Migration MPTF

ANNUAL/FINAL PROGRESS REPORT

- *All submissions should be in the English language.*
- *In all narrative inputs, please use "Calibri" font size 11 (apply "Normal" style)*
- *Please delete the instructions (in blue) in the final submission*

PROJECT INFORMATION	
Joint Programme Title:	Managing Health Risks linked to Migration in Afghanistan: Operationalization of International Health Regulations
Country(ies)/Region (or indicate if a global initiative):	Afghanistan
Project Identification Number:	00127691
Convening UN Organization:	IOM
PUNO(s) (PUNOs):	WHO
Key Partners: *(include Implementing Partner)*	Ministry of Public Health (MoPH), Provincial Public Health Directorate (PPHD), Ministry of Interior (MoI), Afghan Border Police (ABP), Afghan Civil Aviation Authority (ACAA), Ministry of Return and Reintegration (MoRR), Directorates of Return and Reintegration (DoRR) and select civil society organizations *Noting these partners were engaged and determined prior to the collapse of the Government of the Islamic Republic of Afghanistan on 15 August 2021
Project Period (Start – End Dates):	2 July 2021 – 28 June 2023
Reporting Period:	2 July – 31 December 2021
Total Approved Migration MPTF Budget: *(breakdown by PUNO)*	*PUNO 1 (IOM): 1,519,989* *PUNO 2 (WHO): 1,380,011* *Total: 2,900,000*
Total Funds Received To Date: *(breakdown by PUNO)*	*PUNO 1 (IOM): 1,063,992* *PUNO 2 (WHO): 966,008* *Total: 2,030,000*
Report Submission Date:	*31 May 2022*
Report Prepared by: *(Name, title, email)*	*Susan Price, Project Development Officer, sprice@iom.int*

Executive Summary

This project aimed to provide critical support to prevent, detect and respond to communicable disease control in the context of mobility in Afghanistan, which was launched amid the COVID-19 pandemic. The project start date closely coincided with the Taliban takeover in Afghanistan, so numerous project activities are still required to be implemented, however its' implementation made it possible to recruit key staff who were already able to set-up a Cross-Border Collaboration Working Group, finalize Point of Entry (PoE) assessment tools/methodology, and complete the drafting of the Standard Operating Procedures (SOPs) for health screening at PoEs in collaboration with the general Directorate of Monitoring, Evaluation and Health Information System (M&E-HIS) of the Ministry of Public Health (MoPH). As noted above however, following the sudden change in the political situation due to the fall of the former Government of Afghanistan in August 2021 and in a context of international sanctions and an increasingly complex operating 2environment, the field activities have been frozen.

In light of the further recent deterioration of the humanitarian crisis, combined with the spread of COVID-19 and numerous others epidemic-prone diseases (EPDs), all in a context of increased cross-border mobility dynamics, WHO and IOM have requested an no-cost extension (NCE) to ensure the implementation of the humanitarian component of this project to urgently enhance public health capacities at points of entry (PoEs).

Annual (or End-of Project) Progress

1. Summary and Context

This joint project aims to reduce the transmission of communicable diseases across the borders of Afghanistan through the improved implementation of International Health Regulations (IHR). Building on the technical and thematic areas of expertise of the World Health Organization (WHO) and the International Organization for Migration (IOM), it applies a multi-faceted approach to i) build a comprehensive knowledge base and support legal and policy frameworks on IHR, ii) conduct capacity building and infrastructure upgrading at points of entry (PoE), iii) strengthen community-level surveillance systems and awareness, and iv) ensure cross-border cooperation and interlinkages with Pakistan and Iran.

The need for strengthening the core capacities of PoEs remains urgent in order to ensure safe, orderly and regular migration, in a context of increased cross-border mobility dynamics. This is particularly pressing given the dramatic shift in the operational context shortly after the commencement of the project in July 2021 with the Taliban takeover of Afghanistan in August 2021, the subsequent pause on operations that followed, and also in light of the ongoing humanitarian crisis, COVID-19 pandemic, and the spread of numerous other epidemic-prone diseases (EPDs).

Insecurity and vulnerability define current living conditions in Afghanistan where poverty rates are high and rising. The pandemic has also put an additional strain on the already overburdened health care system, where one-third of the population does not have access to a functional health centre within two hours of their home[1]. Afghanistan has relied heavily on outside funding to maintain basic social service infrastructure, and there remains a need for external actors to provide basic services in large parts of the country. The capacity of the national civil society is relatively weak, and many nongovernmental organizations (NGOs) are under pressure by the de facto authorities (DfA) to supplement existing service provision. Thus, there is a significant need to improve the coordination and delivery of existing health services at border areas and areas of return to help

[1] OCHA: Humanitarian Response Plan (HRP) 2022, issued January 2022

address the complex health needs of returnees, alongside IDPs, and host communities through enhanced public health capacities at the main PoEs, while promoting participation of the affected populations, in particular women.

Whilst the strategy remains unchanged, with the sudden halt of international support due to the fall of the former Government of Afghanistan, and the system of international sanctions following the shift of power in August 2021, the joint project scope requires a move from the broad IHR improved implementation (inclusive of legal frameworks) to be more focused on strengthening PoEs and core capacities. This move is in line with implementation of the IHR 2005 requirement to prevent, detect, respond and mitigate the impact of the numerous infectious diseases detected in Afghanistan amidst this humanitarian crisis. This is reflected in the joint project revision submitted to the MPTF in May 2022.

2. Results

During the reporting period (2 July – 31 December 2021), despite challenges some key preparatory actions were achieved by this IOM/WHO two-year joint programme to strengthen the implementation of IHR in Afghanistan, focusing specifically on key PoEs and communities of high return. Several key technical staff have been recruited, including:

- an IHR/PoE specialist,
- a global epidemiologist,
- an IHR Officer,
- a Project Management Officer,
- and a Respiratory Disease Surveillance Specialist.

This team has been instrumental in supporting technically to contribute to efforts to reduce the transmission of communicable diseases across the borders of Afghanistan. This technical team has enabled the creation of the PoE/Cross Border Collaboration Working Group, the finalization of the PoE assessment tools/methodology and the drafting of the Standard Operating Procedures (SOPs) for health screening at PoEs in collaboration with the general Directorate of Monitoring, Evaluation and Health Information System (M&E-HIS) of the Ministry of Public Health (MoPH). Thanks to the technical expertise provided through this programme, IOM has been able to support the deployment of Rapid Response Teams (RRTs) to provide surveillance and response to infectious disease outbreaks, including COVID-19, measles, AWD, dengue fever, etc.) at 7 PoEs including the international Airport of Kabul through screening , risk communication and community engagement (RCCE), sample collection and transportation as well as early referral of suspected cases to appropriate health facilities.

During this reporting period, the total expenditure is estimated at **51,142 USD** (21,142 for IOM and 30,000 for WHO) which represents **1.76%** of the initial budget

Results Reporting Framework						
INDICATORS	**Baseline**	**Results achieved for the reporting period** (only provide data for the specified year)			**Cumulative Results** *Note: For Y1 report, this will be the same; For Y2 report, it will be Y1+Y2; and for Y3 report, it will be Y1+Y2+Y3*	**Notes**
		Y1	**Y2**	**Y3**		
OUTCOME 1						
Indicator 1a: % of officials reporting an increased capacity to support IHR efforts	**N/A**	**N/A**				This indicator will be assessed at the end of project through the project final evaluation using surveys and interviews with officials
Indicator 1b: % of officials reporting strengthened IHR efforts as a key priority for Afghanistan	**N/A**	**N.A**				This indicator will be assessed at the end of project through the project final evaluation using surveys and interviews with officials
Indicator 1c: # of meetings held on IHR legislation assessments and recommendations	**0**	**0**				No meetings were held on IHR legislation assessments and recommendations. It was suggested to remove this activity in the extension request
OUTPUT 1.1						
Indicator 1.1a: Availability of PoE assessment reports	**0**	**0**				The PoE assessment terms of references and data collection tools are available with the support of expert/s from WHO & IOM. The assessment will be carried -out in June
Indicator 1.1b: Availability of public health contingency plans at targeted PoE	**0**	**0**				The public health contingency plans at targeted PoE have not yet been drafted. This activity will be re-scheduled in accordance with NCE request decision
OUTPUT 1.2						
Indicator 1.2a: # of legislation committee	**0**	**0**				The legislation committee meetings on national legislations, rules/regulations and

meetings conducted to review the national legislations, rules/regulations and policies						policies have not yet been conducted. We suggested to remove this activity in the extension request
Indicator 1.2b: Availability of legislation review assessment report	**0**	**0**				Legislation reviews assessment report not yet available. We suggested to remove this activity in the extension request in accordance with NCE request decision
OUTCOME 2						
Indicator 2a: % of trained officials reporting an increase in ability to implement IHR related duties	**N/A**	**N/A**				Post-training surveys; follow-up surveys
Indicator 2b: # of table top exercises conducted	**0**	**0**				No tabletop exercises conducted. This activity will be re-scheduled
Indicator 2c: % of targeted PoE with appropriate facilities for interviews, isolation and medical services	**0%**	**20%**				One PoE among the five initially targeted appropriate has been supported with facilities for interviews, isolation, and medical services (Kabul Airport)
OUTPUT 2.1						
Indicator 2.1a: Availability of capacity building plan for POE staff	**No**	**No**				Capacity building plan for POE staff is not available. This activity will be re-scheduled after the re-start of the project
Indicator 2.1b: # of POE staff trained on rights based approaches to IHR and border management (disaggregated by gender)	**0**	**0**				This activity will be re-scheduled
OUTPUT 2.2						

Indicator 2.2a: # of PoE with fully completed infrastructure/upgrading works in line with IHR	**0**	**0**				Any infrastructure/upgrading works in line with IHR at targeted PoEs. This activity will be re-scheduled
Indicator 2.2b: # of plans drafted on infrastructure improvements for PoE	**0**	**0**				Any plans drafted on infrastructure improvements for PoE. This activity will be re-scheduled
OUTCOME 3						
Indicator 3a: Availability of integrated PoE surveillance system within the national surveillance system	**No**	**No**				Final evaluation
Indicator 3b: % of persons reached by RCCE efforts reporting increased knowledge of public health concerns and prevention measures	**N/A**	**N/A**				Post- surveys
Indicator 3c: # of events/cases reported by PoE to the surveillance system	**0**	**0**				Any events/cases reported by PoE to the surveillance system.
OUTPUT 3.1						
Indicator 3.1a: # of designated health officials present at targeted PoE	**0**	**0**				Any designated health officials present at targeted PoE. This activity will be re-scheduled
Indicator 3.1b: # of PMM exercises conducted	**0**	**0**				Any PMM exercises conducted. This activity will be re-scheduled
OUTPUT 3.2						

Indicator 3.2a: # of new RCCE materials developed in close coordination with MoPH	**0**					Any RCCE materials developed. This activity will be re-scheduled
Indicator 3.2b: # of individuals reached with RCCE messages	**0**					Anyone reached with RCCE messages. This activity will be re-scheduled
OUTCOME 4						
Indicator 4a: # of PoE with a strengthened communication mechanisms set up to share information on the detection of cases/clusters of communicable diseases with counterparts across the border	**N/A**	**N/A**				The communication mechanisms at PoEs to be assessed during final evaluation. This activity will be re-scheduled
Indicator 4b: % increase in the frequency of communication with cross-border partners	**TBD**	**N/A**				Frequency of communication with cross-border partners to be further assessed. This activity will be re-scheduled
OUTPUT 4.1						
Indicator 4.1a: # of cross-border agreements or SOPs existing for POE	**0**	**0**				Any cross-border agreements or SOPs existing for POE collaboration. This activity will be re-scheduled
Indicator 4.2a: # of cross-border coordination meetings held	**0**	**0**				Any cross-border coordination meetings held. This activity will be re-scheduled

3. Partnerships

This joint program has facilitated the creation of the PoEs/Cross Border Working Group and plans for further partnership between IOM and the key multisectoral stakeholders, including civil society and MoPH, the Provincial Public Health Directorate (PPHD) and local health cluster partners This WG allowed the establishment of an IHR multisectoral coordination committee with high-level representation and facilitated the collaboration between the MoPH, which leads the response to public health emergencies, with the support of other ministries and the Afghanistan National Disaster Management Authority (ANDMA) - the main body to respond to emergencies. The WG was able to liaise with Emergency Preparedness and Response (EPR) committees in place in the provinces.

This project is also an opportunity to strengthen the existing partnership between WHO AND IOM in the field of public health and health security readiness.

Humanitarian coordination remains under the leadership of the Humanitarian Coordinator (HC) with the support of UN OCHA and the Humanitarian Country Team (HCT), with health activities coordinated within the health cluster framework.

4. Cross-Cutting Issues

Cross-cutting issues, including gender-responsive approaches as mentioned above as well as Accountability to Affected Populations (AAP), disability, and age will be mainstreamed into future programming and reported on when full implementation is able to begin.

5. Innovation, Good Practices and Lessons Learned

Given the dramatic shift in the operational context shortly after the commencement of the project and subsequent pause on operations, this section is not applicable to the programme at this time.

Relating to the fund itself, IOM and WHO maintain that this project offers a well-designed and critical opportunity to improve IHR implementation in Afghanistan and provides a useful structure for joint partnership on this important topic. While the contextual shift has prevented implementation thus far, the agencies advise the Migration MPTF and its steering committee to continue supporting projects in high-risk environments in the future and maintain a supportive view towards flexibility on resuming programming in such contexts when feasible.

6. Challenges Encountered and Measures Taken

Security and access-related constraints continue to pose significant challenges to the delivery development/capacity building programs across Afghanistan. Afghanistan is among the topmost dangerous countries in the world for aid workers according to the most recent Aid Worker Security Report.[2]

The recent change in governing authority, with relatively weak governmental capacities and protracted lack of resources, followed by the sudden halt of international support complicates sustainable capacity building and national ownership for this pre-defined development-oriented program. This sudden-onset crisis requires a rapid, appropriate, sometimes same-day response – something that typical humanitarian funding systems are ill-adapted to provide.

[2] https://reliefweb.int/report/world/aid-worker-security-report-figures-glance-2021#:~:text=Aid%20worker%20casualties%20remained%20at,seriously%20injured%20and%20125%20kidnapped

To ensure that the project did not stand-still despite the change in operational environment, WHO and IOM hired key technical specialists and engaged partners proactively to ensure that operations would be efficiently running upon the revised start date.

IOM and WHO applied for an No-Cost Extension (NCE) to minimize the impact on project implementation due to the sudden political shift in context and to allow project to properly re-start.

Conclusion and Next Steps

Afghanistan is experiencing an extensive and complex humanitarian crisis characterized by violent conflict, large-scale displacement, a major drought, ongoing COVID-19 concerns, and an alarming increase in the epidemic-prone diseases (EPDs). The high population mobility with continued cross-border population movement between Pakistan and Afghanistan is bringing more complexity to disease surveillance efforts.

The lessons learned from COVID-19 - which quickly grew from a local outbreak to a pandemic - are enough to push more investment to prevent nationwide spread and the risk of import from other countries. The scale and severity of COVID-19 is unprecedented and has led to a global crisis currently taking an enormous toll on humanity with considerable losses in terms of health and important socio-economic impacts. Porous border areas and cross-border movements are known as significant factors in the spread of epidemic-prone diseases. More immediate action is needed to urgently strengthen the surveillance capacities at border level specially in an already fragile context.

Given the dramatic shift of the operational context, this joint project scope requires a move from a broad development-oriented government-led capacity building program to provide critical lifesaving humanitarian intervention to quickly strengthen PoE core capacities as per the implementation of IHR requirements to prevent, detect and respond to the numerous infectious diseases detected in Afghanistan.

The recently submitted revision takes this into consideration and IOM/WHO look forward to further discussion on determining the joint project's strategic implementation.