

2016

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2016 —

NOV 2015

Photo: Andrew Quilty



AFGHANISTAN

TOTAL POPULATION

27M

PEOPLE IN NEED

8.1M

PEOPLE TARGETED

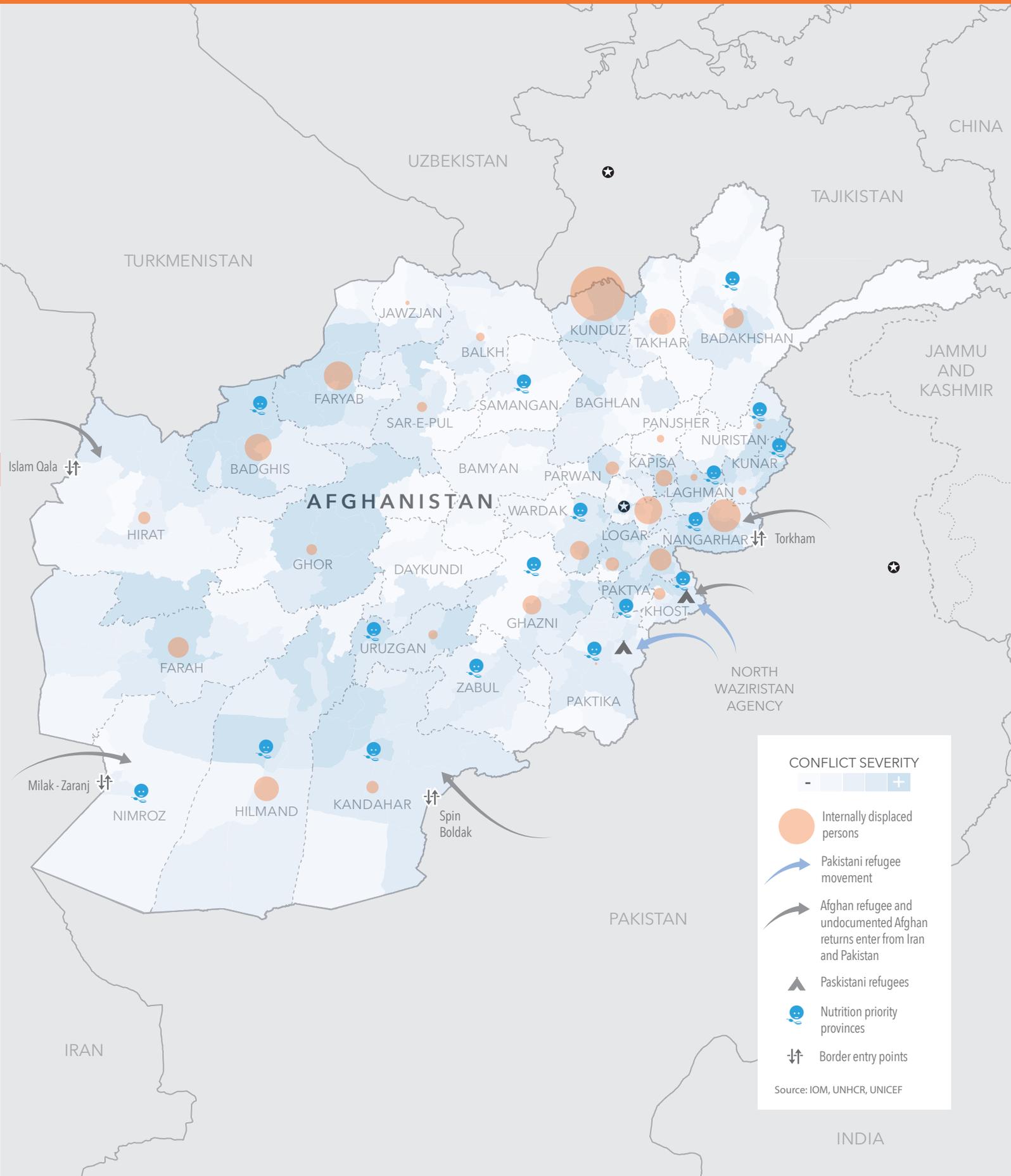
3.5M

REQUIREMENTS (US\$)

393M

HUMANITARIAN PARTNERS

192



CONFLICT SEVERITY

- [light blue] [medium blue] [dark blue] +

- Internally displaced persons
- Pakistani refugee movement
- Afghan refugee and undocumented Afghan returns enter from Iran and Pakistan
- Pakistani refugees
- Nutrition priority provinces
- Border entry points

Source: IOM, UNHCR, UNICEF

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FOREWORD BY

THE HUMANITARIAN
COORDINATOR

The recent powerful earthquake in October created thousands of homeless people at a time when the physical demands of the approaching winter will make them more vulnerable. This earthquake was a reminder that the people of Afghanistan remain at risk to sudden natural events that require a timely and effective response.

Over the past year, as a result of the protracted conflict in Afghanistan the number of civilian casualties has continued to grow. The fall of Kunduz, albeit temporarily to the Taliban forces, resulted in a sudden but huge outpouring of people from the city who spread out across Afghanistan to Kabul, Mazar-e-Sharif and Takhar. It is estimated that over 100,000 people were displaced at one time.

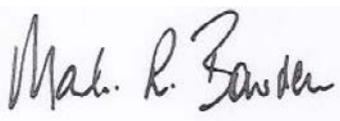
These two events came close together and both in different ways demonstrated that effective humanitarian assistance and disaster relief will rely on adequate contingency stocks, improved rapid assessment procedures, and more nimble humanitarian financing and decision making.

The need for a flexible and fast response and humanitarian reserves that can be mobilised rapidly will characterise the needs in 2016. In 2015, 23 district administrative centres, as well as the city of Kunduz fell to Taliban forces for a period of time; in 2014 by comparison only three district administrative centres were briefly overrun. This increase in the conflict's intensity, its spread geographically and changes in the way that conflict is waged, means that we can expect as many or more IDPs in 2016.

Recently released poverty data from the Afghan Living Conditions Survey shows that poverty (measured by those living under two dollars a day) affects 70% of the population. This, coupled with the low levels of economic growth and the shortage of jobs for the 40,000 young people entering the job market every month, causes high levels of vulnerability. While increased migration is one very obvious sign of the economic downturn, these increased levels of vulnerability will also reduce the population's capacity to withstand the sudden shocks of natural disasters and lead to further long term population displacement.

Due to the exceptional amounts of international aid flows into Afghanistan and extensive development resources, the scope of this plan has been tightly focused on saving lives in the next 12 months. This plan as a result, only meets the most acute life saving needs of displaced people, either by conflict or natural disasters, of refugees, and for life-saving interventions in health and malnutrition. Despite an expected increase in conflict-driven humanitarian needs in Afghanistan, this plan represents a tighter focus on life-saving assistance than in previous years. While chronic needs are everywhere in Afghanistan, these are better addressed through multi-year programming and have been excluded from this plan.

To cope with the expected shocks in 2016, it is vital for donors to front-load their support, so that resources can be rapidly and quickly disbursed to meet sudden needs of either man-made or natural disasters.



Mark Bowden
Humanitarian Coordinator

EVOLUTION OF

THE CRISIS

Increasing breadths of the country are getting drawn into conflict. 2016 is likely to see continued or increased contest for control between NSAGs and Government security forces leading to more people needing humanitarian and protection assistance.

Armed Conflict

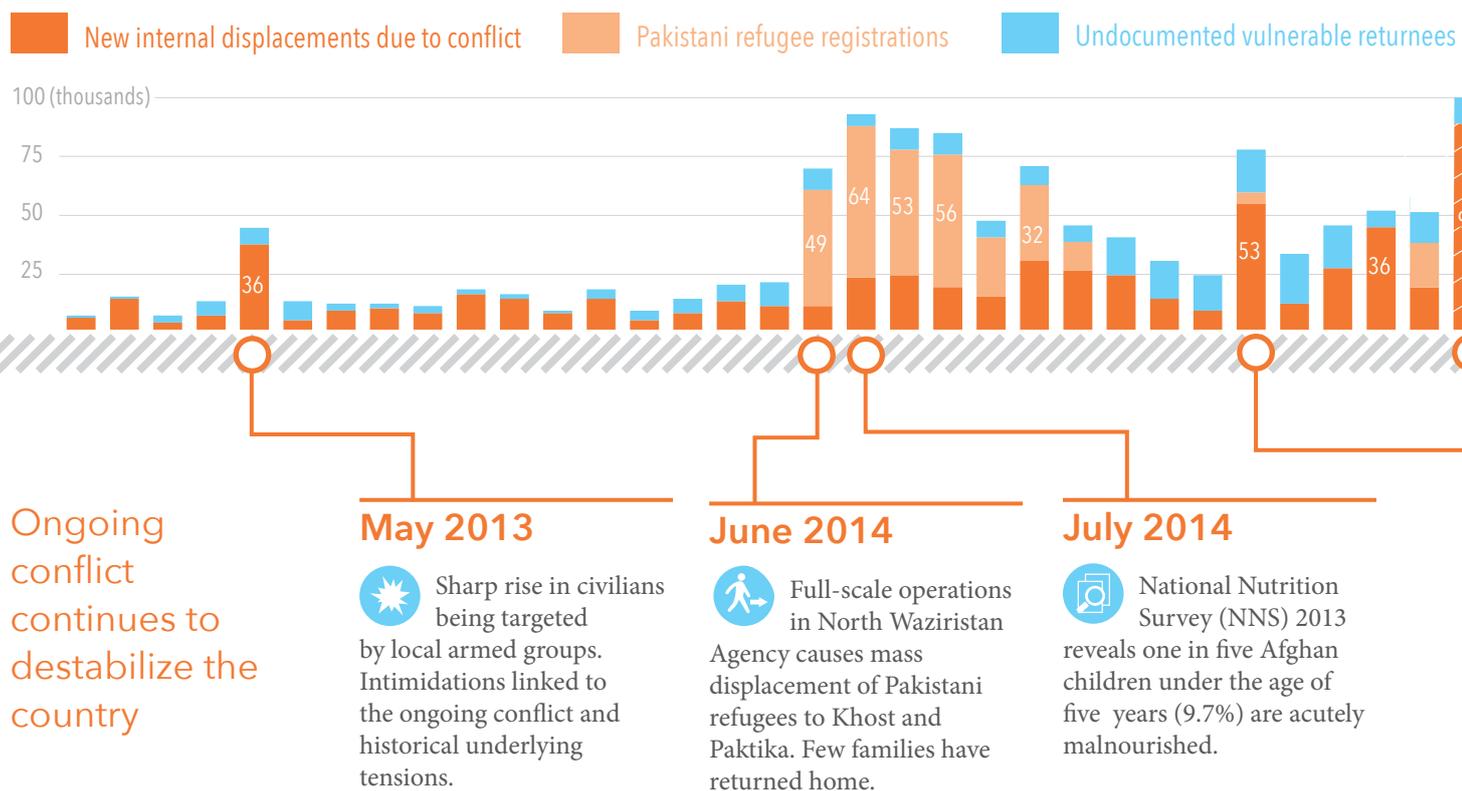
Afghanistan's National Security Forces (ANSF) are becoming increasingly stretched as they engage with non-state armed groups (NSAG) on multiple fronts, fighting in an expanding number of contested districts. The increase in provinces affected by conflict became a distinguishing characteristic of 2015. With the withdrawal of the bulk of international military forces, fighting is now characterised by intensified armed clashes and a substantial increase in NSAG attacks on district centres. In 2015, 23 district administrative centres had at one time or another been captured by NSAGs, compared to only three in 2014. Intensified fighting and growing fear

caused by insecurity and intimidation displaced thousands of people throughout Afghanistan in 2015. Projections for 2016 estimate as many as 250,000 people will require assistance as they flee their homes. As the situation remains fluid and instability and conflict become more widespread the likelihood of displaced families feeling sufficiently safe to return home is lessened; increasing numbers find themselves in situations of prolonged displacement.

Internally Displaced People, Refugees, Returnees and Migrants

Cumulative figures of people displaced by conflict over the

CRISIS TIMELINE



Ongoing conflict continues to destabilize the country

past 15 years amount to approximately 1.1 million people. As a result of widespread and increased conflict, figures for 2015 suggest that the number of people who fled their homes to escape armed violence and seek refuge had increased by 64% compared to the same period in 2014; this amounts to almost 200,000 people in one year. The reporting and verification of the total numbers displaced is constrained due to the ability of humanitarian actors to access insecure and contested areas.

Afghanistan has also become a host country for refugees from neighbouring North Waziristan Agency, since the Pakistan military began clearance operations in June 2014. The 225,000 refugees that Afghanistan has been hosting are expected to decrease in 2016 partly as a result of improved biometric registration and partly due to the expectation that some will begin to return home. However, an estimated 175,000 are expected to remain for the foreseeable future.

Natural Disasters

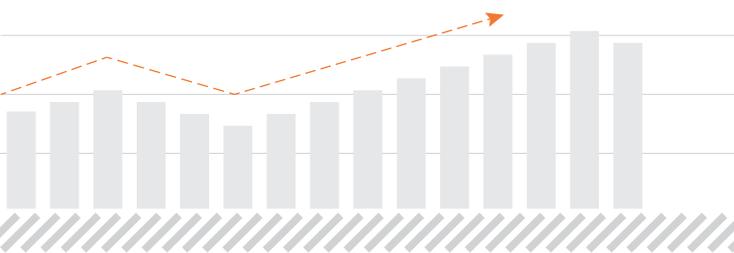
2015 once again revealed Afghanistan’s substantial exposure to natural disasters. While the first six months of the year were below average for the number of people affected by flooding and extreme weather events, the country was rocked by a 7.5 magnitude earthquake in October which claimed the

lives of more than one hundred people and left more than 127,000 people in need of humanitarian assistance. Data from the past decade suggests that on average, 235,000 people are affected by natural disasters annually, including floods, earthquakes, landslides and droughts.

Nutritional Crises

In 2016, approximately one million children will need treatment for acute malnutrition. The effect of acute malnutrition makes common diseases, like diarrhoea, respiratory infections and measles, life-threatening. Large parts of the country have reported malnutrition levels above emergency thresholds yet only an estimated 40% of severely malnourished children are admitted for treatment, of which around 10% are not cured. Coverage of public health facilities is less than 60% and of these only 34% of facilities provide malnutrition treatment. Not enough is known about the causes of acute malnutrition in Afghanistan. Most mothers do not understand when their child is sick owing to malnutrition, thus presenting one of the biggest blockages for effectively identifying and treating them.

An increase in the conflict-driven humanitarian needs is expected.



April 2015

 Sharp rise in the conflict in the Northern and Western regions results in new internal displacement, many within inaccessible areas.

September 2015

 First reports of the conflict in Kunduz City indicate over 13,000 families displaced.

NEW DISPLACEMENTS DUE TO CONFLICT

	JAN-SEP 2015	PROJECTED for 2016
	197,000	250,000

REFUGEES FROM PAKISTAN

	AT SEP 2015	PROJECTED for 2016
	225,000	175,000

UNDOCUMENTED VULNERABLE AFGHAN RETURNEES

	JAN-SEP 2015	PROJECTED for 2016
	84,000	111,000

REFUGEE RETURNEES

	JAN-SEP 2015	PROJECTED for 2016
	54,000	69,000

STRATEGIC

OBJECTIVES

A rigorous boundary setting exercise informed the development of the five strategic objectives below, under an overarching goal to prioritise the most acute humanitarian needs. The Humanitarian Country Team has presented a realistic and focused plan to provide essential life saving assistance over the next 12 months.



1

Protection of civilians from armed conflict

Contribute to the protection of civilians from violence and abuse by parties to the conflict and prevent further exposure by promoting full respect for the rights of individuals, in accordance with international humanitarian and human rights law.



2

Response to conflict displaced, refugees and vulnerable returnees

Respond to the needs of civilians affected by armed conflict, including IDPs, refugees and returnees, through targeted assistance to address critical basic needs and vulnerable groups.



3

Acute health and natural disaster emergencies

Respond to acute health emergencies and natural disaster affected populations where assessments indicate humanitarian assistance is a critical determinant for survival.



4

Treatment and prevention of acute malnutrition

Bridge critical gaps in Basic Package of Health Services (BPHS) treatment of acute malnutrition and prevent further deterioration of nutritional status.



5

Context analysis and coordinated needs assessment

Improve the quality of data gathering, use of contextual analysis and coordinated needs assessment based on agreed tools, to inform humanitarian action and to expand humanitarian access.

The strategic objectives are tightly focused on providing emergency protection and lifesaving actions to people that are directly affected by the conflict. The principal objective of the plan is to save lives and reduce injuries by protecting civilians and reducing their exposure to conflict. Objectives two, three and four seek to ensure that scarce resources are targeted to prevent loss of life and reduce preventable morbidity and human suffering caused by conflict or natural disasters. Improving assessment data and context analysis is included in the plan in recognition of the current weaknesses in assessments and the importance of improving the evidence basis, upon which critical programming decisions are made.

While prioritised to target only the most acute humanitarian

needs, this plan also recognises that many people continue to live in chronic poverty and need more sustained and systematic support to prevent deterioration in health status and their falling into crisis. This plan also foresees the need for strong advocacy to secure firmer commitments from development actors, the Afghan Government and donors to deliver sustainable actions and durable solutions that address the root causes of vulnerability; essential if the cycle of repetitive annual humanitarian interventions is to be reduced. Building community resilience, reducing the risks and impact of disasters, and improving Government led preparedness and response will help reduce the need for humanitarian assistance in the long-term.

RESPONSE

STRATEGY

The response strategy has been developed in recognition of the rapidly changing and volatile dynamics of the past year, anticipating that continued unpredictable events in 2016 will require fast and flexible emergency response on numerous fronts. The strategy also strongly emphasises advocacy and collaboration with the Afghan Government, development partners, and donors to address the root causes of vulnerability, build community resilience, reduce the risks and impact of disasters, and ultimately reduce long-term dependency on humanitarian aid.

Scope of Humanitarian Response

This response plan is a sharply focused strategy of humanitarian actions critical to preventing loss of life in the next 12 months. As one of the poorest countries in the world, Afghanistan's population exhibits widespread chronic needs resulting from years of underdevelopment and insecurity. While this underlying chronic state of the population exacerbates the humanitarian crisis, implementing solutions to these complex and wide reaching symptoms of the development deficit need to be addressed by multi-year integrated development programmes. Such solutions are beyond the short term cycle of humanitarian response.

Afghanistan is one of the largest recipients of international assistance and aid flows in the world. Financing for humanitarian action is approximately just seven per cent of this aid flow. The Afghan Government is clear that the majority of development assistance should flow through the government budget and be aligned with national plans. This response plan has therefore been developed in consideration of these strict boundaries to ensure a clear distinction from development focused activities and safeguard space for impartial humanitarian action, whilst also ensuring the most efficient use of resources. The parameters of the response plan have been defined taking into account Government and development partners' multi-year integrated programming. The intention has been to ensure complementarity and avoid duplication with actions under the Government's National Priority Programmes for health, education, agriculture and rural development. Programmes supported by the UN's programme of development assistance, particularly in the areas of equitable economic development and the provision of basic social services, have also been considered.

Planning Assumptions

The expectation for 2016 is for sustained or increased levels of conflict. The number of IDPs are expected to be no less than in 2015 and likely more, more vulnerable Afghans will return

from neighbouring countries, a continuing, but reduced refugee population will need continued support and natural disasters must be anticipated.

The unpredictability behind the key drivers of humanitarian need require a strategy that foresees countrywide preparedness, strengthened capacity, prepositioned resources, and financing to provide a flexible and agile response.

Acknowledging a predominant focus within the strategy towards emergency response to newly emerging and unpredictable needs, it is clear that the state of government services in the coming year will not improve. Sustained humanitarian funding will largely determine support for at risk populations to meet their basic needs, and influence critical service providers' ability to ensure lifesaving malnutrition treatment and trauma care for war wounded. Given the widening of the conflict experienced in 2015, further areas are likely to experience interruption of services. Faced with the rising costs associated with efforts to maintain national security, the strain on government budgets will further impact the ability to address the development deficit or reduce the chronic poverty from which further humanitarian needs arise.

Prioritised Response

Prioritisation within the response plan follows the principles of the boundary setting exercise conducted when determining the parameters of acute humanitarian needs as presented in the Humanitarian Needs Overview (HNO). Owing to the key drivers of the humanitarian crisis, the needs have been largely

determined by status: conflict affected, conflict displaced, refugees, vulnerable returnees, as well as the life threatening acutely malnourished and severely food insecure caseloads. In the first instance and in the absence of a new large scale natural disaster, priority will be given to responding to conflict affected and displaced people through a multi-sector, multi-cluster approach and to ensure continuation of critical lifesaving activities such as emergency trauma care, treatment for acute malnutrition, and sustained basic food, water and health assistance to the protracted refugee caseload.

Prolonged Displacement

As displacement becomes more widespread and the on-going conflict and changing control of territory prevents people from returning home, the number of families enduring prolonged displacement is increasing. While minimal monitoring and follow up of this population group has been systematically undertaken in the past, the 2016 response strategy foresees increasing humanitarian and protection needs among this population; specific resources have therefore been committed to undertake multi-sector assessments and provide a response to identified needs for at least 100,000 anticipated individuals.

Cash-Based Interventions

The Humanitarian Country Team recognises that the use of multi-purpose cash-based assistance has the potential to provide a timely and cost effective response to a variety of urgent needs, offering dignity, flexibility and choice to beneficiaries while supporting local markets. The NGO partners of the Emergency Response Mechanism (ERM), funded by the European Commission's Humanitarian Aid Department (ECHO), have led the way in ensuring cash-based interventions are considered alongside other delivery modalities when responding to emergencies triggered by on-going conflict or sudden-onset natural disasters. The anticipated context of 2016 will challenge the humanitarian community to foster more innovative approaches to addresses needs across sectors, while still meeting expectations of effectiveness and efficiency. The use of cash transfer modalities, which enable recipients to obtain goods and services directly from local traders and service providers, will become increasingly expedient as access for large scale direct aid distribution is constrained.

Focus on Gender

Humanitarian action in Afghanistan continues to suffer systemic problems in assisting and protecting women and girls. Expanding humanitarian access for women and girls, who face systemic barriers to receiving assistance, involves negotiating safe and inclusive access to assistance and mainstreamed protection actions from all humanitarian organisations. Whilst greater efforts are required in sector-specific and region-specific gender analyses, some gender-specific corrective actions are envisaged within the respective sector response strategies.

Reducing Humanitarian Assistance in the Long term

Shrinking humanitarian financing and the resulting sharpening of the focus of humanitarian action towards emergency response places even greater onus on the Afghan Government to systematically reduce the overall burden of people in humanitarian need. Given the increasing rate of conflict displacement, concrete progress must be seen in implementing the 2013 National IDP Policy both in terms of Government leadership and coordination of response to immediate needs of IDPs; also in ensuring that prolonged displaced have the opportunity to return, integrate locally or relocate elsewhere, and that they are supported to do so through explicit inclusion in development plans.

Malnutrition and communicable disease will remain key drivers of excess morbidity and mortality until adequate coverage of health services are provided. The 18 year old Basic Package of Health Services (BPHS) approach to health care is overdue a critical evaluation and adaptation to the changing context in order to meet the population's needs, particularly high malnutrition and conflict induced service requirements beyond the scope of current provision.

The cyclical pattern of natural disasters in Afghanistan on average affects the lives of a quarter of a million people each year. To fulfill its responsibilities as the principal responder to its people affected by disasters, the Afghan Government must demonstrate leadership and build the capacity of its national disaster management institutions. A strong disaster risk response must be accompanied by greater emphasis on preparedness, risk analysis, capacity mapping and early warning with tangible cost effective priority actions identified. Improving water management remains central to reducing disaster risk from flooding, river erosion, and crop failure due to droughts. Response and preparedness efforts should link to longer-term initiatives that seek to build community resilience.

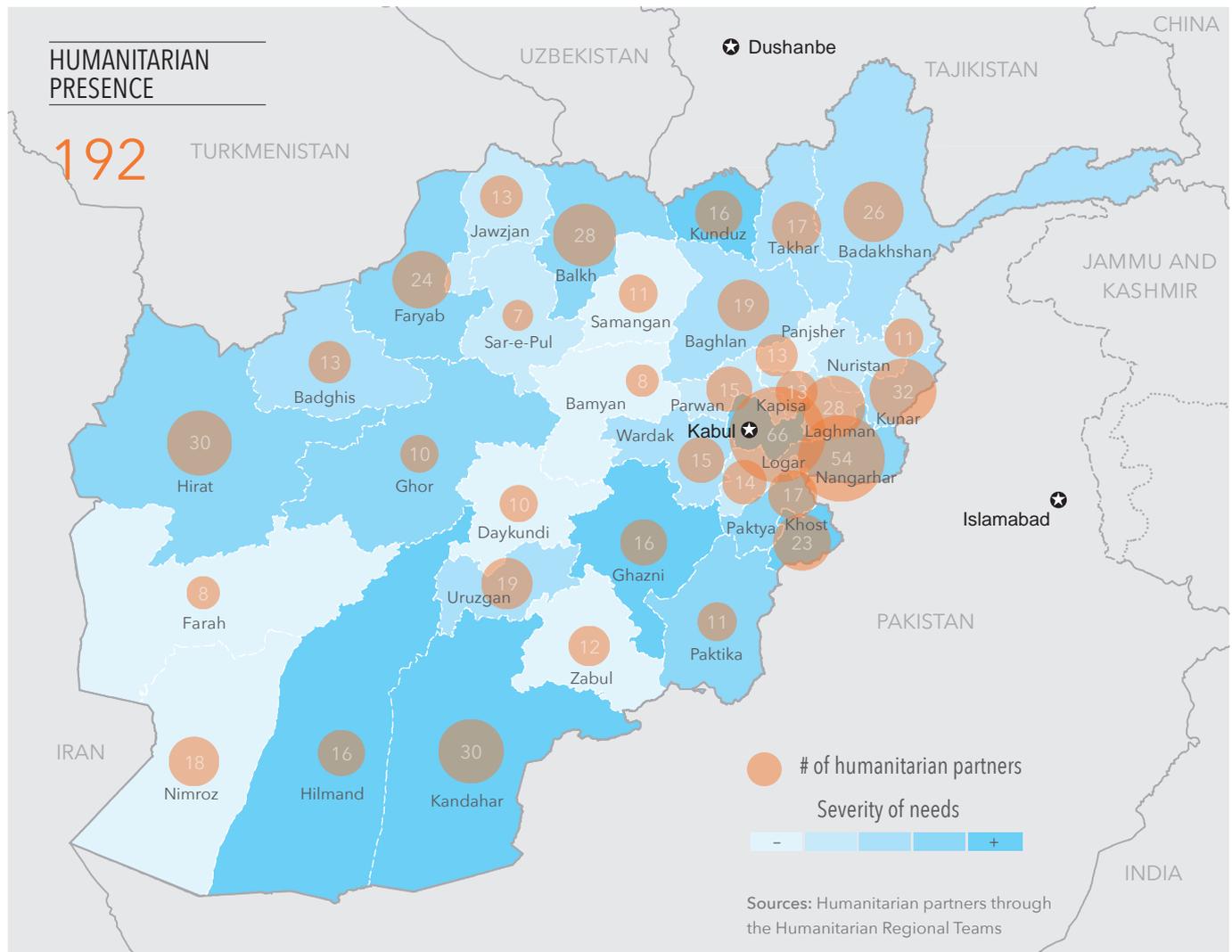
OPERATIONAL

CAPACITY

2015 witnessed an agile response by the humanitarian community demonstrated by a meaningful 10% increase in the overall number of actors operating in 15 provinces where needs were determined to be the greatest.

The number of operational humanitarian partners has increased in 2015 to around 160 national and international NGOs, reporting humanitarian response activities in addition to the United Nations agencies, IOM, and the Red Crescent and Red Cross Societies. There are a total of 249 humanitarian partners when considering further organisations who have indicated the capacity to respond if the need arises. The identification and inclusion of humanitarian partners in coordination efforts has been strengthened through reciprocal “Who does What Where” monitoring processes of the clusters and OCHA regional offices.

Despite an apparent increase in presence, and one more reflective of the geographic spread of needs, many of these actors including UN agencies are facing financial constraints thus affecting human and material resources and limiting capacity to deliver at scale. While OCHA continues to advocate for a humanitarian footprint commensurate with humanitarian needs, funding, access and security remain constraints. In 2015, Nuristan and Hilmand provinces experienced decreases in operational humanitarian actors of around 20%.



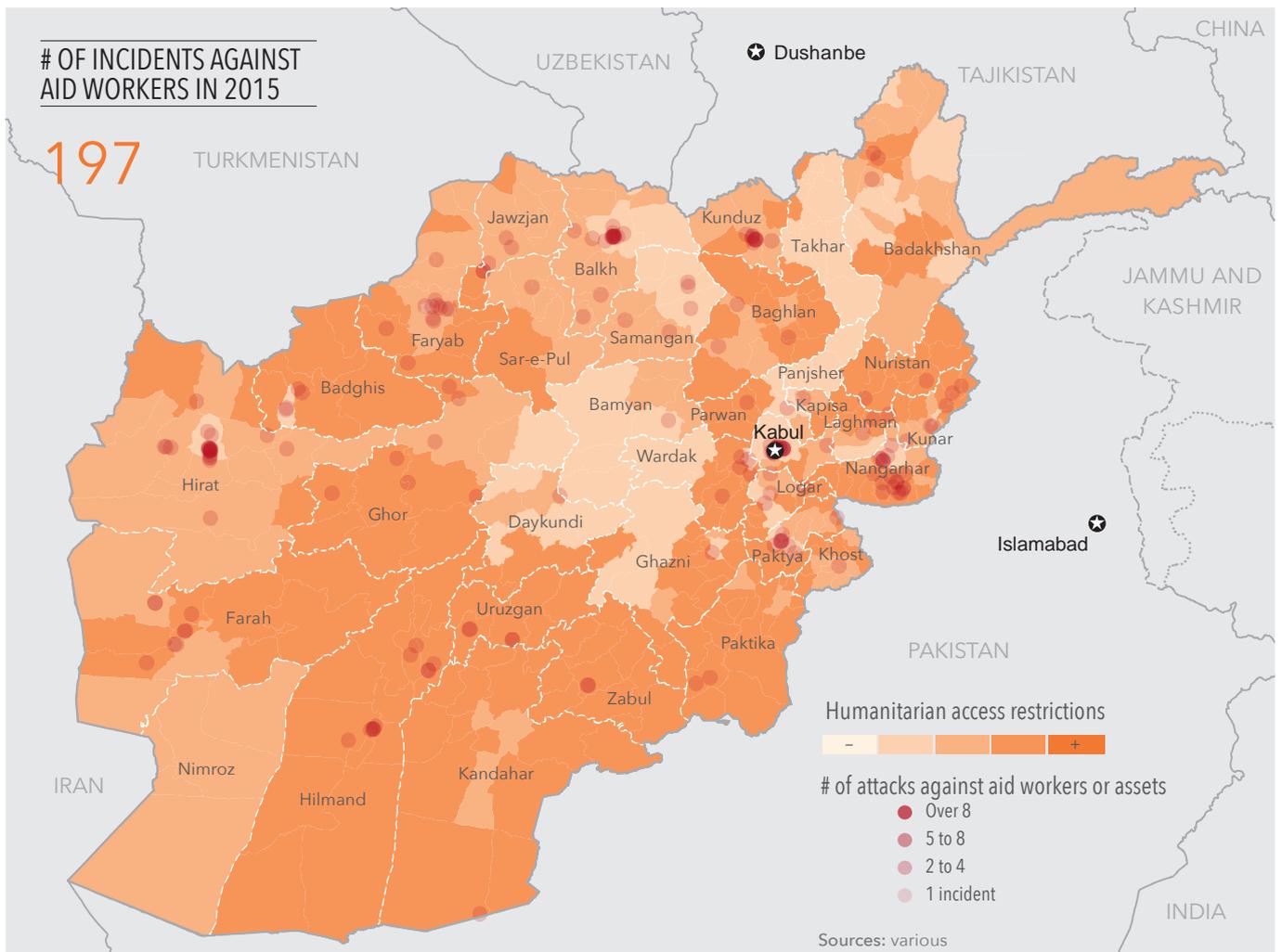
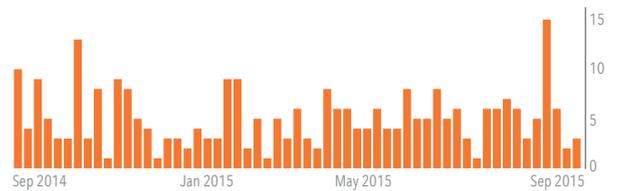
HUMANITARIAN

ACCESS

Access constraints will likely be exacerbated throughout 2016 due in part to increased numbers of armed groups, financially-driven reductions of humanitarian presence, and greater uncertainties about state control. The humanitarian response in Afghanistan will need to strategically adapt to the new operating landscape in order to secure safe access to the most vulnerable.

Conflict-related security risks and their appropriate management are the main constraining factors to humanitarian access across Afghanistan, although criminality, local political interference, and poor infrastructure also hinder capacities for prompt and principled programming. These increasing constraints, which have led many agencies to adopt remote partnership and management approaches, now necessitate strategic responses across the humanitarian community in 2016. Thematically, the community will need to reflectively adjust its operating modalities to reach increased caseloads in areas outside of effective state control.

REPORTED INCIDENTS AFFECTING AID WORKERS



RESPONSE

MONITORING

The humanitarian community will continue to strengthen accountability for the aid delivered to affected populations through continuous monitoring and reporting of the efficiency and adequacy of the response. Timely monitoring of progress against planned results will improve decision making for humanitarian action and support effective mobilisation of resources.

Response Monitoring Framework

The Response Monitoring Framework (RMF) is a complementary document to the Afghanistan 2016 HRP. It consists of a results framework, response monitoring plan, reporting schedule and additional inter-cluster and cluster specific monitoring plans. The RMF provides a structure for the humanitarian community to assess progress achieved against planned results as set out in the HRP. Ensuring a process by which to monitor results achieved versus resources allocated is essential in terms of improving transparency and accountability of the humanitarian community towards affected populations, government, donors and one another. The outputs of the RMF will also support humanitarian actors in providing an evidence base for making decisions regarding required actions to redress shortcomings, fill gaps and/or adjust response plans, thus contributing to a more effective and efficient humanitarian response in the short and long term.

Cluster Monitoring

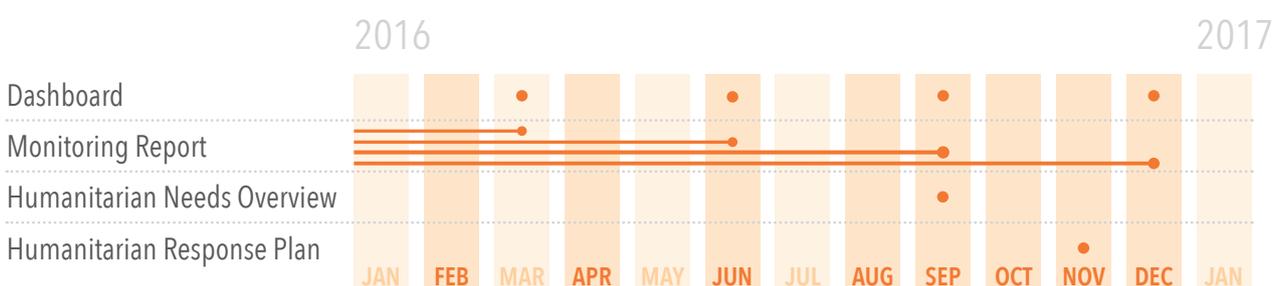
Cluster objectives have been developed articulating the focus of attention for 2016 response activities, in alignment with the five strategic objectives established at the country level. In planning to reach each of their objectives, clusters have identified a core set of activities and outputs with

targets and baselines (as available). Indicators from the cluster plans will be used to monitor achievements against the relevant country level strategic objectives. The output indicators aggregate the contributions from cluster members' projects to broadly summarise core activities and speak to key achievements of the cluster, providing an indication of whether the cluster is on track to meet its specified targets. Where possible the indicators are selected in order to provide actionable information that can indicate potential need to revise priority activities or beneficiary targeting. All clusters will establish procedures for regularly monitoring outputs and achievements of member activities.

Reporting

Along with updates on funding received versus requirements, monitoring data will be made publicly available on the Humanitarian Response website and summarised quarterly through the humanitarian dashboard. At the midpoint of 2016, more in-depth data and analysis will be compiled in the Periodic Monitoring Report (PMR) to inform strategic level discussions and decision-making. The timing of the periodic monitoring report will be sequenced to inform the 2017 planning cycle and will form the basis of the articulation of the standard allocation strategies for the Afghanistan Common Humanitarian Fund (CHF) pooled funding mechanism.

HUMANITARIAN PROGRAMME CYCLE TIMELINE



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PLANNED ASSISTANCE



PEOPLE TARGETED



REQUIREMENTS (US\$)



	BY STATUS						TOTAL
	Conflict displaced	Refugees & vuln. returnees	Natural disaster affected	Health affect. by conflict	Public health at risk	Malnutr. & food insecure	
PROJECTED ASSISTANCE REQUIRED	0.4M*	0.4M	0.2M	2.7M	0.7M	3.9M	8.3M
PLANNED ASSISTANCE	0.4M*	0.4M	0.2M	2.7M	0.7M	2.1M	6.5M
PEOPLE TARGETED	0.4M*	0.4M	●	2.7M**	●	●	3.5M

*Includes an estimated 100,000 prolonged IDPs. **This figure accounts for anticipated overlap between those affected by natural disasters, health affected by conflict, public health at risk, malnutrition and food

The total response requirements identified across the sectors to meet the needs of people within the six identified status categories below, amounts to a total assistance requirement of approximately 8.3 million people. Given the strict prioritisation of the response plan, the majority of this requirement is deemed critical. Therefore, across clusters an estimated 6.5 million of this will be provided.

Given the common approach to prioritisation across sectors within the strategy, a significant component of the planned assistance will be targeted to the same people, addressing multi-sector or multiple needs. Accounting for this anticipated overlap of beneficiaries, it is therefore estimated that approximately 3.5 million people will be targeted.

	TOTAL	People targeted	BY STATUS						BREAKDOWN OF PEOPLE TARGETED		BY SEX & AGE		REQUIREMENTS	
	Projected Assistance Required		Conflict displaced	Health affect. by conflict	Refugees & vul. returnees	Natural disaster affected	Public health at risk	Malnut. & food insecure	% female	% children, adult, elderly*	Refugees and returnees	Total (US\$)		
1. Emergency Shelter & NFIs 2. Water, Sanitation & Hygiene ES&NFI ¹	0.8M	0.7M	0.3M	-	0.2M	0.2M	-	-	49%	57 38 5%	17M	53.7M		
Food Security	1.8M	1.8M	0.3M	-	0.3M	0.2M	-	1.0M	49%	58 36 6%	52M	110.2M		
Health	3.2M	3.2M	0.3M	1.7M	0.3M	0.2M	0.7M	-	49%	53 42 5%	4M	39.6M		
Nutrition	2.9M	1.1M	-	-	0.1M	-	-	1.0M	53%	90 10 0%	0M	63.2M		
Protection	1.9M	1.6M	0.2M	1.0M	0.4M	-	-	-	49%	54 40 6%	14M	42.0M		
WASH ²	1.8M	0.9M	0.2M	0.2M	0.1M	0.1M	-	0.3M	50%	66 30 4%	6M	20.5M		
Multi-Sector Cash	-	0.1M	-	-	0.1M	-	-	-	50%	55 40 5%	27M	36.8M		
TOTAL	8.3M**	3.5M**	0.3M**	2.7M**	0.4M**	0.2M**	0.7M	2.1M**	50%	59 35 5%	\$120M	*** \$393M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years). **Total figure is not the total of the column, as the same people may appear several times. ***Total also includes UNHAS & Coordination.

PART II: OPERATIONAL RESPONSE PLANS

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	Water, sanitation & hygiene	21

	Refugee & returnee response plan	22
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2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



ES & NFI OBJECTIVE 1:

1 Persons displaced and/or affected by conflict have adequate protection from the weather and privacy for family life.

RELATES TO SO2

ES & NFI OBJECTIVE 2:

2 Persons displaced and/or affected by natural disaster have adequate protection from the weather and privacy for family life.

RELATES TO SO3

ES & NFI OBJECTIVE 3:

3 Responses by ESNFI cluster members are informed by accurate assessments to allow contextual analysis and appropriately targeted interventions.

RELATES TO SO5

EMERGENCY SHELTER & NON-FOOD ITEMS



Approach and Prioritisation

The Emergency Shelter and Non Food Item (ESNFI) Cluster will target people affected or displaced by both conflict and natural disasters identified through common assessment methodologies wherever possible. The target groups are initially prioritised as displaced families whose shelter has been either completely destroyed or severely damaged, thus requiring reconstruction or major repair.

The Cluster then further prioritises through seven specific vulnerability criteria for identifying extremely vulnerable families amongst the affected population: Female headed households; Elderly headed households; Disabled headed households; Very large families (eight or more); Very low income; Child headed households; Chronically ill and other vulnerabilities.

The ESNFI Cluster strategies are based on common minimum standards ensuring those able to be assisted can live in safety and dignity with access to services and the provision of ongoing support as required.

The Cluster has developed a range of packages and cash interventions for both shelter and NFIs that are designed to ensure that sufficient covered living space is provided or maintained. These packages enable the affected populations to retain a sense of privacy, safety and wellbeing which minimizes secondary health impacts through providing thermal comfort and protection

from the climate, whilst maintaining the independence of everyday household tasks and essential livelihood activities.

Although prioritised below, the Cluster response is considered crucial for all target groups and response lines indicated to prevent deterioration of the affected population's situation and have their status deteriorate into more vulnerable categories due to inaction.

As a first line response, the Cluster will address the emergency shelter and NFI needs of newly displaced (conflict or natural disaster) or relocated people including: People stranded outdoors; People in abandoned buildings (urban); People staying with host families; People in managed settlements and camps.

As a second line response, the Cluster will address the shelter repair or reconstruction needs of affected families and basic NFI needs of 6-12 month term displaced, including: People with severely damaged houses; People who are likely to be displaced for a short timeframe; People in managed settlements and camps that require upgrades/retrofitting.

As a third line or full response, the Cluster will maintain shelter quality of the most vulnerable by meeting their critical shelter and NFI needs, including for: People in informal settings; People in managed settlements and camps; People in abandoned buildings (urban).

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BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found on the cluster page of humanitarianresponse.info

	BY STATUS						BY SEX & AGE	
	Conflict displaced	Health affect. by conflict	Natural disaster affected	Public health at risk	Malnutr. & food insecure	Refugees & vulner. returnees	% female	% children, adult, elderly*
2016 ASSISTANCE REQUIRED	0.3M	-	0.2M	-	-	0.3M	49%	57 37 6%
PEOPLE TARGETED	0.3M	-	0.2M	-	-	0.2M	49%	57 38 5%
FINANCIAL REQUIREMENTS	\$36.4M					\$17.3M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



FOOD SECURITY OBJECTIVE 1:

1 Save lives and restore the livelihoods of conflict induced IDPs, refugees and returnees.

RELATES TO SO2

FOOD SECURITY OBJECTIVE 2:

2 Save lives and restore the livelihoods of natural disaster affected people.

RELATES TO SO3

FOOD SECURITY OBJECTIVE 3:

3 Ensure access to food during lean season for severely food insecure at risk of acute malnutrition.

RELATES TO SO4

FOOD SECURITY OBJECTIVE 4:

4 Strengthen emergency preparedness and response capabilities of FSAC partners.

RELATES TO SO5

FOOD SECURITY & AGRICULTURE



Approach

The Food Security and Agriculture Cluster (FSAC) will target over 1.7 million of the most food insecure and vulnerable people in 2016, recognising that overall chronic food security needs are much higher. The Cluster has prioritised conflict and natural disaster affected IDPs, refugees and returnees, including refugees in Khost and Paktika, as well as severely food insecure people residing in 18 of the most vulnerable provinces as identified through the recent Integrated Food Security Phase Classification (IPC) projected analysis and the 2015 Seasonal Food Security Assessment (SFSA). Approximately 758,795 conflict and natural disaster affected people (or 86% of people in needs), and 1.017 million severely food insecure people (or 65% of total people in needs) will be targeted based on their displacement/return/refugee status or household food insecurity criteria. Both groups will receive life-saving unconditional assistance through appropriate transfer via food, cash or voucher, and basic emergency or protection livelihood support to prevent hunger and deterioration of nutritional status, and restore livelihoods.

Prioritisation

As a first priority, the most vulnerable targeted conflict and natural disaster affected displaced persons, refugees and returnees will receive the Cluster recommended complete emergency ration, providing 2,100 Kcal/person/day for an average of two months,

with the exception of refugees in Khost and Paktika who will continue to need support throughout the year. Almost 44% of these affected people will additionally receive emergency or protection livelihood support through agriculture/livestock kits to restore their basic livelihoods and avoid prolonged reliance on unconditional assistance.

As a second priority, targeted severely food insecure people will receive the Cluster recommended ration which is half of the emergency ration providing 1,056 Kcal/person/day for a maximum of three months at the peak of the lean season. Targeted severely food insecure people with access to land and productive assets will receive one-time protection livelihood support to prevent livelihood depletion during relevant seasons.

The Cluster recommends an emergency livelihood support package that includes a basic crop, vegetable and livestock protection kit to improve access to staple, micro and macro nutrients to prevent acute malnutrition and contribute to reducing morbidity and mortality.

As part of a full cluster response, FSAC will actively engage with relevant line ministries and regional departments to strengthen emergency preparedness and response capabilities of partners through developed and/or updated contingency plans, timely and better coordinated food security assessments, capacity development and more effective use of results for response programming and targeting.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found on the cluster page of humanitarianresponse.info

	BY STATUS						BY SEX & AGE	
	Conflict displaced	Health affect. by conflict	Natural disaster affected	Public health at risk	Malnutr. & food insecure	Refugees & vulner. returnees	% female	% children, adult, elderly*
2016 ASSISTANCE REQUIRED	0.3M	-	0.2M	-	1.0M	0.3M	49%	58 36 6%
PEOPLE TARGETED	0.3M	-	0.2M	-	1.0M	0.3M	49%	58 36 6%
FINANCIAL REQUIREMENTS	\$58.7M					\$51.5M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

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2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



HEALTH OBJECTIVE 1:

1 Provision of effective trauma care and mass casualty management to conflict and natural disaster affected people.

RELATES TO SO2 , SO3

HEALTH OBJECTIVE 2:

2 Ensure access of displaced populations, refugees, returnees and people residing in white conflict areas to emergency health services.

RELATES TO SO2

HEALTH OBJECTIVE 3:

3 Provide immediate lifesaving assistance to those affected by public health outbreaks and natural disasters.

RELATES TO SO3

HEALTH



Approach

The Health Cluster will ensure timely provision of trauma care and basic health services to men, women and children affected by conflict and natural disasters. Service provision to prevent disruption of basic health care will also be provided for displaced persons, refugees, returnees and those residing in 'white' conflict areas, which are not only uncovered by the Basic Package of Health Services (BPHS) but more vulnerable due to ongoing fighting. Lifesaving assistance will also be provided to vulnerable people affected by public health risks and natural disasters, to ensure no outbreaks of disease occur where health services are unavailable.

access to primary health care services. Under this tier, prepositioning of kits and supplies will be included in addition to control and prevention of public health risks.

As a second line response, the Cluster will focus on ensuring access to critical health services for populations residing in white areas uncovered by the BPHS, including refugees, returnees and displaced people. Critical services to be provided will include primary health care and response to public health risks or outbreaks, psychosocial first aid including counselling at the facility level, and case management and treatment of gender-based violence cases.

A fully resourced Cluster response will include responding to emerging critical needs in any other identified priority areas, including the management of public health outbreaks exceeding emergency thresholds, and ensuring access to primary health care services in areas with overstretched capacity to support high concentrations of displaced persons or returnees.

Prioritisation

As a first priority, the Cluster will focus service provision on any and all people affected by conflict. These populations have been mapped and their immediate health needs will be addressed through the establishment of trauma centres including first aid trauma posts, as well as ensuring

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found on the cluster page of humanitarianresponse.info

	BY STATUS						BY SEX & AGE	
	Conflict displaced	Health affect. by conflict	Natural disaster affected	Public health at risk	Malnutr. & food insecure	Refugees & vulner. returnees	% female	% children, adult, elderly*
2016 ASSISTANCE REQUIRED	0.3M	1.7M	0.2M	0.7M	-	0.3M	49%	53 42 5%
PEOPLE TARGETED	0.3M	1.7M	0.2M	0.7M	-	0.3M	49%	53 42 5%
FINANCIAL REQUIREMENTS	\$35.3M					\$4.3M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

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2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



NUTRITION OBJECTIVE 1:

1 Incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, pregnant and lactating women.

RELATES TO SO4

NUTRITION OBJECTIVE 2:

2 Enhance the prevention of acute malnutrition through promotion of Infant and Young Child Feeding and micronutrient supplementation.

RELATES TO SO4

NUTRITION OBJECTIVE 3:

3 Quality community and facility based nutrition information is made available for programme monitoring and timely response.

RELATES TO SO5

NUTRITION

Approach

The Cluster estimates that 2.9 million people are affected by malnutrition, of which 365,000 and 632,000 cases are SAM and MAM respectively, and in need of treatment for acute malnutrition. The Cluster will target boys and girls 0-59 months of age, pregnant and lactating women and women of reproductive age. Constricted by partners' capacities, accessibility, and resource availability the Cluster's strategy for 2016 will focus on initial expansion of services to reach 369,000 beneficiaries, including 97,000 SAM, 156,000 MAM children 0-59 months and 116,000 PLW. Activities are influenced by the need to address both the immediate and underlying causes of acute malnutrition in Afghanistan as highlighted in the National Nutrition Survey 2013 (NNS 2013), as well as the need to address current program challenges and gaps. A special focus will be given to the above beneficiary categories in areas with refugees and IDPs due to their increased vulnerability.

Prioritisation

The Cluster strategy is to provide nutrition support in all emergencies that will occur in the country in 2016, including response to existing refugees, returnees and newly displaced people. Additionally, 17 priority provinces with a SAM rate of more than three per cent (NNS 2013) will be prioritised

along with provinces highlighted by FSAC's Seasonal Food Security Assessments (SFSA) as having more than 20% of the population food insecure. In total, the nutrition humanitarian response will be provided in 22 of the 34 provinces. The remaining 12 provinces, though not part of the HRP, will still have nutrition activities covered through development partners. Nutrition response will be provided through existing health facilities, and mobile health and nutrition teams where health facilities are not accessible by the affected population. Key nutrition activities will include screening for malnutrition, referral and follow up, treatment of acute malnutrition, nutrition assessments and surveillance to ensure timely quality and facility-based nutrition information for program monitoring and decision making, provision of Infant and Young Child Feeding (IYCF) promotion messages, as well as provision of micronutrient powders to children 6-23 months in all targeted areas. Work will also be undertaken to enhance the capacity of government and partners to respond and deliver quality programming at scale. The Cluster has been in discussion with the Government, BPHS partners and donors to ensure that nutrition services should be integral to all BPHS contracts. The Cluster acknowledges the technical capacity gaps among partners due to high staff turnover and will continue related capacity building efforts.



BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found on the cluster page of humanitarianresponse.info

	BY STATUS						BY SEX & AGE	
	Conflict displaced	Health affect. by conflict	Natural disaster affected	Public health at risk	Malnutr. & food insecure	Refugees & vulner. returnees	% female	% children, adult, elderly*
2016 ASSISTANCE REQUIRED	-	-	-	-	2.8M	0.1M	53%	92 8 -%
PEOPLE TARGETED	-	-	-	-	1.0M	0.1M	53%	90 10 -%
FINANCIAL REQUIREMENTS	\$63.2M							

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

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2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



PROTECTION OBJECTIVE 1:

1 Strengthen the protection environment through monitoring of violations, evidence-based advocacy, targeted engagement, and coordinated and timely assessment of protection needs.

RELATES TO S01

S02, S03, S05

PROTECTION OBJECTIVE 2:

2 Respond to acute and evolving protection needs, and restore the dignity of conflict and natural disaster-affected populations, especially of the particularly vulnerable, including the displaced.

RELATES TO S02, S03

PROTECTION OBJECTIVE 3:

3 Create a protection-conducive environment to prevent and respond to forms of physical harm, violence, abuse & exploitation.

RELATES TO

S01, S02, S03

PROTECTION



All conflict and natural disaster affected civilian populations are of concern to the Protection Cluster. Specific protection activities will target the most vulnerable, predominantly in displaced communities: children, women, especially when heading households, persons with disabilities, older people without caretakers, other groups at risk, families without civil or property documentation, as well as casualties of the conflict. Tailored assistance will be provided to male and female GBV survivors, persons suffering from trauma, and extremely vulnerable persons. Mine/ERW affected will be targeted with MRE, demarcation and clearance activities.

The Cluster aims to identify, prevent and respond to protection violations arising from situations of general insecurity, conflict, internal displacement, human rights violations, weak governance and rule of law, and natural disasters. Coordinated information collection, analysis and dissemination will be strengthened to enable evidence-based, prioritised, and targeted protection interventions, including advocacy, service provision, and community-based mitigation and prevention initiatives.

Initial emergency responses will include: participation in joint assessments contributing to a broader humanitarian response underpinned by protection principles; information provision to affected populations, taking into account different needs of women, girls, boys, and men; psycho-social support; referral of cases with

specific needs to the appropriate service providers; and other life-saving protection interventions.

Recognising that displacement affects individual and family life, and community safety nets, and considering that coping mechanisms may negatively evolve over time, protection specific services will be delivered. Through its areas of responsibility, the Cluster works to prevent, mitigate, and respond to GBV including early/forced marriage, child abuse, neglect and exploitation. Mine and ERW affected communities will be targeted with surveying, demarcation and clearance, while affected populations will receive MRE. Rehabilitation activities for injured or traumatised persons will contribute to the normalisation of civilian life.

Community-based approaches, aiming to strengthen referral networks, improve access to services, increase awareness on basic rights, and reduce discrimination and other forms of neglect and marginalization, will contribute to the establishment of a protection-conducive environment. Local community based governance mechanisms will be targeted with rights-based advocacy and capacity building, with a specific focus on female staff, to improve accessibility of services and justice for all affected individuals. The Cluster will foster a rights-based approach to better support displaced persons by local authorities, including advocacy for greater ownership, and will monitor the implementation of context-specific durable solutions.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found on the cluster page of humanitarianresponse.info

	BY STATUS						BY SEX & AGE	
	Conflict displaced	Health affect. by conflict	Natural disaster affected	Public health at risk	Malnutr. & food insecure	Refugees & vulner. returnees	% female	% children, adult, elderly*
2016 ASSISTANCE REQUIRED	0.3M	1.0M	0.2M	-	-	0.4M	49%	54 41 5%
PEOPLE TARGETED	0.2M	1.0M	<0.1M	-	-	0.4M	49%	54 40 6%
FINANCIAL REQUIREMENTS	\$27.8M					\$14.3M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

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2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



WASH OBJECTIVE 1:

1 Ensure timely access to a sufficient quantity of safe drinking water, use of adequate, gender sensitive sanitation facilities and appropriate hygiene practices.

RELATES TO
S02 , S03

WASH OBJECTIVE 2:

2 Ensure timely and adequate assessment of the WASH needs of targeted populations in need.

RELATES TO S05

WASH OBJECTIVE 3:

3 Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion.

RELATES TO
TRANSITION

WATER, SANITATION & HYGIENE



Approach

It is estimated that a quarter of the targeted people in need will require emergency water, sanitation and hygiene (WASH) assistance based on recent experience. This includes a significant proportion of the expected refugee and returnee caseload and over half the conflict affected displaced persons as it is expected that the other half will find refuge with extended family members. Many partners work with prolonged IDP communities and in areas with high child malnutrition prevalence. The Cluster is also committed to reaching a portion of prolonged IDPs and people in areas with high prevalence of malnutrition. Approximately three quarters of those affected by natural disasters will also be targeted.

Prioritisation

Life-saving WASH interventions take precedence over longer-term transitional or development type interventions. In case of sudden onset humanitarian crisis, lifesaving response will include water trucking, rehabilitation and disinfection of existing water supplies, drilling of emergency water supply wells with distribution through bladder tanks, promotion of household water treatment using chlorine tabs, construction of emergency sanitation facilities, and distribution of hygiene and dignity kits. First priority response will be directed towards large scale displaced populations gathered in

close proximity such as affected people living in camp-like situations or host communities, as they lack sufficient water and sanitation facilities and are at higher risk of WASH-related disease outbreaks.

Second priority response will be provided for populations affected by chronic malnutrition, populations displaced for six months or longer, or refugees and returnees in camp-like settings that turn into more permanent situations. For these populations more permanent solutions include small-scale water supply systems, household sanitation and bathing facilities instead of communal facilities. Addressing the WASH needs of host communities is also regarded as a second priority.

As a full scale Cluster response, partners will expand their activities to cover more prolonged displaced populations whose WASH needs remain largely unmet. Partners will also expand activities in areas with high malnutrition prevalence, most of which are severely deprived and face significant rates of child morbidity from WASH related diseases. The Cluster has also developed a strategy for a two-year transition of cluster leadership to the Ministry of Rural Rehabilitation and Development, which includes establishment of WASH contingency plans for Provincial Disaster Management Committees (PDMC) and holding of regional and provincial WASH cluster coordination meetings with national cluster (co-) leads.

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BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found on the cluster page of humanitarianresponse.info

	BY STATUS						BY SEX & AGE	
	Conflict displaced	Health affect. by conflict	Natural disaster affected	Public health at risk	Malnutr. & food insecure	Refugees & vulner. returnees	% female	% children, adult, elderly*
2016 ASSISTANCE REQUIRED	0.2M	0.2M	0.2M	0.2M	0.9M	0.2M	51%	76 21 3%
PEOPLE TARGETED	0.2M	0.2M	0.1M	-	0.3M	0.1M	50%	66 30 4%
FINANCIAL REQUIREMENTS	\$14.7M					\$5.8M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)



REFUGEE & RETURNEE RESPONSE PLAN

2016 ASSISTANCE REQUIRED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



R&R OBJECTIVE 1:

1 Protection interventions provided to refugees.

RELATES TO SO2

R&R OBJECTIVE 2:

2 Essential services delivered to refugee returnees while pursuing durable solutions.

RELATES TO SO2

R&R OBJECTIVE 3:

3 Immediate humanitarian needs for vulnerable refugee returnees, undocumented returnees, deportees are met.

RELATES TO SO2

Detailed sector response plan can be found on humanitarianresponse.info

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The Refugee and Returnee Response Plan targets: Refugees from North Waziristan Agency in Khost and Paktika provinces who were displaced by military operations in Pakistan; Afghan refugees who have voluntarily returned to Afghanistan; Vulnerable, undocumented returnees and deportees who have returned to Afghanistan and have been identified as having specific needs.

The main focus is to deliver assistance to refugees, refugee returnees and vulnerable undocumented returnees. Assistance will address the immediate post-arrival emergency needs of refugees, which become more urgent over time as savings are exhausted, livelihood opportunities are constrained and prolonged displacement leads to negative coping mechanisms, giving rise to other humanitarian concerns. Interventions will need to promote self-sufficiency and address the needs of the growing number of vulnerable people, with a focus on refugees in host communities. Prioritised interventions will ensure basic

human rights are upheld, specifically for women, children, the elderly and those with specific needs, as well as ensuring adequate food and shelter, increased access to health and nutrition services, and expansion of WASH resources. The significant increase in Afghan returnees in 2015 was attributed to growing push factors in Pakistan. Monitoring indicates that refugee returnees use their initial return grant within the first two months for transportation, shelter/rent and food, while other humanitarian needs go unmet. The level of vulnerability among undocumented returnees has increased substantially. Undocumented returnees generally face similar challenges as IDPs and refugee returnees in accessing basic humanitarian services, yet their situation is further complicated by their undocumented status. Given the limited resources, interventions will prioritise the most vulnerable, and will include assistance and expansion of referral mechanisms in the areas of protection, shelter and health.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

**the total figure is not the total of the column, as the same people may appear several times

	REFUGEES			RETURNEES			Financial requirements
	Refugees	% female	% children, adult, elderly*	Vulner. returnees	% female	% children, adult, elderly*	
EMERGENCY SHELTER & NON-FOOD ITEMS	0.1M	50%	67 28 5%	0.1M	50%	60 34 6%	\$17.3M
FOOD SECURITY & AGRICULTURE	0.2M	50%	67 28 5%	0.1M	50%	60 34 6%	\$51.5M
HEALTH	0.1M	50%	67 28 5%	0.2M	50%	57 38 5%	4.3M
NUTRITION	0.1M	50%	67 28 5%	-	-	-	\$-M
PROTECTION	0.2M	50%	67 28 5%	0.2M	50%	56 39 5%	\$14.3M
WATER, SANITATION & HYGIENE	0.1M	50%	67 28 5%	0.1M	49%	55 40 5%	\$5.8M
MULTI-SECTOR CASH	-	-	-	0.1M	49%	55 40 5%	\$26.8M
TOTAL	0.2M**	50%	67 28 5%	0.2M**	49%	53 42 5%	\$120M

PART III: ANNEXES



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STRATEGIC OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective 1 (SO1): Protection of civilian from armed conflict

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict and natural disaster affected individuals partaking in community-based prevention and response initiatives	1,600,236	-	1,099,832
Percent reduction of health facilities and schools attacked by armed groups/conflicts	-	49 and 86	10% reduction on 2015
Number of prioritised mine/ERW affected communities visited by EOD teams conducting surveyance, demarcation and spot clearance	-	-	3,700 communities

Strategic Objective 2 (SO2): Response to conflict displaced, refugees and vulnerable returnees

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict IDPs, refugees and vulnerable returnees in need receiving ES/NFIs and/or winterization and related CASH/ Voucher assistance	215,000	-	215,000
Proportion of conflict-affected population in need with access to at least 15lpcd of drinking water	469,609	-	469,609
Number of refugees registered	175,000	1,234	175,000
Number of vulnerable refugee returnees, undocumented returnees & deportees identified & assisted	111,325	0	111,325
Number of conflict-affected people assisted on time with appropriate unconditional transfer (food, cash, or voucher)	647,325	391,495	570,795
Number of conflict affected people in white areas served by emergency PHC/ mobile services	1,712,565	789,581	1,712,565
Percent of conflict affected districts with at least one FATP/HF providing specialized conflict trauma care	93	25%	93
Percent of prioritised mine/ERW impacted population provided with Mines Risk Education	1,015,236	1,015,236	1,015,236

Strategic Objective 3 (SO3): Acute health and natural disaster emergencies

INDICATOR	IN NEED	BASELINE	TARGET
Number of natural disaster affected people in need assisted with ES/NFIs and or winterization and related CASH / Voucher assistance	235,000	-	197,400
Number of people served by lifesaving assistance due to public health outbreaks or natural disasters	694,871	-	694,871

Strategic Objective 4 (SO4): Treatment and prevention of acute malnutrition

INDICATOR	IN NEED	BASELINE	TARGET
Number of boys and girls 0-59 months admitted for treatment of acute malnutrition in priority areas	627,507	295,588	253,126
Number of Pregnant & Lactating women admitted for treatment of acute malnutrition in priority areas	116,160	105,342	116,160
Number of boys and girls 6-23 receiving multiple micronutrient supplementation	832,532	594,036	333,013
Percent of targeted severely food insecure households with Acceptable Food Consumption Score (FCS>42)	1,500,000	31%	35%

Strategic Objective 5 (SO5): Context analysis and coordinated needs assessment

INDICATOR	IN NEED	BASELINE	TARGET
Number of initial assessments completed indicating shelter damage and needs	2,000	-	2,000
Number of well-coordinated assessments/analyses (Pre-harvest food security Appraisal, SFSA, IPC, ad-hoc assessments)	5	9	5
Number of Nutrition surveys (SMART, RNA and coverage assessments) conducted in targeted provinces	22, NA, 22	8, 4, 14	10, 5, 5
Percent of population in need whose WASH needs are assessed within two weeks after being affected	860,000	40%	80%
Percent of initial joint assessments of newly conflict-induced IDPs conducted with participation of trained protection cluster focal points	100%	-	100%

SECTOR OBJECTIVES, INDICATORS & TARGETS

EMERGENCY SHELTER & NON-FOOD ITEMS OBJECTIVES, INDICATORS AND TARGETS

ES&NFI Objective 1: Persons displaced and/or affected by conflict have adequate protection from the weather and privacy for family life

SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of people assisted with emergency shelter NFIs and/or winterization assistance	170,000	-	170,000
Number of people assisted with ESNFI related CASH / Voucher assistance	45,000	-	45,000
Percentage of NFI stock availability compared with Contingency Plan figures	12,500	-	100%
Percentage of conflict affected people assisted with shelter repair tool/material and or shelter repair CASH assistance	11,900	-	51%

ES&NFI Objective 2: Persons displaced and/or affected by natural disaster have adequate protection from the weather and privacy for family life

SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of people assisted with emergency shelter NFIs and/or winterization assistance	235,000	-	157,450
Number of people assisted with ESNFI related CASH / Voucher assistance	235,000	-	39,950
Percentage of emergency shelter stock availability compared with Contingency Plan figures	10,000	-	100%
Percentage of natural disaster affected people assisted with shelter repair tool/material and or shelter repair CASH assistance	11,190	-	49%

ES&NFI Objective 3: Responses by ESNFI cluster members are informed by accurate assessments to allow contextual analysis and appropriately targeted interventions

SO5 

INDICATOR	IN NEED	BASELINE	TARGET
Number of initial assessments completed indicating shelter damage and needs	2,000	-	100%
Number of specialised assessments resulting in targeted emergency shelter assistance	2	-	100%
Number of people satisfied with emergency shelter, NFI and/or cash assistance	97,000	-	87,300

FOOD SECURITY & AGRICULTURE OBJECTIVES, INDICATORS AND TARGETS

FSAC Objective 1: Save lives and restore the livelihoods of conflict induced IDPs, refugees and returnees SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict-affected people assisted on time with appropriate unconditional transfer (food, cash, or voucher)	647,325	391,495	570,795
Percent of targeted conflict-affected food insecure households with Acceptable Food Consumption Score (FCS>42)	NA	32%	35%
Number of the IDPs, new and Pre-2016 refugee returnees and undocumented returnees received emergency livelihood support	472,325	-	195,895

FSAC Objective 2: Save lives and restore the livelihoods of natural disaster affected people SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of natural disaster-affected people assisted on time with appropriate unconditional transfer (food, cash, or voucher)	235,000	222,137	188,000
Percent of targeted natural disaster-affected households with Acceptable Food Consumption Score (FCS>42)	NA	13%	15%
Number of natural disaster-affected people received emergency livelihood support	235,000	222,137	141,000

FSAC Objective 3: Ensure access to food during lean season for severely food insecure people at risk of malnutrition SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of very severely food insecure individuals assisted on time with appropriate unconditional transfers (food, cash, or voucher)	1,500,000	900,000	809,376
Percent of targeted severely food insecure households with Acceptable Food Consumption Score (FCS>42)	1,500,000	31%	35%
Number of severely food insecure people assisted on time with appropriate protection livelihood support (agriculture/livestock inputs and livestock vaccines)	1,500,000	129,402	208,269

FSAC Objective 4: Strengthen emergency preparedness and response capabilities of FSAC partners SO5 

INDICATOR	IN NEED	BASELINE	TARGET
Number of regional contingency plans developed and/or updated for natural disasters (flood, extreme winter, crop failure, drought) through improved capacity of FSAC partners and enhanced coordination	6	8	6
Number of trainings on food security and vulnerability, assessments, IPC analysis conducted, and number of participants trained	5 (300 participants)	9	5 (300 participants)
Number of well-coordinated assessments/analyses (Pre-harvest food security Appraisal, SFSA, IPC, ad-hoc assessments)	5	7	5

HEALTH OBJECTIVES, INDICATORS AND TARGETS

Health Objective 1: Provision of effective trauma care and mass casualty management to conflict and natural disaster affected people SO2 , SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Percent of conflict affected districts with at least one FATP/HF providing specialized conflict trauma care	93	25%	100%
Number of people served by FATP services	1,712,565	585,772	1,712,565

Health Objective 2: Ensure access of displaced populations, refugees, returnees and people residing in white conflict areas to emergency health services SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict affected people in white areas served by emergency PHC/ mobile services	1,712,565	789,581	1,712,565

Health Objective 3: Provide immediate lifesaving assistance to those affected by public health outbreaks and natural disasters SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Percent of outbreak alarms investigated within 48 hours from notification	694,871	95%	100%
Number of people served by lifesaving assistance due to public health outbreaks or natural disasters	694,871	-	694,871

NUTRITION OBJECTIVES, INDICATORS AND TARGETS

Nutrition Objective 1: Incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, pregnant and lactating women SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of boys and girls 0-59 months admitted for treatment of acute malnutrition in priority areas	627,507	295,588	253,126
Number of pregnant and lactating women admitted for treatment of acute malnutrition in priority areas	116,160	105,342	116,160

Nutrition Objective 2: Enhance the prevention of acute malnutrition through promotion of Infant and Young Child Feeding and micronutrient supplementation SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of Health workers trained in IYCF in targeted provinces	100%	-	40%
Number of women with children aged 0-23 months who are accessing appropriate IYCF promotion messages in humanitarian situations	743,837	624,554	369,287
Number of boys and girls 6-23 receiving multiple micronutrient supplementation (MNPs)	832,532	594,036	333,013

Nutrition Objective 3: Quality community and facility based nutrition information is made available for programme monitoring and timely response SO5 

INDICATOR	IN NEED	BASELINE	TARGET
Number of nutrition surveys (SMART, RNA and coverage assessments) conducted in targeted provinces	22, NA, 22	8, 4, 14	10, 5, 5
Number of staff trained in Surveys/RNA/coverage assessments	350	347	350

 **Nutrition Objective 4: Enhance the capacity of partners to advocate for and response at scale to nutrition in emergencies** Relates to Advocacy

INDICATOR	IN NEED	BASELINE	TARGET
Number of nutrition advocacy papers developed.	5	-	5
Number of government and nutrition partners staff (disaggregated by sex) trained in Nutrition in Emergencies in priority areas	100	-	100

PROTECTION OBJECTIVES, INDICATORS AND TARGETS

 **Protection Objective 1: Strengthen the protection environment through monitoring of violations, evidence-based advocacy, targeted engagement and coordinated and timely assessment of protection needs** SO1 , SO2 
SO3 , SO5 

INDICATOR	IN NEED	BASELINE	TARGET
Number of provinces with presence of an adequate number of male and female protection cluster focal points trained on common and protection-specific assessment and monitoring tools	34	-	34
Number of protection cluster focal points trained on common and protection-specific assessment and monitoring tools	140	-	140
Percent of initial joint assessments of newly conflict-induced IDPs conducted with participation of trained protection cluster focal points	100%	-	100%

 **Protection Objective 2: Respond to acute and evolving protection needs, and restore the dignity of conflict and natural disaster-affected populations, especially of the particularly vulnerable, including the displaced** SO2 , SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of vulnerable conflict- and natural disaster affected individuals assisted with targeted protective services and assistance addressing their particular protection needs in a rights-based perspective	585,000	-	91,969

 **Protection Objective 3: Create a protection-conducive environment to prevent and respond to forms of physical harm, violence, abuse, exploitation, affecting women, men, girls, and boys** SO1 , SO2 
SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict- and natural disaster affected individuals partaking in community-based prevention and response initiatives	1,600,236	-	1,099,832

WATER, SANITATION & HYGIENE OBJECTIVES, INDICATORS AND TARGETS

 **WASH Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation facilities and appropriate hygiene practices** SO2 , SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of population in need with access to at least 15lpcd of drinking water	860,000	-	860,000
Proportion of population in need with access to a functioning sanitation facility	860,000	-	860,000
Proportion of population in need with access to a place to wash hands with soap	860,000	-	860,000

 **WASH Objective 2: Ensure timely and adequate assessment of the WASH needs of targeted populations in need**

SO5 

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of population in need whose WASH needs are assessed within two weeks after being affected	860,000	40%	80%

 **WASH Objective 3: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion**

Relates to Transition

INDICATOR	IN NEED	BASELINE	TARGET
Number of PDMCs with WASH contingency plans	16	5	12
Number of regional and provincial WASH cluster coordination meetings held with national cluster (co-) leads present	24	4	18

REFUGEE & RETURNEE OBJECTIVES, INDICATORS AND TARGETS

 **Refugee & Returnee Objective 1: Protection interventions provided to refugees**

SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of refugees registered	175,000	-	175,000

 **Refugee & Returnee Objective 2: Essential services delivered to refugee returnees while pursuing durable solutions**

SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of returnees provided with information and referrals to facilitate reintegration	111,000	-	69,000

 **Refugee & Returnee Objective 3: Immediate humanitarian needs for vulnerable refugee returnees, undocumented returnees, deportees are met**

SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of vulnerable population identified and assisted	111,325	76,639	111,325

PLANNING FIGURES: PROJECTED ASSISTANCE REQUIRED

PROJECTED PEOPLE IN NEED (IN THOUSANDS)	BY STATUS						BY SEX & AGE			TOTAL		
	Conflict displaced	Health affect. by conflict	Refugees & vulner. returnees	Natural disaster affected	Public health at risk	Malnut. & food insecure	% female	% children, adult, elderly*		Projected people in need	Total population	
 CAPITAL	41	555	49	38	123	727	51%	70	27	3%	1.5M	6.6M
 CENTRAL HIGHLAND	-	8	2	1	73	148	50%	67	29	4%	0.2M	0.9M
 EASTERN	30	215	85	78	103	322	50%	67	29	4%	0.8M	2.6M
 NORTH EASTERN	77	294	34	84	235	541	50%	66	30	4%	1.3M	3.9M
 NORTHERN	24	117	17	13	28	480	51%	74	23	3%	0.7M	3.8M
 SOUTH EASTERN	20	476	187	5	34	473	50%	65	31	4%	1.2M	2.8M
 SOUTHERN	20	763	11	2	36	555	50%	64	32	4%	1.4M	3.0M
 WESTERN	38	311	12	14	62	609	50%	67	29	4%	1.1M	3.6M
	0.25M**	2.74M	0.4M	0.24M	0.7M	3.85M	50%	67	29	4%	8.2M	*** 27M

*Children (<18 years old), adult (18-59 years), elderly (>59 years). **Does not include an estimated 100,000 prolonged IDPs. *** Does not include the 1.5 million nomadic population.

PLANNING FIGURES: PEOPLE TARGETED

PEOPLE TARGETED (IN THOUSANDS)		BY STATUS					BY SEX & AGE			TOTAL	
		Conflict displaced	Health affect. by conflict	Refugees & vulner. returnees	Natural disaster affected	Public health at risk	Malnut. & food insecure	% female	% children, adult, elderly*	People targeted (no overlap)	People targeted (overlap)
	CAPITAL	41	555	49	38	123	98	49%	55 40 5%	0.3M	0.9M
	CENTRAL HIGHLAND	-	8	2	1	73	140	50%	63 32 5%	0.1M	0.2M
	EASTERN	30	215	85	78	103	200	50%	64 32 4%	0.4M	0.7M
	NORTH EASTERN	77	294	34	84	235	356	49%	58 37 5%	0.6M	1.1M
	NORTHERN	24	117	17	13	28	97	49%	61 34 5%	0.2M	0.3M
	SOUTH EASTERN	20	476	187	5	34	430	50%	63 32 5%	0.6M	1.2M
	SOUTHERN	20	763	11	2	36	487	50%	61 34 5%	0.8M	1.3M
	WESTERN	38	311	12	14	62	281	49%	58 37 5%	0.4M	0.7M
		0.25M **	2.7M	0.4M	0.24M	0.7M	2.1M	50%	60 35 7%	3.5M	**6.4M

*Children (<18 years old), adult (18-59 years), elderly (>59 years). **Does not include an estimated 100,000 prolonged IDPs.

PARTICIPATING ORGANISATIONS BY SECTOR

SECTOR	ORGANISATIONS	NUMBER OF PARTNERS
Emergency Shelter and Non-Food Items	ACF, ACTED, Afghanaid, ARCS, CARE, CONCERN, CORDAID, CWS, DRC, DWHH/GAA, FOCUS, INTERSOS, IOM, IR, IRC, ME, MRRD, NCA, NRC, ORCD, PIN, RI, SCI, SFL, SI, UNHABITAT, UNHCR, UNOPS	28
Food Security and Agriculture	ACTED, Afghanaid, ActionAid, AFS, ARAA, AHDA, ANCC, AREA, CARITAS-G, CoAR, CONCERN, CRS, DWHH/GAA, FAO, FGA, IOM, IR, IRC, MADERA, MEDAIR, NCA, NEI, NRC, ORCD, PIN, RI, SCI, SFL, SHPOUL, SI, SOFAR, WFP, ZOA	33
Health	AADA, ACTD, AHDS, AKDN, CAF, EMERGENCY, HADAF, HN-TPO, IMC, IMC, IR, Johanniter, PU-AMI, SCI, SDO, SHRDO, TdH, UNFPA, UNICEF	19
Nutrition	AADA, ACTD, AHDS, AKHS, BDN, BRAC, CAF, CPHA, DAC, HADAF, HHAAWC, HN-TPO, IMC, IMC, MEDAIR, MOVE, MRCA, PU-AMI, SAF, SCA, SCI, SDO, SHDP, TIKA, UNICEF, WFP, WHO, WVI	28
Protection	ACTED, Afghanaid, ARAA, APA, CFA, CiC, CRDSA, DRC, DWHH/GAA, HAGAR, HI, HN-TPO, IR, IRC, MACCA, Medica, NRC, OHW, OXFAM, PIN, SCI, Tabish, TdH, TLO, UNFPA, UNHABITAT, UNHCR, UNICEF, UNMAS, WAW, WC-C, WVI, YHDO	33
Water, Sanitation and Hygiene *	ACF, ACTED, Afghanaid, CARE, CONCERN, DWHH/GAA, CRS, AHDA, AKF, ARAA, AREA, CoAR, CAF, CRDSA, CHA, DACAAR, FGA, GP, HAS, HELVETAS, IAM, ICRC, IMC, IMC, IR, IRC, JEN, ME, MEDAIR, MEDIOTHEK, NAC, NCA, NPO/RRAA, NRC, PIN, SCA, SCI, SI, TLO, UNHCR, UNICEF, WC-UK, WVI, YAAR, ZOA	44
Refugee and Returnees	ACTD/JOHANNITER, CARE, DACAAR, FAO, HNI-TPO, IMC, IOM, IRC, NCA, NRC, SI, TLO, UNFPA, UNICEF, UNHCR, UNMAS, WFP, WHO	18

* The list of organisations for WASH were taken from the "Who does What Where" collected by the Humanitarian Regional Teams. For all other clusters, the list of participating organisations were provided by the national clusters.

Photo: Andrew Quilty



ACRONYMS

BPHS	Basic Package of Health Services
CHF	Common Humanitarian Fund
ESNFI	Emergency Shelter and Non-Food Items
ERW	Explosive Remnant of War
FAO	Food and Agriculture Organization of the United Nations
FSAC	Food Security and Agricultural Cluster
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IED	Improvised Explosive Device
IHL	International Humanitarian Law
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
NFI	Non Food Item
NNS	National Nutrition Survey
NSAG	Non-State Armed Group
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PIN	People in Need
PLW	Pregnant and Lactating Women
PMT	Population Movement Tracking (for conflict displaced)
PMR	Periodic Monitoring Review
RAF	Rapid Assessment Form (for natural disasters)
RMF	Results Monitoring Framework
SAM	Severe Acute Malnutrition
SFSA	Seasonal Food Security Assessment
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization

WHAT IF?

...WE FAIL TO RESPOND

NEEDS WILL BE EXACERBATED BY THE LACK OF ADEQUATE SHELTER



A population already vulnerable on many levels left without one of the simplest and most important basic needs, shelter, leaves them exposed to a number of life endangering threats. Exposure to the elements, host community tensions, secondary displacement, and increased incidents of gender based violence, serious child protection and exploitation issues are all exacerbated by the lack of adequate shelter.

NUMBER OF PEOPLE IN ACUTE FOOD INSECURITY WILL FURTHER INCREASE



Over 750,000 conflict and natural disaster affected people will not meet their minimal food needs during emergencies. Vulnerable displaced persons and returnees will not restart agriculture and livestock activities, exhaust coping strategies and remain dependent on assistance. Over one million severely food insecure at-risk of hunger and malnutrition will face a higher threat of sickness and death.

LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO DISEASE & DEATH



With a 20 per cent increase in the number of wounded casualties this year, lifesaving health service provision and trauma care is mandatory to save the lives of an estimated 11,000 casualties in 2016. Over 1.7 million people in conflict severe 'white' areas require urgent medical care to prevent disease outbreaks and serious illness.

INCREASED MORTALITY OF CHILDREN WITH ACUTE MALNUTRITION



Nutrition support to severely and moderately malnourished children is essential to reduce the risk of death and disease. Failure to treat these children almost inevitably leads to severe acute malnutrition and potentially death. Pregnant and lactating women neglected in emergencies and high risk provinces will be increasingly susceptible to complications and poor birth outcomes, affecting an intergenerational cycle of malnutrition.

COMPROMISED SAFETY, DIGNITY, WELL-BEING OF THE ALREADY VULNERABLE



Failure to address critical protection risks faced by conflict and disaster-affected individuals and groups will have detrimental effects on their safety, dignity, physical and mental well-being, and potential future restoration of rights and recovery of adequate standards of living, also impacting on movements. Protection violations have long-lasting effects, and will – if ignored – hamper restoration of civilian life.

THREATEN THE HEALTH & DIGNITY OF THOSE MOST VULNERABLE



Lack of timely WASH response after the onset of an emergency results in disease outbreaks and rapid deterioration in health and nutritional status. Consumption of unsafe drinking water, lack of basic hygiene services and safe management of excreta removal directly impact on the health and dignity of those most vulnerable, particularly children, women and elderly.

INCREASING BURDEN ON COMMUNITIES HOSTING REFUGEES AND RETURNEES



If the humanitarian community fails to respond to the needs of refugees and returnees, the burden of humanitarian assistance will fall to hosting communities, many who have extremely limited resources. A lack of adequate support to this population could lead to secondary displacement and failure to deliver basic services will endanger the lives of vulnerable individuals.

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

www.humanitarianresponse.info/operations/afghanistan

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



The Afghanistan Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

For information on how to make a contribution, please contact

chfafg@un.org

IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

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