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Emergency Response Mechanism

Protection Analysis Report

May – July 2020

SUMMARY

This protection analysis report considers data collected, processed and analyzed through the ECHO-funded Emergency Response Mechanism (ERM) Consortium, including lead agency Danish Refugee Council (DRC) and partner agencies International Rescue Committee (IRC), the Agency for Technical Cooperation and Development (ACTED) and the REACH Initiative, in addition to WASH partner the Danish Committee for Aid to Afghan Refugees (DACAAR). The period covers May through July 2020.

Analysis covers 31 out of 34 provinces in all regions of Afghanistan as covered by ERM partners. See *Annex 1: ERM Location Map* for a breakdown of agency coverage by province.

Key topline protection concerns identified during the quarter include:

CHILD LABOR
Child labor pre-existing to shocks of conflict, natural disaster, displacement and COVID-19 increasing in frequency and reducing in average age as a result of stressed household finances and a restricted overall economic environment
HOUSING, LAND AND PROPERTY
Households residing in rental properties facing additional risks of reduced savings, debt incurrence, and reliance on negative coping mechanisms to afford payments, along with risks of exploitation and eviction
GENDER-BASED VIOLENCE
Reduced access to services for women and girls, particularly education and healthcare, due to strong gendered power dynamics exacerbated by shock and displacement
CIVIL DOCUMENTATION
Lack of access to national IDs resulting in reduced movement and access to services, as well as under-enrollment of children in school

LIST OF ACRONYMS

ACTED	Agency for Technical Cooperation and Development
ANA	Afghan National Army
ALP	Afghan Local Police
ANSF	Afghan National Security Forces
AOG	Armed Opposition Group
AOD	Area of Displacement
AOO	Area of Origin
CD	Community Discussion
DACAAR	Danish Committee for Aid to Afghan Refugees
DO	Direct Observation
DRC	Danish Refugee Council
ERM	Emergency Response Mechanism
GoIRA	Government of the Islamic Republic of Afghanistan
HAG	Humanitarian Access Group
HEAT	Household Emergency Assessment Tool
IDP	Internally displaced person
IRC	International Rescue Committee
JAT	Joint Assessment Teams
KII	Key Informant Interview
NFI	Non-food item
NSAG-ISK	Non-State Armed Group – Islamic State Khorasan
NSAG-TB	Non-State Armed Group – Taliban
PRA	Protection Risk Analysis
RPA	Rapid Protection Assessment
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USG	United States Government

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DATA COLLECTION AND METHODOLOGY

The purpose of this protection analysis is to enable evidence-informed action for quality protection outcomes, reducing risk to affected persons via decrease in threats and vulnerabilities faced by individuals and communities while increasing capacities of duty bearers, individuals and/or communities by providing an evidence base and sector-specific recommendations for humanitarian response partners.

This protection analysis report is based on a consolidation and analysis of multilevel protection assessment and data collection. Data collected and reviewed is both primary and secondary data. Primary data collected directly through the ERM Consortium constitutes the main sources, while secondary data is used to triangulate and corroborate findings from primary data collection. Under the scope of primary data collection, ERM Consortium agencies collect information through a standard protection assessment methodology that includes a combination of collection methods including direct observations (DO), key informant interviews (KII), and community discussions (CD). DO is an observational study method in which an assessor collects evaluative information by observing a subject or situation. KII are qualitative in-depth interviews with a wide range of community entry points such as community leaders, group representatives, organizers or residents with firsthand knowledge of a community or area. A CD is a form of focus group discussion that involves a gathering of people with similar experiences during which the assessor will ask qualitative research questions to understand the perspective of a particular group within the community (e.g. women, elders, etc.). Under the ERM, Protection partners DRC and IRC conduct full Rapid Protection Assessments (RPA) utilizing DO, KII and CD, while ACTED and DACAAR run the DO component in parallel to the multisector HEAT assessments. Based on RPA and DO findings, all partners use a Protection Risk Analyses (PRA) framework to evaluate protection concerns through a lens of threat, vulnerability, capacity and response at the provincial level.

Protection data collection informing the analysis is moreover multilevel, taking place at the household and community level through DO, KII and CD, and then cross-analyzed at the provincial, regional (PRA) and national levels. During the period from May to July 2020, 66 DO and 8 full RPA constituted primary data collection sources.

LIMITATIONS

Results are not statistically significant given the use of DO, KII and CD methods as the main source of primary data collection. Findings and observations are indicative however and thoroughly triangulated through multiple assessors and sources.

The period of May to July 2020 in Afghanistan was affected by the spread of the novel coronavirus (COVID-19), which initially delayed data collection because of reduced operational footprints by humanitarian agencies. In line with World Health Organization guidelines, assessment teams took all recommended steps to ensure data collection methods did not put staff or communities at risk. In cases where the assessment teams were not able to travel to affected locations due to the above limitations, sampled phone surveys were used as an alternative remote data collection method.

CONTEXT AND CONFLICT ANALYSIS

Situational Developments

Contextual developments during the quarter centered around advances in the peace process, with deliberations ongoing between parties in the wake of the signing of a conditional agreement between the United States Government (USG) and major Non-State Armed Group – Taliban (NSAG-TB). Following stalled negotiations for a prisoner release between the Government of the Islamic Republic of Afghanistan (GoIRA) and NSAG-TB, a spike in insurgent violence by AOG including NGAG-TB and Non-State Armed Group – Islamic State Khorasan (NSAG-ISK) against both military and civil installations including health facilities, prompted continued hostilities in provinces across Afghanistan, including Balkh, Helmand, Kabul, and Nangarhar. An expected uptick in violence in the short term is likely to impact negatively on the safety environment for civilians, exposing them to ongoing threats of violence and reduced movement.

Triggers and Displacements

Across Afghanistan, the major triggers of displacement and emergency and protection needs during the period of May through July 2020 was conflict, insecurity and natural disasters. Of the total assessments during the period, 73% were triggered as a result of conflict or insecurity, 32% were as a result of natural disaster, and 8% were other causes[1]. Overall, displaced households primarily chose host communities as their Area of Displacement (AOD), likely due to the presence of basic services, followed by family members in another area. In a limited number of cases, affected households displaced to informal settlements (Herat, Balkh, and Paktya provinces).

Alerts of armed conflict between GoIRA forces and AOG frequently led to displacement of affected households into neighboring districts or provinces perceived to have higher security. In cases of conflict or evacuations with the presence of armed actors, collective security elements were frequently reported to not allow affected households to take any personal items (NFIs) with them, increasing hardship for IDPs during their displacement and after reaching their AOD. In cases of natural disaster, approximately 40% (in Herat, Sari Pul, Wardak and Kunar) displaced to a neighboring host community while 60% (in Faryab, Herat, Kunar and Parwan provinces) chose to remain in their Area of Origin (AOO).

KEY PROTECTION CONCERNS

Access Constraints and Freedom of Movement

The access environment across Afghanistan and the 33 provinces where ERM is present remains complex, with humanitarian space constricting in the period of May to July 2020 as compared to the 3 months preceding. In line with an increased overall reporting of access impediments by the wider humanitarian community during this period[2], ERM partners reported 15 assessment areas with access restrictions

[1] Single caseloads assessed can be triggered by a combination of conflict, natural disaster, or other causes.
[2] UNOCHA, "Afghanistan Humanitarian Access Snapshot", July 2020.

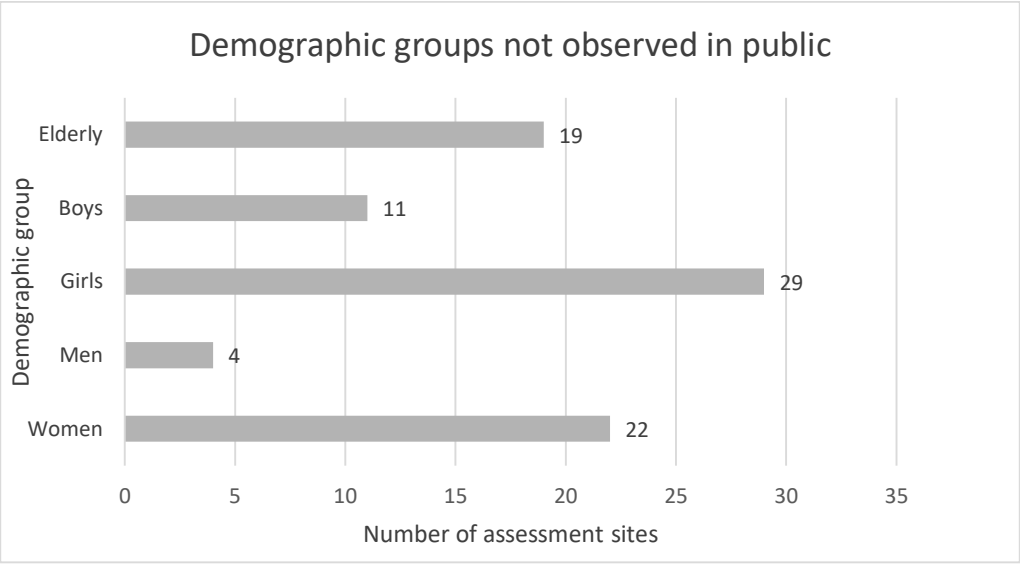
impediments, including presence of armed actors or checkpoints limiting movement for either humanitarians or affected community members.

Access constraints reduce reach and capacity of humanitarian actors to respond to the needs of conflict and displacement-affected communities, with negative implications for meaningful and safe access to services for individuals and communities requiring assistance, including protection support. Access is further reduced by a deteriorating safety environment for beneficiaries and humanitarian agencies alike, and the period has seen an increase in targeted attacks on health sector service providers (71 reported by UNOCHA HAG during from January to July 2020)[3]. Likewise, road closures following low-level clashes particularly along the Kabul-Ghazni Highway, the road between Mazar-e-Sharif and Shibirghan, or in Balak Baluk regularly restricted movements for service providers as well as civilians and posed high risk of exposure to checkpoints and crossfire.

Continued spread of COVID-19 and resulting international and domestic movement restrictions during the period has further complicated access, and will likely continue to impact humanitarian operations into the coming quarter. In terms of protection, agencies reported reduced capacity to ensure safe referrals for persons requiring specialized services. Across all provinces, affected communities reported limited daily labor opportunities due to COVID-19 movement restrictions, particularly impacting on displacement-affected households reliant on wages from daily labor.

Social Structures and Participation

During assessments, ERM teams observed patterns in population groups absent from public spaces. Out of 67 reporting teams, girls were not observed in 29 sites, women were not observed in 22, elderly persons in 19, boys in 11 and men in 4.



[3] UNOCHA, "Afghanistan Humanitarian Access Monthly Statistics", July 2020.

While during the period COVID-19 and associated restrictions mandated limited general movements in public spaces, the majority of assessments observed that restrictions were not strictly adhered to across most groups, and therefore is unlikely to skew data significantly. The main exception to this would be elderly persons and those with chronic illnesses, who based on either vulnerability awareness or stigmatization were more likely to select or be forced to stay indoors.

Outside of public health considerations, freedom of movement and participation in the public sphere is a critical element to meaningful participation in communities, and to access to services. Based on available data, girls, women and the elderly are most likely to be negatively impacted due to these limitations.

Intra/Intercommunal Relations and Hosting

Once in their AOD, affected households resided in a variety of shelter types with variable associated protection concerns. Shelter types included: finished structures, unfinished structures, public structures (religious buildings, schools, etc.), temporary/makeshift structures, tents, damaged structures, host community homes, or rental properties. During the period, the majority of displaced households resided in rented properties in their AOD, followed by temporary/makeshift structures, host community homes, unfinished structures, damaged structures, tents, and least commonly finished structures. Households residing in rental properties face additional risks of reduced savings, debt incurrence, and reliance on negative coping mechanisms to afford payments, along with risks of exploitation and eviction.

> The link between displacement and debt is important to note from a protection perspective, as a growing body of research indicates that both one-off and chronic debt accrual lead to not only long term financial impacts but also psychological ones. Financially, debt repayments create a cycle of financial burden that diverts resources away from productive expenditures, savings or investments. Across the globe, households affected by debt also experience high levels of anxiety, increased time spent worrying, reduced capacity to engage in future planning, and overall reduced psychosocial wellbeing. (World Bank Group, 2020)

Households residing in temporary/makeshift structures, unfinished, damaged shelters or tents incur increased vulnerability to multiple threats, including exposure to the elements, assault, criminality, or sexual violence, highlighting the importance of shelter responses in reducing protection risks. Moreover, IDPs residing in temporary/makeshift, damaged, unfinished structures or tents were less likely to have access to basic services and facilities including electricity and water, face a high risk of exposure to elements (high temperatures, inclement weather), and also safety risks due to lack of structural integrity or reinforcements. Due to the various safety risks, they are also more likely to face multiple displacements.

Findings from the majority of caseloads living in rental houses reported high levels of congestion, as multiple (up to 8) families were observed sharing single shelters to reduce cost per household. In the current context of COVID-19, households living in congested shared shelters are at additional high risk for health concerns due to transmission of COVID-19. However, it was observed in Balkh, Sari Pul, Takhar, Samangan and Kunduz that households made demonstrated efforts to reduce congestion and crowding in shelters following receipt of hygiene messaging from the Joint Assessment Teams (JAT) in the area.

In the majority of locations assessed during the quarter, inter or intra-communal tensions were not observed as a result of hosting. As IDPs commonly displace to extended family homes, they are often supported through this network to meet their basic needs. In cases in Jawzjan, host community members were observed providing food, water, shelter and non-food item (NFI) support to the IDPs. That said, host community members in Logar and Paktya expressed concern that services were overextended as a result of the influx of displaced households, leading to risk of exclusion of IDP households from basic services.

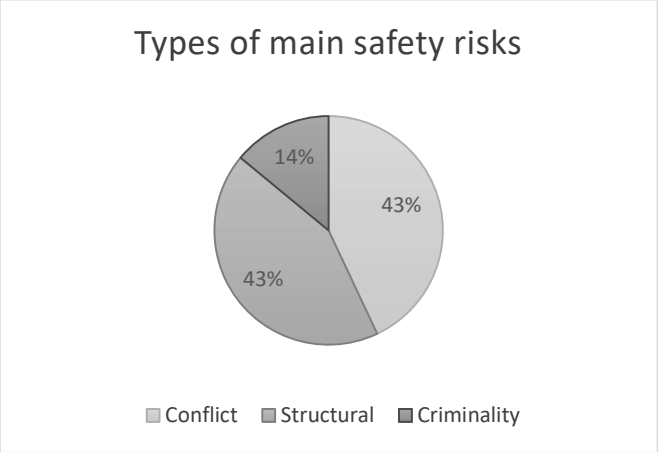
Safety and Security

Presence of Armed Actors

During the quarter, the presence of armed actors was reported in all regions. Out of 71 assessment locations, 58% observed armed actors during the assessment, 38% did not observe armed actors, and 4% reported uncertainty of armed actor presence. Where armed actors were present, the most common were Afghan National Security Forces (ANSF), Afghan National Army (ANA), Afghan Local Police (ALP), and NSAG-TB, among other unidentified AOG. In areas under AOG control, community members reported that persons with GoIRA association felt fearful of returning to their AOO out of fear of being targeted, particularly persons having worked with the police, military or security elements.

Physical Safety

For caseloads where assessment teams reported immediate threats to community and/or household safety, threats were generally linked to either conflict or natural disaster. Of the 71 assessments, 20% reported immediate safety risks. Of those with safety risks, 43% were due to ongoing conflict or clashes, 43% were due to unsafe structures or exposure, and 14% due to criminality.



Killing

While assessment teams do not actively count numbers of persons killed, IDPs in Herat anecdotally reported 24 cases of community members killed during the armed clash that triggered their displacement, and another 12 reported to have died during the displacement process due to hardship and lack of healthcare. Deaths were also reported as a result of armed conflict in Kandahar and Wardak. In Parwan, community members reported 4 persons killed and 2 injured as a result of flash flooding.

Child Protection

Armed conflict, natural disasters and displacement have adverse impacts on the wellbeing of children. Child protection (CP) concerns observed during the period include a combination of exacerbation of pre-

existing CP concerns as a result of the shock or displacement, direct impact of the shock and displacement, and those emerging through reliance on negative coping strategies at the individual, household and community levels. Across the majority of assessment sites, significant CP concerns resulted in psychosocial distress and reduced wellbeing for children; IDP children were the second most common group after women to display symptoms of psychosocial distress observed by assessment teams, including frequent crying, fear of noises, and aggressive behavior within a group.

Child Labor

According to ERM data, child labor was the most widespread concern affecting children in Afghanistan during the period, with assessment teams observing or reporting child labor in 17 provinces (Badakhshan, Balkh, Farah, Faryab, Ghor, Helmand, Herat, Jawzjan, Kandahar, Kunduz, Logar, Parwan, Samangan, Sari Pul, Takhar, Wardak and Zabul) and all regions. Common forms of child labor observed include children involvement in agricultural labor, construction and manual labor, selling or reselling of goods in markets or along main roadways. Boys were frequently reported to be sent away to work, including some to Iran or to other provinces to work in opium production. This practice was most common in Herat, most likely due to proximity to the border.

While engagement in child labor has multiple negative impacts including reduced likelihood of children attending school, increased exposure to exploitation and abuse, and is linked to illness and malnutrition, certain forms of child labor are especially harmful due to their hazardous nature. During the period, children were observed in multiple assessment sites to be engaged in collecting garbage for resale, potentially exposing them to harm through contact with hazardous objects and materials. Children were also frequently engaged in construction work with high levels of risk for harm.

In Kandahar, child labor previously reported to be uncommon was observed to be increasing in frequency and reducing in average age (from 17-20 to 15-17) as a result of stressed household finances in the context of COVID-19 and a restricted overall economic environment.

Kidnapping

In Wardak, children were reported to be kidnapped on their way to and from school, likely resulting in reduced/lowered school attendance and severe impacts on affected children's wellbeing.

Child Recruitment

Cases of forced child recruitment was reported to assessment teams in Zabul, Uruzgan, and Kandahar, with boys aged 12 – 22 and from households without a strong social network particularly at risk. According to community members, child recruitment continued to be a threat to households that do not have the resources to leave an AOO where recruitment is common or experiencing shifting frontlines, and particularly to those that do not have alternate sources of income that are safe and reliable.

Early and/or Forced Marriage

Across all provinces, affected households reported early and forced marriage preexisting to their displacement, but increasing in frequency and reducing in average age due to stressed household economies as a result of displacement. Where forced and/or early marriage was reported, both girls and

boys were reported to have limited agency in the process, but the average age was earlier for girls than for boys/men. 3 cases of early and/or forced marriage were reported in Herat, 1 in Kandahar, and 1 in Wardak.

Gender-Based Violence

A significant body of evidence indicates that women and girls are disproportionately negatively affected by conflict and natural disaster through increased gender-based violence (GBV), as a result of multiple overlapping factors including the breakdown of social support and safety networks and pre-existing gendered divisions of power and labor whereby women and girls take up the majority of caregiver responsibilities, and face higher levels of discrimination accessing labor and resources for recovery[4]. As conflict and natural disasters remain the main drivers of displacement in Afghanistan, is can be concluded that women and girls are particularly adversely impacted by shocks. During ERM assessments, where symptoms of psychosocial distress were displayed or suggested through community discussions, the majority of affected groups and individuals were female. The most common symptoms were distress and depression, with frequent crying observed and severe headaches and self-harm reported.

According to IASC GBV Guidelines, obtaining prevalence or incidence data on GBV in emergencies is not advisable, as methodological and contextual challenges make data collection and assessment difficult for emergency teams to conduct safely and ethically, and is moreover not in line with best practice in cases where no static service providers are present. However, cross analysis of monitoring findings, anecdotal reports and critical observations can indicate certain risks and/or practices. Limits or restrictions on movements and denial of opportunities or services based on gender constitute socio-economic, emotional and psychological GBV. Often these forms of GBV are prevalent in society as harmful elements of traditional practices, are difficult to root out, and are exacerbated in conflict and displacement environments. In locations assessed by ERM teams, women and girls were frequently observed to be missing from the public sphere; in out of 71 assessment sites, girls were not seen in public or accessing services in 41%, and women not in 31%, indicating strong gendered power dynamics that are constricting the rights of women and girls in all regions of the country.

More detailed RPA qualitative findings and PRA reports by DRC teams in Wardak and Herat suggested denial of resources to be common practice, particularly through restricted movement, as women are reported to not be allowed to leave their homes without a male family member. As a result, women and particularly widows struggled to access basic services, particularly healthcare and in emergency situations during the evening and night times. In Herat, women and girls were reported to be actively restricted by male family members from accessing basic services, particularly healthcare. This was moreover reported to be impacting on poor maternal and child health outcomes, resulting in increased deaths of newborns.

Girls were also reported to be less likely than boys to access educational services; in Wardak, community discussions suggested that girls are allowed to attend school until the second or third grade of primary school, after which they no longer attend and will be married. The impacts of restricted access to

[4] Inter-Agency Standing Committee (IASC), "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action", 2015.

education for girls has wider implications on exposure to GBV, as girls not in school are more at risk of early and/or forced marriage such as in Wardak, and have lower health outcomes[5].

Persons with Specific Needs

Within shock and displacement-affected communities, persons living with disabilities and the elderly are at particular risk because they are less likely to be able to participate actively in decision making processes impacting their wellbeing, are often afforded less agency within social structures, and are less likely to have their needs met[6]. In 27% of assessment sites in all regions of Afghanistan, persons living with disabilities or the elderly were not observed in the public sphere. This absence can be a result of multiple factors, however anecdotal evidence from assessment teams indicated frequent stigmatization of the elderly and acutely or chronically ill as a result of COVID-19.

Additionally, within a displacement caseload in Herat, community members reported that persons living with disabilities and elderly persons faced challenges during the displacement process in maintaining their safety, as a result of limited mobility. Community members reported that as a result, up to 100 conflict-affected persons with specific needs did not reach the AOD, putting them at additional risk due to both safety concerns due to the shock as well as limited caretakers due to the displacement.

Housing, Land and Property

Evictions

IDPs displaced to urban areas were predominantly sheltering in unfinished buildings, or renting properties within the host community. Due to the combination of high rental costs and limited labor opportunities, IDPs face a high risk of evictions.

Destruction of Property/Land

Frequent destruction of property was reported in all regions, but due primarily to cases of natural disaster (heavy rains, flooding, landslides) in Herat, Kunar, Badakhshan, Sari Pul, and Faryab. In Kandahar, Herat and Helmand, destruction of property was reported as a result of armed actors.

Occupation by Armed Groups

In Paktya, IDPs reported that following their displacement, their land in their AOO has since been damaged and properties occupied by armed group members and supporters of NSAG-TB, and expressed worry that they will be unable to return to their AOO as a result.

Civil and Political Rights

Civil Documentation

In Herat and Wardak, women (particularly ethnic minorities) and children were reported to not have access to national IDs (tazkira), resulting in reduced movement and access to services, as well as under-

[5] UNESCO and UNWOMEN, "Global guidance on addressing school-related gender-based violence", 2016.
[6] UNHCR, "Working with Persons with Disabilities in Forced Displacement", 2011.

enrollment of children in school. Women reported to have left their documentation in their AOO during displacement, or to have been restricted by male relatives to apply. Due to converging vulnerabilities, ethnic minority female IDPs were the least likely to have their civil documentation.

In Kandahar, IDPs displaced from Urozgan reported limited access to documentation for all groups, due to complex procedures in place as well as high unofficial processing costs. As a result, many residents faced difficulty moving or accessing services. While only directly reported to the ERM assessment teams in Kandahar, acquiring civil documentation is challenging across Afghanistan, and particularly for displacement-affected households as GoIRA law for documentation for IDP or returnee status transfers burden of proof to applicants, is administratively complicated and costly[7].

Access to Services

Safe and Meaningful Access

Availability of basic services was variable across AOD assessed during the period. Affected communities in 45% of assessment sites reported partial access to basic services, but most commonly lacked education, WASH, and health services. 41% of assessment sites reported availability of most basic services, however in cases where services were available and functional, access was still limited as many were closed due to COVID-19. 14% of affected communities assessed reported that basic services were not available.

Overall, services were more likely to be available in GoIRA rather than AOG-controlled areas. In the majority of assessment sites where IDPs were sheltering in host communities, services that were available were generally shared with IDPs, however host communities and IDP households in Logar and Baghlan voiced concerns that available services were stretched past capacity given the influx of IDP households. Services were also more likely to be available to IDPs in urban areas than in informal settlements or rural areas. However, in urban AOD where services are more likely to be available, there was an observed trend in women reporting lack of knowledge in how to access available services.

Where services were reported to be available to affected households, many were located three or more kilometers away from the main AOD. In such cases, vulnerable persons with mobility challenges (very elderly, single-headed households or households with a high number of dependents, persons living with disabilities, acutely or chronically ill persons, pregnant or lactating women) faced more obstacles and were less likely to reach said services.

As a result of the combination of limited access to services, limited labor or incoming generation opportunities, and high costs for living, many IDP household reported significant levels of stress in their AOD, and that they were unsure how they would make ends meet and provide for their families.

Health

In Wardak, while health facilities were available and functioning in urban centers assessed, community members reported that they were in poor condition and lacked trained staff and basic medications.

[7] Afghanistan Housing, Land and Property Task Force, "A brief guide on accessing land through Presidential Decree 305 and other government allocation mechanisms", July 2020.

In rural areas where health facilities were available and functioning, they were often prohibitively distant to ensure meaningful access for persons with specific needs or the elderly. As coping mechanisms, persons that could not reach a clinic would either forego care or walk three or more kilometers.

Education

In the majority of assessment sites where education services were available, facilities were closed and services suspended due to COVID-19 restrictions, and in some cases insufficient to meet the needs of the hosting and displaced population if open. Due to crowding, girls were less likely to attend than boys prior to closure and following reopening. In addition to crowding, households also cited distance, security concerns, transportation costs and fees as prohibiting factors in access education services. IDP households moreover reported lack of civil documentation as a main barrier. As a result, children (particularly after primary school age) were more likely to engage in labor.

RECOMMENDATIONS

HOUSING, LAND AND PROPERTY
Regular monitoring of HLP issues should be undertaken and triangulated with flow monitoring data and intentions surveys of returning households to identify and advocate for solutions related to potential evictions.
HLP and/or legal assistance partners are encouraged to support and work with local authorities to improve access to civil documentation related to accessing deeds for proof of property ownership, and to engage in local authorities as duty bearers to advocate against occupation of displaced households' properties by AOG.
Humanitarian agencies are recommended to support IDP and returnee households with civil documentation assistance and counseling, and are suggested to explore the feasibility of using cash transfers in conjunction with legal assistance to ensure that HLP programming addresses cost barriers for populations at risk.
SHELTER
Mainstreaming of protection into shelter interventions, as a key way of reducing vulnerability to protection threats for households affected by damaged shelters through either natural disasters or conflict.
ADDRESSING THE DEBT CRISIS
Donors and responding agencies are recommended to support increased integration of psychosocial support (PSS) into livelihood interventions, including cash and voucher assistance. Due to the negative financial and psychosocial impacts of debt that create cycles difficult for individuals and households to break away from, prevention and response programming is recommended through multiple entry points: ▪ Increased integration of PSS into livelihood interventions through referrals to specialized service providers, coupled with mainstreaming of PSS considerations through community-level programming by ensuring responses are participatory, build empowerment, are safe and socially appropriate, protect dignity, and strengthen local support systems and networks. ▪ Targeted debt assistance on a case by case basis folded into case management interventions, as a way of alleviating psychosocial distress.
CHILD PROTECTION
Provision of information dissemination and training of community leaders on the rights of children, as well as the negative impacts of child labor is recommended. CP partners are recommended to engage community leadership and community-based networks in longer-term training support for identifying and reducing protection risks within their communities.
AGE, GENDER AND DIVERSITY MAINSTREAMING
Protection should be mainstreamed into response planning to ensure meaningful and safe access for beneficiaries to humanitarian services, particularly at planned distribution sites and especially for vulnerable community members and persons with specific needs, taking into account specific vulnerabilities related to age, gender and diversity. To the extent possible, partners should localize

beneficiary identification and registration, and distributions in AOD to ensure that assistance reaches persons with specific needs. House to house beneficiary identification and verification is recommended to ensure selection is needs-based rather than determined by access, and vulnerability screening criteria communicated to communities.

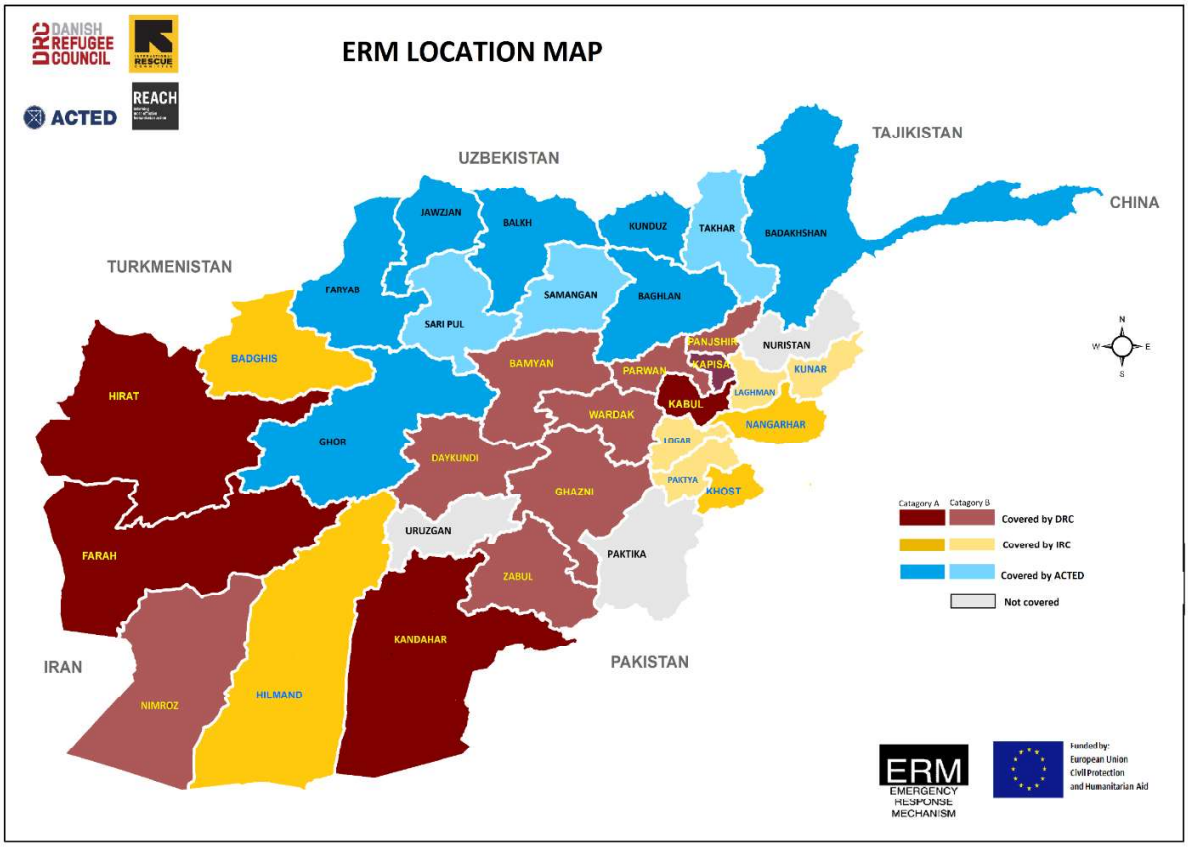
HEALTH

Health actors are recommended to consider establishing/expanding mobile outreach into rural host communities and informal settlements to improve community access to basic and affordable healthcare.

COVID-19 MESSAGING CAMPAIGNS AS ENTRY POINTS

Humanitarian partners providing awareness and prevention messaging on COVID-19 are encouraged to partner with general protection, CP and GBV specialized agencies to include key messages on the rights of specific groups. Messaging is moreover recommended to include language encouraging reduction in stigmatization of affected groups to reduce emerging associated protection concerns and safe access to services. Community leaders and community-based networks are recommended to be engaged as change agents.

Annex 1: ERM Location Map[8]



[8] In addition to ERM Consortium partners, DACAAR covers 28 provinces across Afghanistan, and provides additional protection data collection through DO. DACAAR data sets and findings are incorporated into this report.