitarian system still present as a barrier to implementing the nexus.
 - Development assistance has not been sufficient or effectively used to extend basic services to all communities, evidenced by ‘white areas’ in the health sector and the systemic gaps in rural water delivery and education. These shortfalls create humanitarian-like needs and demand coordination with the humanitarian sector, but differing planning schedules, coordination methods and groups, and consultation procedures pose practical challenges.
 - Development-assistance frameworks in Afghanistan are large, unwieldy and still lack flexibility to adapt within their frameworks to meet changing needs and gaps that emerge, flex to respond to shocks, or extend to offer durable solutions for displaced populations.
- In settings with mixed humanitarian and development needs, some single-mandate humanitarian organisations, particularly those using ‘in and out’ implementation, would not always coordinate with development, dual or multi-mandate actors. While this approach is reflective of adherence to humanitarian principles, the practice during drought response in Badghis did at times contribute to Do No Harm issues in humanitarian programming, inefficiencies and limited impact.
- **Funding decisions based on narrow normative perceptions of humanitarian and development.** Across health, WASH and education, single-mandate donors (or the single-mandate department within a dual or multi-mandated donor agency) and clusters tend to apply relatively strict normative understandings of *humanitarian versus development* and thus what can and cannot be funded. While it is essential to uphold humanitarian principles, the country-specific interpretations used in Afghanistan are more narrowly defined in comparison to other protracted crises and can act as a barrier to a nexus approach:
 - In practice, some humanitarian donors may use prescriptive approaches to decision-making around what types of interventions can be funded rather than application of problem analysis. Even when evidence that an intervention brings greater cost effectiveness, reduced risk for beneficiaries or lower environmental impact is presented, if it does not fit the prescriptively identified intervention type determined by the donor, the intervention may not be funded or it may take months or years to convince the donor. To move ahead, implementing NGOs are often forced to change the design, creating a missed opportunity for a nexus approach.³³
 - With limited humanitarian resources – substantially less in proportion to development spending for Afghanistan – clusters must prioritize interventions. Cluster leads and strategic advisory groups draw invisible lines over what is and is not considered humanitarian given these resource gaps, and humanitarian donors adopt similar perspectives on what can and cannot be funded through their bilateral

³³ An example found from the WASH sector was the prioritisation of establishing rural water sources for animal and agricultural use (e.g. haffirs) to mitigate the impact of drought, but the complementary construction of flood prevention was considered development and de-prioritized or unable to receive funding from humanitarian sources. Failure to include flood prevention as a standard aspect of haffir construction missed an opportunity to address longer-term Do No Harm considerations and build in greater sustainability.



After school, children outside of Qala-e-Naw, Badghis province, stand on a bridge to watch people below washing clothes and carpets.
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humanitarian funding. This can create a lengthy process to advocate with bilateral humanitarian donors for the acceptance of interventions that practically meet needs but may colour outside of the cluster-prioritised lines.

- Decisions by humanitarian donors that only, or disproportionately, fund interventions targeting IDPs based on status are still common. This can lead to the neglect of addressing humanitarian needs at place of origin, creating a 'pull' factor to IDP settlements and new protection or social cohesion risks.
- **Limited donor field access and oversight.** Afghanistan is one of the most dangerous operational environments. Consequent of safety and security requirements, the majority of donor representatives unfortunately have very limited or no opportunity to move physically beyond Kabul and visit hard-to-reach or conflict-affected areas in person to help inform their decisions. The inability to visit locations to see the fluidity between humanitarian needs and deeply chronic underdevelopment, understand the practicalities of implementing in local contexts, and see the opportunities for more creative but less normatively established approaches poses a significant challenge for donors. Donors also reported their struggle to triangulate or verify information, or to have direct oversight or

opportunity to visit ongoing projects as part of quality monitoring and oversight. These factors contributed to a lower risk appetite, sometimes manifesting with the use of status-based targeting or staying within narrow normative boundaries of what is considered 'humanitarian' or 'development,' and ultimately presenting as a barrier to resourcing nexus-style approaches.

- **Counterterrorism (CT) measures, including sanctions regimes** that apply in Afghanistan, have implications for implementing humanitarian and development programming. The practical result of some CT measures, particularly restrictive measures within NGO grant contracts, can be a direct limitation to the delivery of principled humanitarian assistance or create a 'chilling' effect consequent of heavy compliance requirements and the passage downward of compliance-related organisational risks. As a specific barrier to realising a nexus approach, humanitarian aid can be exempt from CT measures through licenses and waivers given international legal protection for principled humanitarian action, but development assistance is not subject to these same principles and enjoys no similar precedent for exemption. This limits the practical reality of development aid being available to fund durable solutions to displaced populations who may live in or need to return to a place where a listed party is present.

7.

Peace in the HDP Nexus

While this study has focused on the nexus or intersection between humanitarian and development programming approaches, the nexus fully refers to the interdependence and fluid interaction of humanitarian action, development and peace. In many ways peace in Afghanistan represents the ultimate means to eliminate the need for humanitarian action; and, if peace were achieved, some of the most significant challenges to chronic underdevelopment could similarly be addressed.

In Afghanistan though, the meeting of humanitarian action and development with peace is a more fraught conceptualisation, particularly for NGO actors with neutral or non-political mandates that prioritise humanitarian principles. Greater clarity and shared understanding are needed on what is meant by peace within the framing of the nexus for Afghanistan – a national ceasefire, a comprehensive political solution, greater safety and security for the average Afghan civilian (including from international armed forces' air strikes), or localised peacebuilding, basic service delivery, respect for human rights, conflict resolution, and social cohesion – these could all be contributors to peace for any number of stakeholders, including Afghan citizens themselves.

For World Vision, peace means identifying strategies to help address the root causes of conflict through both humanitarian and development programming. Analysis by World Vision has found that conflicts in Afghanistan are not always political. Many conflicts are driven by lack of resources, limited opportunities or alternatives particularly for adolescents and youth, deep gender inequality, and frustration that builds with so many generations experiencing conflict, loss, corruption and grief with limited change, justice or accountability. Locally driven peacebuilding interventions can lead to restored social cohesion; social cohesion was often found to be a by-product of World Vision's humanitarian and development interventions as these responded sustainably, equitably and flexibly on the basis of need, risk and vulnerability. Taking a community partnership approach to solving common and basic problems through localised context analysis – improving access to healthcare, water that is safe to drink or fetch, education – has helped strengthen social cohesion and bring about some form of daily peace for children and their families.



8.

Conclusion: What will it mean if we can't realise the nexus?

For Afghanistan, a nexus approach is good practice, it is a means to Do No Harm, it is a means to stave off future crises and shocks, particularly those related to environment and climate change, and it is a contribution to peace in the broadest sense of the term. If the nexus cannot be coherently realised in Afghanistan, development failures will continue to create life-threatening humanitarian needs, and humanitarian assistance will continue to be unable to comprehensively and sustainably respond to towards building durable solutions and development. Lives will be lost. Opportunities to strengthen and invest in systems, communities, local capacity and gender equality will continue to be restrained.

A coherent nexus approach for Afghanistan is essential. Trend markers of a decline in foreign assistance to the country demand a more coherent and efficient approach to meeting life-saving needs, addressing chronic underdevelopment and systemic gaps, and doing this in a manner that more comprehensively, efficiently and pragmatically solves the daily challenges Afghans face. Use of a nexus approach by all stakeholders also considers conflict sensitivity and builds on the incredible resilience, capacity and commitment of Afghans to find and own local solutions.

COVID-19 has in many ways laid bare the reality of the nexus in Afghanistan. Chronic development gaps – ‘white

areas’ with no accessible health services – have been elevated overnight to life-threatening emergency status. Failure of the development system to invest in laboratories and humanitarian aid defining this gap as a problem for ‘development’ to deal with compounded the challenge. Beyond the immediate health crisis, COVID-19 prevention and mitigation measures have interrupted employment, livelihoods and entire supply chains, acting not only as an immediate shock for families already displaced or affected by crisis, but adding a new and devastating layer of vulnerability that will demand a complex, multiyear response.

In many ways COVID-19 not only demands but increases the stakes for the necessity of a nexus approach. The same families in ‘white areas’ reached today in emergencies by mobile health teams need accessible primary healthcare tomorrow; families needing food and cash assistance today due to loss of employment need sustainable strategies to recover lost livelihoods. COVID-19 has demonstrated that a coherent approach, driven by evidence-based assessment of needs and gaps, has never been more critical. Many NGO actors such as World Vision have the experience and best practices to realise the nexus – what is needed now is for all stakeholders to continue to breakdown their silos and invest in these solutions.



Safe drinking water collection possible now in Chahkaran, due to the introduction of reverse osmosis water treatment.
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9.

Recommendations

Complex crises and deep-rooted development challenges in Afghanistan demonstrate one of the best arguments for the necessity of a nexus approach; the COVID-19 pandemic has only amplified this. Based on years of experience working in Afghanistan to support children, their families and communities, World Vision recommends:

All parties to the conflict should

- immediately implement and abide by a national ceasefire, especially in the face of the COVID-19 pandemic
- continue to make meaningful progress towards peace through the Intra-Afghan negotiations, including implementation of confidence-building measures and adopting modalities that better ensure women's participation.

The Government of Afghanistan should

- continue to advance its COVID-19 response through a coherent approach bringing together policies that allow for the scaling of life-saving humanitarian response and strategies to strengthen social protection, local economic recovery and delivery of basic public services
- adopt policies and take actions that coordinate with the humanitarian community to facilitate unfettered access to affected populations for COVID-19 actions, ongoing humanitarian response and sustainable development solutions, in particular those that prioritise children's rights and protection and promote access to education for girls and boys.

Donor agencies and international financial institutions should

- implement Grand Bargain commitments and the OECD-DAC Recommendation on the Humanitarian-Development-Peace Nexus to enhancing funding flexibility and coherence between humanitarian and development funding sources, in part by continuing to advance more iterative joint strategy development and review
- increase transparency and accountability of large-scale multiyear sustainable development frameworks, taking into consideration humanitarian programming and including a joint approach to assessments, planning, evaluations and reviews that inform the design, implementation and adjustment of these frameworks
- support more innovation in programme design across the humanitarian-development continuum, particularly in humanitarian response, with designs driven by vulnerability

assessments that better balances life-saving assistance between a vulnerable population's location and its place of origin, and with flexibility to respond to communities' needs more comprehensively, efficiently and sustainably.

The UN system should

- realise the New Way of Working commitment by working more collaboratively with humanitarian and development actors, including the NGO community and civil society, to define and implement country-specific collective outcomes that reduce need, risk and vulnerability over time and increase people's resilience. Collective outcomes should ensure to leave space for principled humanitarian action
- continue to use and promote the Humanitarian Response Plan 2020's expanded definition of 'people in need', which moved towards greater use of vulnerability criteria and in particular recognized the extreme vulnerability experienced by people who have experienced conflict, displacement and natural disasters over years without sufficient recovery or a durable solution
- strengthen collaboration between UN-led humanitarian clusters and development-focused sectoral coordination spaces to share information, identify and break down normative perceptions creating gaps at community-level programming, and engage in joint planning.

The humanitarian and development community of actors should

- continue to collect evidence of the nexus at work on the ground to demonstrate the amplified impact of more coherent and joined up approaches to donors and other key stakeholders
- improve coordination between development and humanitarian systems, including
 - leveraging of existing coordination structures and capacities in country, avoiding the creation of distinct nexus-related taskforces
 - more joint planning, targeting and prioritisation exercises, with prioritisation criteria streamlined and driven by commonly agreed vulnerability and risk reduction analysis
- increase opportunities and platforms for sharing best practices and do more to highlight both planned and unanticipated wins realised by adopting a nexus approach.

10.

Note on Terminology and Definitions

Fragile contexts (short definition): Political and social pressure make these contexts vulnerable to conflict and have fractured the institutions that would normally provide protection and security to residents, including children. Fragility can cover one or many states or only a few neighborhoods, and it can change rapidly. In fragile contexts children suffer extreme levels of violence, exploitation, abuse, and neglect.

Fragile contexts (longer definition): In fragile contexts political and social stresses result in extreme vulnerability of children to violence, exploitation, abuse and neglect. In some fragile and conflict-affected contexts the government is unable or unwilling to ensure the basic rights and well-being of its population and lacks the capacity to manage conflict without violence. In extreme cases the state may be either non-existent or actively involved in perpetrating violence against its people. Fragility and conflict are neither fixed nor immutable but move along a spectrum. They can affect entire countries or be contained in particular parts of a country, and they can cross borders to affect neighbouring states that are vulnerable to instability.

Protracted crises: There is not an internationally recognised consensus definition of protracted crises. For consistency's sake, the term is used by World Vision as a means to describe contexts that have a mix of many of the following characteristics: duration, deprivation, displacement, disasters and disregarded. Each protracted crisis is different, but protracted crises usually have some combination of conflict, natural disasters, natural resource pressures, serious climate change impact, inequalities, prevalence of extreme poverty and governance factors as root causes. A protracted crisis may have widespread impact or be limited to a specific geographic area of a State or a territory; it may not affect the entire population. Protracted crises may also have international, regional and transboundary aspects and impacts, including the presence of refugees as defined and recognised under applicable international law, who are often in protracted refugee situations.

World Vision's approach to peacebuilding: As a Christian, community-based and child-focused organisation World Vision seeks peace and pursues it. Violence and conflict affect thousands of communities where World Vision works and jeopardise sustained child well-being. World Vision's peacebuilding seeks to protect children from violence and empower them to participate in promoting peace and loving their neighbour. World Vision's peacebuilding work is both a cross-cutting theme and a technical sector of its own. World Vision's peacebuilding programming seeks to weave a fabric of resilience throughout a community, so that its members can resolve their own conflicts, heal broken relationships and nourish more just systems and structures to prevent conflict. Empowering children as peacebuilders protects them from violence and empowers them to participate in creating greater levels of justice, equity, prosperity, and peace – not simply in the reduction of overt conflict. More specifically, World Vision defines peacebuilding both as programmes and activities and as sustained processes which are relevant to every context and steadily build or restore networks of interpersonal relationships, address underlying causes of conflict and past grievances, contribute toward just systems and continually work with the interaction of truth and mercy, justice and peace.



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to end violence against children

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