2017

HUMANITARIAN RESPONSE PLAN

JANUARY-DECEMBER 2017

NOV 2016

AFGHANISTAN

Photo: Jim Huylebroek

TOTAL POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# HUMANITARIAN PARTNERS
29M	9.3M	5.7M	550M	175

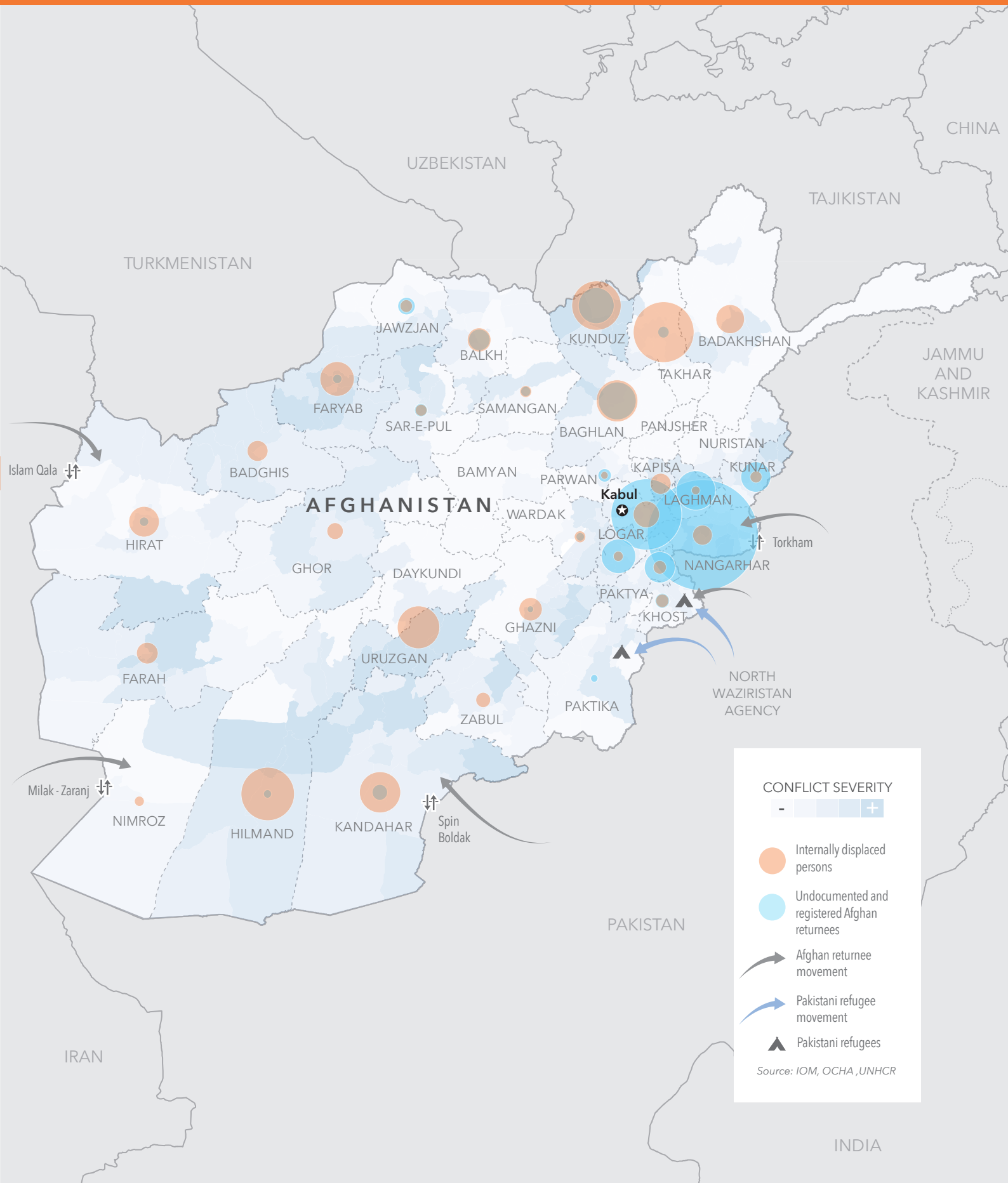


TABLE OF CONTENTS

PART I: COUNTRY STRATEGY

PART II: OPERATIONAL RESPONSE PLANS

PART III: ANNEXES

FOREWORD BY

THE HUMANITARIAN COORDINATOR

Afghanistan is one of the most protracted humanitarian emergencies in the world. Tragically for many Afghans, 2016 saw no let-up in the conflict. As a consequence, more than half a million people fled their homes, many of whom are now living in prolonged displacement. The changing nature of conflict has also led to new patterns of displacement. Not only have the number of people displaced increased but almost all of the country is now affected by the conflict and every province of the country has received displaced families. Most disturbingly, the past year has seen the highest number of civilian casualties on record, with women and children suffering disproportionately.

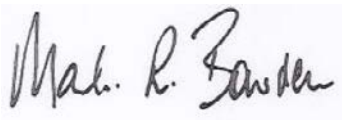
Large scale displacement in Afghanistan has also been accompanied by another major population movement with the return of hundreds of thousands of Afghan citizens from both Pakistan and Iran. The scale of this return movement was largely unanticipated.

Up to a million more returns are expected to arrive in Afghanistan from Pakistan and Iran in 2017. Their needs are incorporated in this Humanitarian Response Plan.

Despite a decade of some of the highest levels of international assistance in the world, the poverty rate has increased since 2011 and will likely increase further in 2017. 40% of the population are food insecure and over 1 million children need treatment for acute malnutrition. Early reports indicate that maternal mortality rates have also risen in Afghanistan. With about 40% of the country's population out of reach of the national health service, it is inevitable that deaths associated with childbirth will increase in 2017 and only a fraction of severely malnourished children will receive treatment.

The Brussels conference demonstrated continued strong international support for Afghanistan's development needs with aid commitments of $3.8bn per year for the next four years. Despite these continued high levels of support, the combination of continuing conflict, major population movements and low levels of economic growth means that humanitarian assistance is vital. This Humanitarian Response Plan is focused on meeting immediate life-saving needs: providing relief to Afghans affected by natural disaster and conflict, trauma care for war wounded patients, treatment to children with acute malnutrition, access to skilled birth attendance and maternal and new-born care in conflict stricken and hard to access districts, and ensuring the safety and security of families fleeing violence. The changing nature of internal displacement has also necessitated a greater focus on meeting the needs of those people facing more prolonged and protracted displacement who now live in semi-permanent crisis.

As Humanitarian Coordinator, I manage a pooled fund that received nearly $50 million this year. The Common Humanitarian Fund (CHF) has proved invaluable this year in responding strategically to humanitarian crises and ensuring a more immediate response to critical needs as they arise. I am grateful to the donors who have supported the CHF and look forward to continued and increasing support to ensure that the humanitarian community has effective tools at its disposal to better respond to and avert the worst humanitarian situations as they arise.



Mark Bowden
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

Immediate humanitarian needs of shock affected populations are met

STRATEGIC OBJECTIVE 2

Lives are saved by ensuring access to emergency health and protective services and respect for IHL

STRATEGIC OBJECTIVE 3

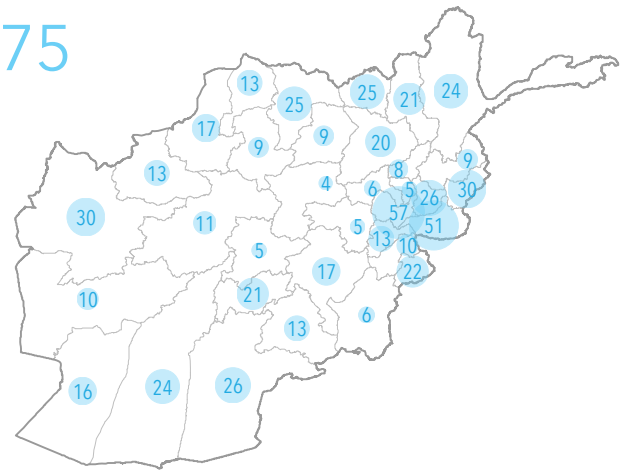
The impact of shock induced acute vulnerability is mitigated in the medium term

STRATEGIC OBJECTIVE 4

Humanitarian conditions in hard-to-access areas of Afghanistan are improved

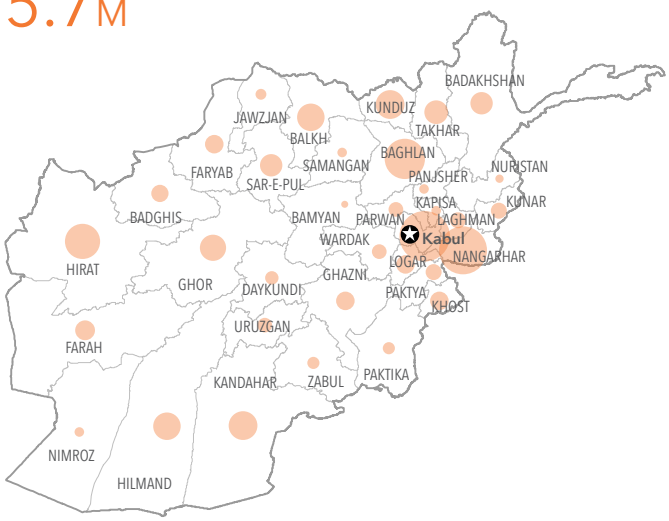
OPERATIONAL PRESENCE: NUMBER OF PARTNERS

175



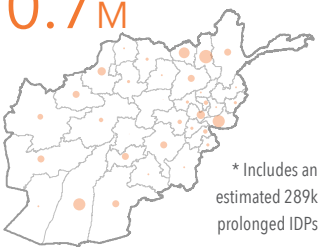
PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE

5.7M



CONFLICT DISPLACED *

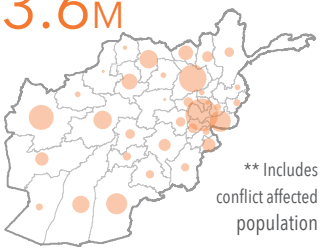
0.7M



* Includes an estimated 289k prolonged IDPs

ACCESS TO ESSENTIAL SERVICES**

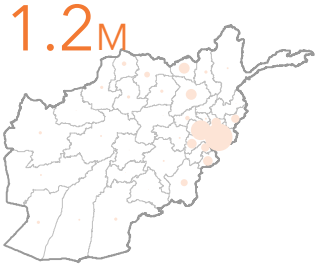
3.6M



** Includes conflict affected population

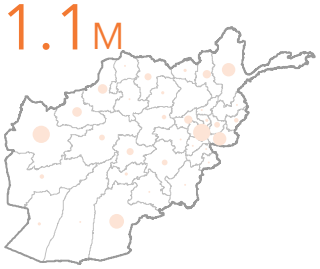
REFUGEES AND VUL. RETURNEES

1.2M



SEVERELY FOOD INSECURE

1.1M



Note: overlap exists across the four caseload types above.

PROJECTED ASSIST. REQUIRED

9.3M

PEOPLE TARGETED

5.7M

TOTAL REQUIREMENTS (US$)

$550M

REFUGEE & RETURNEE (US$)

$240M

(included in total)

OVERVIEW

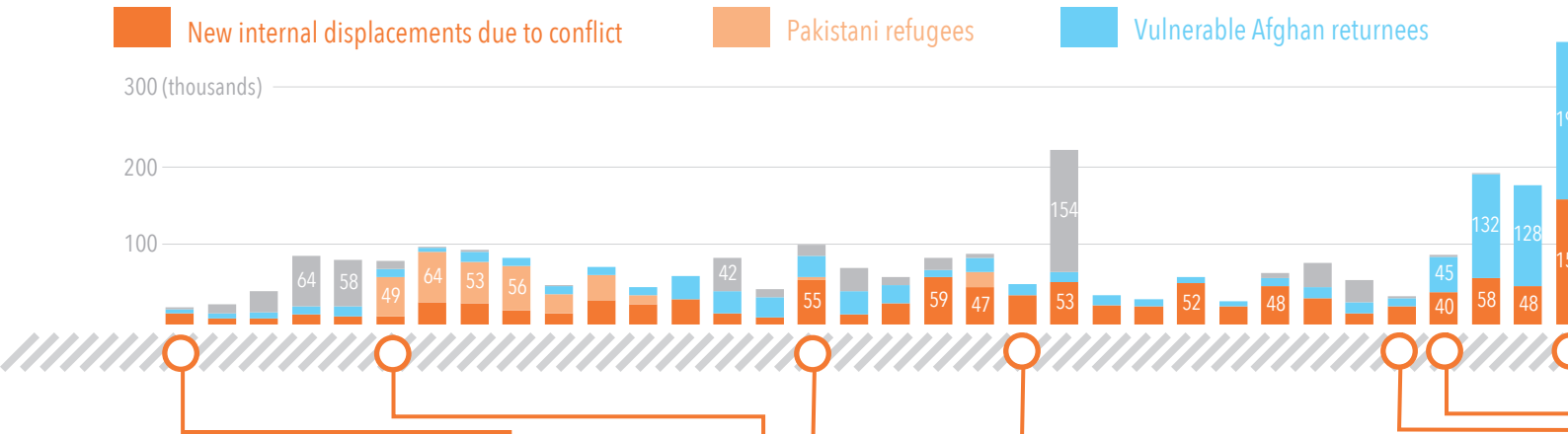
THE CRISIS

The continued deepening and geographic spread of the conflict has prompted a 13% increase in the number of people in need of humanitarian assistance in 2017, now 9.3 million. Unrelenting displacement and exposure to repetitive shocks continues to intensify humanitarian needs.

Afghanistan remains one of the most dangerous, and most violent, crisis ridden countries in the world[1]. Households in Afghanistan face constant danger of conflict and natural disasters, often compelling them to flee their homes at a moment's notice. In 2016, all regions of the country have been touched by the conflict. Violations of International Humanitarian Law (IHL) and Human Rights Law (HRL) occur regularly - including targeted killings, forced recruitment[2] and attacks on health and education facilities[3]. The 8,397 civilian casualties in the first nine months of 2016 is the highest recorded since 2009, and included a 15% increase in child casualties compared to 2015[4]. In 2016 increasingly frequent ground engagements continued to be the main cause of civilian casualties[5], while also limiting freedom of movement for civilians and contaminating areas with explosive remnants of war (ERW) which disproportionally affect children[6]. Health partners reported 57,346 weapon wounded cases between January and September alone, compared to 19,749 in 2011, representing almost a three-fold increase[7].

The country is facing increasing numbers of people on the move. In 2016 the conflict has led to unprecedented levels of displacement, reaching half a million in November - the

CRISIS TIMELINE



Ongoing conflict continues to destabilise the country

January 2014

The launch of the Afghanistan Common Humanitarian Fund (CHF) provides funding for the most pressing humanitarian needs.

June 2014

Full-scale operations in North Waziristan Agency causes mass displacement of Pakistani refugees to Khost and Paktika provinces. Few families have returned home.

April 2015

Sharp rise in the conflict in the northern and western regions results in new internal displacement, many trapped within inaccessible areas.

September 2015

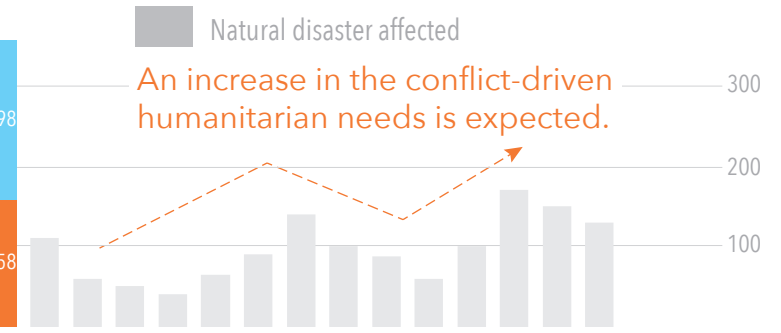
Conflict in Kunduz displaces up to 87,000 people throughout the Northeast Region.

highest number recorded to date. On average, every day sees another 1,500 people forced to leave their homes, escaping violence. Over half a million displaced families are scattered across 34 different provinces – with approximately 20% extremely hard to reach in gradually expanding areas of non-government controlled territory. 56% of the displaced are children and face particular risk of abuse[8], and exploitation[9], as well as interrupted school attendance and harmful child labour[10]. Multiple forms of gender based violence (GBV), particularly early and forced marriage[11], domestic[12], psychological[13], and sexual abuse[14] are reported, affecting individuals in hosting and displaced communities alike[15].

Magnifying this crisis of forced displacement, 2016 saw the unprecedented return of some 600,000 registered refugees and undocumented Afghans from Pakistan. For the majority, return is reluctant, and the experience often abrupt and distressing. Once here, they add to the ranks of internally displaced, as conflict and lost community networks prevent them returning to any ostensive place of origin. With no obvious prospects for an improved state of affairs, 2017 is likely to see at least 450,000 new IDPs and potentially as many as a million more Afghan returns from Pakistan and Iran.

Active conflict continues to threaten the physical safety and health of Afghans, disproportionately so for women and children. Attacks against health facilities, patients, medical staff and vehicles, continue to disrupt and deprive people of life-saving treatment[16]. Four and a half million people live in conflict affected districts with extremely constrained access to health services. Maternal and child health remains dangerously overlooked. Rates of infant and maternal mortality remain among the highest in the world and severe acute malnutrition (SAM) has breached emergency thresholds in 20 of 34 provinces. Some 1.8 million people require treatment for acute malnutrition[17].

Concurrent exposure to violence as well as high economic vulnerability means most households experience multiple and repetitive shocks within a year[18] resulting in food insufficiency and adoption of negative, often harmful coping strategies which plunge families deeper into crisis.



NEW DISPLACEMENTS DUE TO CONFLICT

JAN-OCT 2016
498,000

PROJECTED for 2017
450,000

REFUGEES FROM PAKISTAN

AT OCT 2016
56,000

PROJECTED for 2017
125,000

UNDOCUMENTED VULNERABLE AFGHAN RETURNEES

JAN-OCT 2016
254,000

PROJECTED for 2017
111,000

REFUGEE RETURNEES

JAN-OCT 2016
314,000

PROJECTED for 2017
550,000

June 2016

The inter-agency Household Emergency Assessment Tool (HEAT) is launched following HCT endorsement.

July 2016

Significant spike in returnees from Pakistan following a deterioration in the protection environment with new arrivals peaking at a daily average high of almost 6,000 by the 4th quarter.

October 2016

Assault on Kunduz leaves almost 118,000 displaced and some government buildings temporarily under NSAG control, almost a year to the day after the city first fell into NSAG hands.

STRATEGIC

OBJECTIVES

The 2017 response strategy aims to prevent loss of life, limit preventable morbidity and human suffering and enhance protection for displaced persons, civilians and returnees caught up in the conflict. Prioritisation, preparedness, access and advocacy are core principles of the coordinated strategy, central to achieving the four objectives outlined below.

1 Immediate humanitarian needs of shock affected populations are met;

Ensure that the life-saving protection and assistance needs of conflict, natural disaster affected and internally displaced persons (IDPs), refugees and returning Afghans are met.

2 Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law;

Provide life-saving services to the most vulnerable while continuing to advocate for Government to address major shortcomings in meeting the population's basic needs.

3 The impact of shock induced acute vulnerability is mitigated in the medium term;

Support households to cope with prolonged humanitarian needs to prevent a further deterioration in their situation in the absence of progress on durable solutions.

4 Humanitarian conditions in hard-to-access areas of Afghanistan are improved.

Enhance impartial, needs-based targeting of assistance to address disparities in the coverage of humanitarian needs in non-government controlled territory.

STRATEGY

OVERVIEW

The objectives and principles of the strategy articulate a shared vision of how to respond to the priority needs presented in the 2017 Humanitarian Needs Overview.

In the context of a rapidly changing crisis, the strategy has been developed to ensure predictable, fast and flexible emergency response. The plan recognises continuous risk profiling, capacity mapping, timely prepositioning, gap analysis and contingency planning as central to ensuring adequate preparedness for future response. This strategic response also recognises the importance of scaling up cash transfer based programming (CTP) as a critical element of enhanced preparedness.

For most families facing sudden emergencies - conflict, disaster and displacement, the response of humanitarian actors is often their only lifeline. As such, the principal priority of humanitarian action in Afghanistan remains the provision of emergency relief to those in immediate crisis, for whom no other help is forthcoming.

Over past years the humanitarian community has been hesitant to divert limited available humanitarian funding from the needs of conflict and disaster affected people, to cover growing gaps in government delivery of basic services. As the conflict expands however, and with it the challenges in ensuring coverage, quality and safe access to healthcare, the humanitarian community is confronting heightened levels of preventable deaths. While working to avoid overreliance on humanitarian services, and as much as possible preserve investments in existing structures, the 2017 strategy prioritises activities with the potential to have the greatest impact on reducing loss of life, by complementing and enhancing basic service delivery to the most at risk, and particularly to NSAG-held territories, typically out of reach to government providers. This focus ensures greater proportionality of humanitarian coverage, and response to the most pressing needs of all people in all parts of the country, which is fundamental to our commitment to adhere to the humanitarian principles of impartiality, neutrality and humanity.

Finally, the strategy recognises that response to the new realities of displacement requires a more flexible approach to determining 'parameters' of humanitarian assistance. Thousands of Afghan families have been reduced to an ambiguous and transitory existence, as they continue to use mobility as a coping mechanism to manage conflict, natural disaster and livelihood risks. Likewise, the huge numbers of Afghans returning to the country from neighbouring Pakistan, and a lesser extent, Iran, are facing similar uncertainty with limited opportunities to realise self-reliance and provide for their families. The absence of camp settings, (in which the same people would be easily identified and designated as a humanitarian caseload) has in cases prevented adequate recognition of the genuine humanitarian needs that persist among these most vulnerable families, typically to be found interspersed among the urban poor. The urban nature of displacement has placed additional challenges on the humanitarian community in the identification of the humanitarian needs and the most vulberable families. Eliminating vulnerability and ensuring safety, dignity and ability to thrive and be self-reliant over the long term is well beyond the scope and capacity of humanitarian actions. However, greater coordination and synergy between humanitarian and development efforts can contribute towards the achievement of longer-term change by leveraging opportunities within existing development policy and programmatic frameworks.

RESPONSE

STRATEGY

The 2017 strategy prioritises activities with the potential to have the greatest impact on reducing loss of life while ensuring greater proportionality in the coverage of humanitarian needs. 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

The principal goal of the humanitarian response in Afghanistan remains focussed on delivering critical actions to prevent loss of life in the next 12 months. 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, the Government must continue to lead on delivering meaningful change to people's lives as laid out in the Afghanistan National Peace and Development Framework (ANPDF) and the National Priority Programs (NPPs), including the Citizens' Charter. These programmes represent a clear commitment by the government to do more to achieve poverty reduction, create jobs, and ensure improved service delivery, and important steps have been taken to ensure that they adequately include returnees and IDPs as targeted populations.

The parameters of this humanitarian response strategy have been defined in consideration of these Government and development partners' multi-year integrated programming plans. Rigorous prioritisation is essential to clearly distinguish where the most acute needs necessitate distinct humanitarian interventions. In the current conflict context, humanitarian action must remain distinct and flexible to safeguard neutral and impartial action to respond to the most urgent, time critical, and life-saving needs in all areas irrespective of their control.

Prioritisation

Prioritisation within the response plan follows the general principles applied to determine the scope of the strategy. In the first instance precedence should be given to provide relief and treatment to Afghans confronting critical life-threatening emergencies; to ensure emergency trauma care for increasing numbers of war wounded patients, provide urgent treatment to children with severe acute malnutrition, give women access to skilled birth attendance and maternal and new-born care in conflict stricken and hard to access districts, and ensure the safety and security of families fleeing violence. In short, the strategy prioritises where lives can be saved.

Throughout 2016 Afghanistan has become increasingly contested with decreasing central government administrative and security control over the country's 400 districts. The resulting access challenges, insecurity and apprehension on the part of humanitarian actors has contributed to a fragmented interpretation of needs in the country and an inevitable disparity in coverage in terms of the humanitarian response. The 2017 strategy places a strong emphasis on reaffirming the neutral and impartial principals of humanitarian assistance. Through an accentuated focus on access, assessments and equitable provision of assistance, the strategy encourages donors and agencies alike to redress the current data and presence gaps. This means prioritising harder to access, underserved and opposition held areas of the country, and expanding geographic and programmatic reach in accordance with relative severity of need.

People Centred

The 2017 Afghanistan HRP places people at the centre of the humanitarian situation analysis and presents response strategies that do the same. While the humanitarian system is organised into clusters that focus on the provision of particular goods and services, this artificial categorisation of needs is at odds with how people experience crises. Individuals and families need multiple interrelated means and services to survive, they generally need different things at different times dependent on their pre-crisis situation, and

given the opportunity, they typically make different choices and assert different priorities.

Throughout 2016 the humanitarian community has made progress in strengthening coordinated humanitarian needs analysis and response planning, common tools and processes, to reflect this reality, reducing sector specific decision making and putting people first. The resulting multi-sector efforts to understand and respond to needs offer greater cost efficiencies and effectiveness in programme delivery, reduce demands made of people in the midst of crisis and provide greater dignity, choice and control over their lives.

Inter-Sectoral Analysis & Response

In June 2016 the humanitarian community in Afghanistan endorsed a common, household level rapid assessment tool for establishing emergency relief needs of families impacted by sudden shocks (natural disasters, conflict displacement and cross border displacement). The development of the Household Level Emergency Assessment Tool (HEAT) has addressed a gap in terms of providing a systematic and coherent evidence base for decision making and financing of emergency humanitarian response interventions, across all sectors and throughout the country. This initial effort towards standardisation of assessment and data collection methodology has contributed to greater efficiencies in coordinated response efforts. The adoption of a household approach has reduced misdirection of resources and enabled more systematic analysis of where and how needs vary. In 2017, inter-sectoral analysis of HEAT data will be used to inform needs based emergency responses as the tool is used to develop greater understanding of vulnerability to inform prioritisation and tailored response packages.

Further efforts are required to improve inter-sectoral needs assessment and availability of comparable data, to optimise data collection efforts and lay a foundation for more evidence-based decision making. The Food Security, Health, Nutrition and WASH Clusters recently agreed to expand and utilise the Nutrition Cluster's SMART++ standard methodology to regularly collect comparable province-level data, to augment the availability of multi-sector assessment data and improve both cluster and inter-cluster targeting and response. The methodology will be modified to incorporate minimum information requirements per cluster, including likely inclusion of key Protection and ES/NFI Cluster indicators, and will ultimately improve inter-sector needs assessment, joint analysis of needs, and complementary programming in priority provinces to increase impact for the most vulnerable people in need.

Cash Transfer Programming (CTP)

With an increasing body of evidence demonstrating that cash-based programmes promote empowerment and dignity among affected communities, and often improve the speed and efficiency of delivering assistance, the Humanitarian Country Team (HCT) will increasingly look to institutionalise cash into preparedness and response planning throughout 2017.

Humanitarian actors in Afghanistan are committed to scaling up cash programming as an effective and flexible way to support people affected by emergencies. Cash-based programmes are well established in Afghanistan and donors such as ECHO, OFDA and the CHF have funded cash/voucher programming for several years, In 2016, approximately 800,000 people across 26 provinces received USD 133.2 million in multipurpose, food, NFI and protection cash grants provided by 21 partners. The vast majority (92%) of this cash assistance (USD 122.4 million) was multipurpose cash distributed to registered refugees through UNHCR's voluntary repatriation programme, followed by cash for food (6%) and cash for NFIs (2%). To date, cash-based interventions in response to conflict IDPs and families affected by natural disasters have principally been led by the NGO partners of the Emergency Response Mechanism (ERM), funded by the European Commission's Humanitarian Aid Department (ECHO).

The intensification and geographical spread of the conflict in 2016 has increased the operational relevance and requirement for the type of flexible, single delivery mechanisms, offered by cash modalities as an alternative to in-kind assistance. Recent failures to supply food commodities to IDPs located in Ghazni, Zabul and Kandahar, as well as conflict besieged communities in Kohistan, have highlighted the extent to which provision of swift humanitarian support is dependent upon regular and consistent access. The World Food Programme (WFP) in Afghanistan will aim to provide 70% of its assistance in the form of cash transfers in 2017 as the organisation transitions away from in-kind aid.

Cash-based programmes are already well established in the country. Markets continue to function despite geographic isolation and recurrent conflict, and are quick to rebound in the face of natural disasters. Established virtually nationwide, and providing an efficient and economical way to transfer money to inaccessible areas where no banks or other forms of cash transfer systems are in place, the Hawala informal money transfer system is the predominant modality utilised by partners to facilitate direct cash disbursements. However other mechanisms such as mobile money and electronic

(bank) transfers are increasingly being explored.

In 2017, efforts will continue to support key agencies and clusters implementing cash-based programmes to streamline their interventions and promote new cash-based transfer initiatives. Work to update the Survival Minimum Expenditure Basket (SMEB) – which outlines the minimum outlay required for a household to meet basic emergency needs for a period of one month – will be undertaken by the inter-cluster Cash and Voucher Working Group (CVWG) in 2017 as part of ongoing efforts to regularise the use and promote the further uptake of multi-purpose cash programming. Work will also continue under the global DFID-funded preparedness initiative to strengthen the humanitarian community's readiness to collectively use cash transfers as part of emergency response at scale. To date, this project has resulted in the development of harmonised market, partner capacity and protection assessment tools, the use of which will be incorporated into the continuous process of needs assessment and analysis throughout the humanitarian programme cycle.

Preparedness

The unpredictable context in Afghanistan requires the humanitarian community to maintain a constant state of preparedness to respond to conflict and natural-disaster emergencies of unknown scope and scale. Coordinated, cross sectoral preparedness will continue to be critical to the humanitarian response strategy in 2017 to ensure sufficient capacity to respond to people in need, as and when needs arise.

The IASC guidance on Emergency Response Preparedness (ERP) forms the basis for the inter-agency reviews that are now undertaken semi-annually in Afghanistan. The approach is meant to enable the humanitarian system to apply a proactive approach to emergency preparedness. Importance is placed on acting on specific early warning indicators to engage in inter-agency contingency planning and other coordinated preparedness actions to improve collective response readiness.

The inter-agency national risk register is updated on a six monthly basis to jointly identify priority humanitarian risks for the period under review. Humanitarian regional teams (HRT) lead the review processes across the five regions, including a thorough provincial level analysis of prioritised risks and a high level capacity assessment to respond to anticipated caseloads. Preparedness actions are prioritised within the region, with key issues being escalated to the national level for gap analysis and advanced preparedness planning.

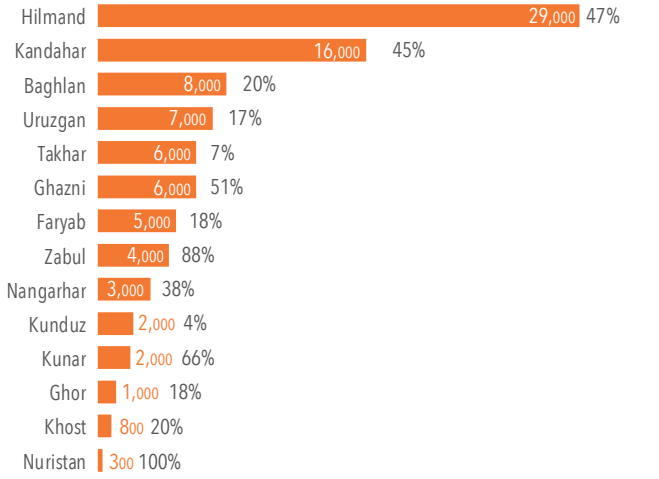
The ERP review for the last half of 2016 highlighted both steady and rapid conflict displacement as the highest severity risks, along with the recent influx of returnees from Pakistan. Over 290,000 people were expected to be internally displaced by conflict during the period, with the largest areas of concern in Kunduz, Uruzgan, Hilmand, Baghlan and Nangarhar provinces; at least half of the anticipated caseloads were expected to be displaced outside the affected districts. The risk of rapid displacement, or urban centre failure, was also identified with Hilmand, Kunduz Nangarhar, and Uruzgan representing the provinces with the highest risk for fall of a district or provincial centre causing mass displacement.

The ERP review process results in agreed risk outlooks per region, critical gaps and issues, and priority preparedness actions to undertake at both the regional and national levels. At the regional level, HRTs are working to strengthen early warning monitoring and pre-positioning to better anticipate and respond to displaced caseloads. Recommendations made to the Humanitarian Country Team include: establishing forward warehouses to enable stockpiling in the highest risk provinces; increasing the use of cash-based programming and partner capacity mapping to speed up response, while also reducing logistical challenges; and supporting partners to increase presence and response capacity in harder to access areas.

Access

Following years of growing insecurity in Afghanistan, many aid agencies have adopted coping strategies that either 'bunkerise' or 'localise' their operations. This has led to 'access inertia' in the humanitarian response in Afghanistan; agencies avoid the risks associated with working in insecure and contested districts, resulting in a lack of assessment and response. In 2016, the CHF commissioned operational research that revealed clear disparities between where needs

IDPS DISPLACED TO HARD-TO-REACH AREAS IN 2016

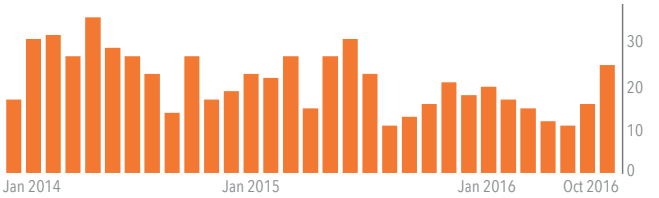


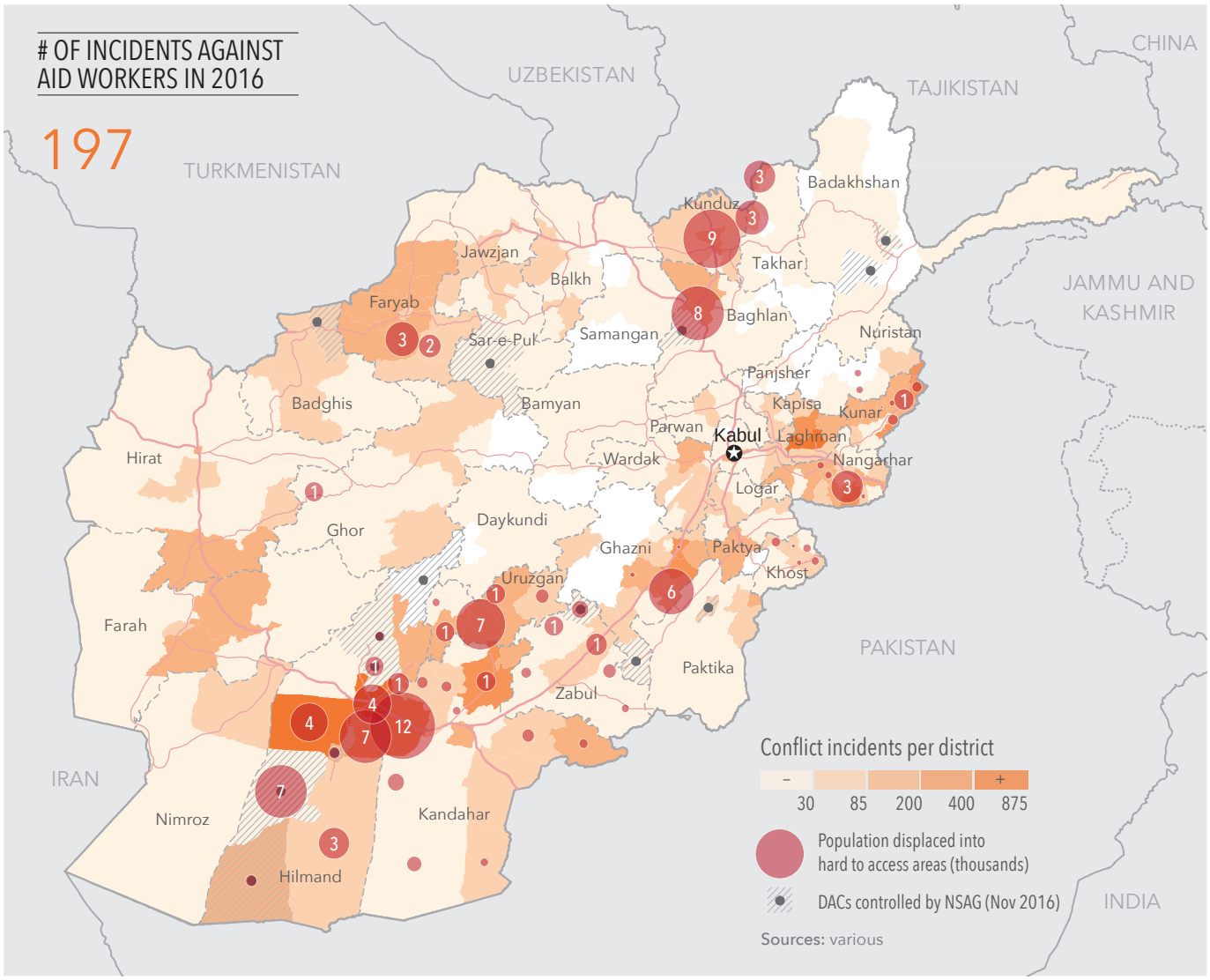
are highest and humanitarian assistance is being provided (ref. pg15 HNO). The humanitarian caseload is known to be high in hard-to-access areas, where almost a quarter of all newly-displaced IDPs were reported in 2016. The map below shows the location of approximately 100,000 conflict IDPs in hard-to-access areas. Significant numbers are observed in Hilmand, Kandahar, Zabul and Uruzgan in the South, and Kunduz, Baghlan and Faryab in the North and parts of Kunar and Nangarhar in the East.

Aid agencies need to innovatively and independently work in line with IHL to gain and maintain access to hard-to-reach districts around the country, to assess needs and consistently respond with life-saving assistance. In particular, access to emergency healthcare in hard-to-reach areas as well as emergency, life-saving response to conflict-induced internal displacement in those same areas will be a priority in 2017. This will require the development and implementation of specific inter-agency access strategies, for both healthcare and IDP response, as well as relevant capacity-building. The currently prevalent 'localised' approach by aid agencies to maintaining access, resulting from a variety of factors, diminishes the ability of the international community to provide assistance in accordance with the humanitarian principal of impartiality.

In 2017, the Access Working Group (AWG) aims to expand

REPORTED INCIDENTS AFFECTING AID WORKERS





and enhance the quality of access data to better inform the HCT and wider humanitarian community of constraints and opportunities to assist conflict affected civilians in hard to reach areas of Afghanistan. Through systematising access monitoring (using the OCHA Global Access Monitoring & Reporting Framework customised for Afghanistan) and articulating trends, the AWG will create an evidence-based picture of the operational reality in areas around and outside of government control. Monthly snapshots will be used in conjunction with gap analysis data to ensure operational humanitarian actors and decision makers are regularly and more accurately informed. In close collaboration with clusters, the AWG also aims to create a more sophisticated 3Ws system, measuring operational presence against gaps identified by access constraints.

By using information on access constraints and incidents combined with population data and operational presence, the AWG will be able to articulate the humanitarian implications of limited accessibility, and provide more guided analysis on potential access solutions. This strategy not only aims to increase an understanding of access but to more accurately highlight consequences if humanitarian response is withheld due to reasons of 'inaccessibility'. A more consolidated understanding of humanitarian needs and practical access challenges should emerge, contributing to a geographically balanced prioritisation process that prevents the severity of need from being overridden by area of control.

Centrality of Protection

The conflict is the main cause of humanitarian needs in Afghanistan; the violence creates unacceptable civilian casualties. Children and women are disproportionately affected by the indiscriminate means of waging war (improvised explosive devices, indirect mortar and artillery fire and aerial bombing, whether manned or unmanned).

The impact of four decades of prolonged conflict has reduced the effectiveness of existing protection mechanisms including social and family protection networks and community-based structures. It has increased the vulnerability of specific groups – notably, multiple displaced, children, women and girls, the elderly, people with disabilities, refugees and other groups with specific needs - by creating greater protection risks.

The 3rd quarter 2016 UNAMA Protection of Civilians report documented an increase in incidents relating to ANSF activities and a slight reduction in NSAG related incidents involving civilians. It noted the increase in attacks against health facilities as a major concern. Changing trends in the behaviour of security forces towards massed land attacks and an increasing use of militias indicate that protection concerns will increase.

In Afghanistan, a number of actors are working to advocate for the upholding of the principles of IHL: the International Committee of the Red Cross (ICRC), the Afghan Independent Human Rights Commission (AIHRC); the Human Rights unit of UNAMA, as part of the UN Office of the High Commissioner for Human Rights (UN OHCHR), the Humanitarian Coordinator, the HCT, the UN High Commissioner for Refugees (UNHCR), and the Afghanistan Protection Cluster (APC).

UNAMA's Human Rights Unit is the main actor pursuing an overall strategy to ensure the protection and promotion of human rights in Afghanistan. It engages in strategic partnerships and private and public dialogue with civil and military governmental authorities, international and civil society actors, and communities across Afghanistan in five priority areas: protection of civilians in the armed conflict together with UNICEF and within the Country Task Force Monitoring and Reporting Mechanism (CTFMRM) system; monitoring and reporting on grave child rights violations in the armed conflict; elimination of violence against women and promotion of gender equality; human rights aspects of peace and reconciliation; and prevention of torture in detention and arbitrary detention.

In 2016 the Humanitarian Coordinator renewed the High Level Protection of Civilians Working group, under the President's Office, co-chaired with the Chief Executive, which advocates to improve respect of humanitarian principles by the Afghan and international armed forces. At the same time, dialogue with the senior level of the NSAG continue to remind them of their obligations under IHL. Noting the dangers facing health facilities, and targeting of combatants in health facilities the Health Cluster works to ensure maintenance of statistics on attacks on health facilities and related protection concerns.

In 2017 the HC/HCT will work on advocacy to improve respect of humanitarian principles by Afghan armed forces and different non-state armed groups, including through the finalisation of the Policy to Mitigate Civilian Casualties and the related Action Plan, pending since 2015: promote a protective environment and enhance protection by advocating for arms bearers to respect IHL and HRL and mitigate protection risks through advocacy; work to increase engagement with parties to the conflict, stressing the need to protect civilians and comply with basic principles of IHL, reaffirming that authorities have the primary responsibility for the security, safety and well-being of civilians and displaced persons across the country; ensure that all strategic planning exercises, including contingency planning, and sector specific strategies reflect potential protection risks and mitigating

measures; work to ensure greater coordination of joint assessments, in particular for IDPs, so that they specifically identify protection needs and where necessary refer to the APC and different stakeholders to facilitate comprehensive protection assessments; and ensure the principle of independent humanitarian assessments of the civilian population is upheld.

Gender Equality

Humanitarian action in Afghanistan continues to suffer systemic problems in assisting and protecting women and girls. The continued tendency to focus on addressing practical needs such as girls' education, reproductive health, and GBV means that strategic needs based on socially constructed roles, differing capacities and vulnerabilities are not analysed and addressed. This gap is exacerbated by a lack of ownership over global guidelines and toolkits, and a lack of translated resources for field staff. Disaster response activities are still largely based on a set of assumptions that all people are equal in the face of a disaster. Men continue to dominate as both assessment respondents and recipients of aid, and do not accurately report and recognise the needs of women, children and other vulnerable household members, including the elderly and disabled. This reduces the impact of response as the resulting programmes are not designed to address variance in beneficiary needs.

The extent of GBV in emergencies in Afghanistan is not well captured resulting in a failure to provide adequate protection support and services to the most vulnerable. Focus group discussions conducted by the Protection Cluster in October 2016 highlighted obstacles posed by cultural barriers to reporting violence and sexual violence, against women, men, boys and girls. Neglect, ostracism, physical violence, and killings were identified as possible consequences of reporting violence against women outside of the family. The same focus group discussions also identified the high risk of child marriage being adopted as a coping strategy by families facing crisis.

Although the collection of sex and age disaggregated data (SADD) is improving, there is a shortage of human resources, financial and technical capacity to compile, analyse and report data from a gender perspective. Large gaps also exist in the mobilisation of trained protection partners or gender advisers and female enumerators to collect data from women and girls in emergencies.

Throughout 2016 the Gender in Humanitarian Action Taskforce (GiHA) has been working to mainstream gender considerations throughout all elements of the programme cycle from strengthening the gender distinct inquiry in the HEAT assessment tool to conducting a gender specific, after action review of the response to the Kunduz offensive. Eight gender mainstreaming strategic objectives under three pillars of (1) Assessment, (2) Implementation, and (3) Evaluation have been adopted by the HCT.

In 2017, humanitarian partners will directly engage women, and other vulnerable groups who are affected by crisis events, as well as increase advocacy with the Ministry of Women's Affairs and related field departments to ensure their needs are identified and evident in programme design. Specific, tailored interventions will be implemented to meet the unique needs of these groups.

To this end, women need to be actively positioned as recipients of aid rather than immediately distributing aid to men. More evidence needs to be collected in relation to the potential positive or negative impacts of direct distribution to women, including on whether cash transfers to women increase or decrease, and how effective they are in strengthening women's economic empowerment and decision-making in the household. Humanitarian organisations should also continue to improve modalities and ensure that aid distribution sites are adequately set up to encourage women's participation, including ensuring separate queues for men and women.

To directly engage women beneficiaries, humanitarian organisations must increase the number of women staff that can be mobilised for emergency response to assess needs, and to design, implement and monitor projects. Human resource policies that identify and support opportunities for women staff need to be actively explored. This should include a focus on policies that make it easier for women to work in the field, for example hiring couples and family members, or ensuring mahram policies are in place.

More human and financial resources need to be channeled into strengthening capacity for compiling, analysing, reporting and interpreting SADD. This includes ensuring the right methodologies are used for the right purpose.

In the field there appears to be a strong focus on physical and sexual violence, at the expense of other types of violence such as early and forced marriage, and denial of resources and opportunities. For humanitarian projects to be effective, there needs to be a better understanding among humanitarian actors of GBV and how it compromises the potential of an individual.

Failing to identify and include the needs of women and vulnerable groups in programme design, and to address the sinister impacts of GBV, compromises the effectiveness of response. Better awareness on the role of gender in humanitarian action is needed for the humanitarian community to achieve the desired programme impact. In 2017, the humanitarian community will bring this to fruition.

Reducing Humanitarian Assistance in the Long term:

The international humanitarian system cannot respond to all needs highlighted in the HNO. A significant proportion of the needs portrayed result from inadequacies in national service provision and failure to deliver sustainable actions and durable solutions that address the root causes of vulnerability. While greater efforts are required to bridge the humanitarian - development divide, critical policy decisions and actions are required of the Afghan Government to end the cycle of repetitive humanitarian interventions.

As many of the drivers of humanitarian needs in Afghanistan in 2016 are caused by the conflict, peace and security is the fundamental requirement to reduce humanitarian needs. The lack of peace is causing a significant array of humanitarian consequences and interrupting the delivery of development assistance. At the beginning of 2016, there were hopes of a peace process, as the quadrilateral preparatory meetings for the peace talks got underway. Since the killing of Mullah Mansour, the leader of the Taliban, these processes have stopped, and tensions have increased between Pakistan and Afghanistan.

Economic growth is the second requirement, which again has stalled significantly in 2016. This will allow the growing population to benefit from their labour, and for new entrants to the labour market to have rewarding activities. It would also ensure opportunities for the many IDPs and returnees from neighbouring countries. Economic growth is also dependent on the first criteria, peace and security; there has been a significant decline in inward investment in Afghanistan, and the anticipated Chinese development in the mining industries remain some way off.

Thirdly, development assistance that meets poverty reduction goals would go some way to reducing the growing needs that are being picked up by humanitarian actors. Some good progress has been made on this front in 2016 as the Afghan government national development and security framework now for the first time includes some significant poverty reduction priorities. What will be important to see in 2017 is that the pledges of financial assistance from the international community are delivered in effective government-led programmes such as the Citizens' Charter and the National Priority Programme for urban development. This will help reduce the requirement for humanitarian partners to respond to the needs of IDPs, returnees and repatriated refugees from Europe, which are better met and more sustainably delivered through access to land and jobs and the delivery of government-led health, education, civil and legal rights and other services.

Provision of documentation for Afghans, who are both undocumented in Pakistan, as well as returning to Afghanistan at the border, will make a fundamental improvement in the ability of humanitarians to both identify the most urgent caseloads and for government ministries to establish their eligibility for entitlements. At the moment the documentation and recording of Afghans living in Pakistan and returning to Afghanistan is inadequate. An improvement in the pace of Afghan government ability to issue passports will enable those who wish to remain in Pakistan, and are eligible, to take advantage of the new visa regime that is being proposed by Pakistan in 2017.

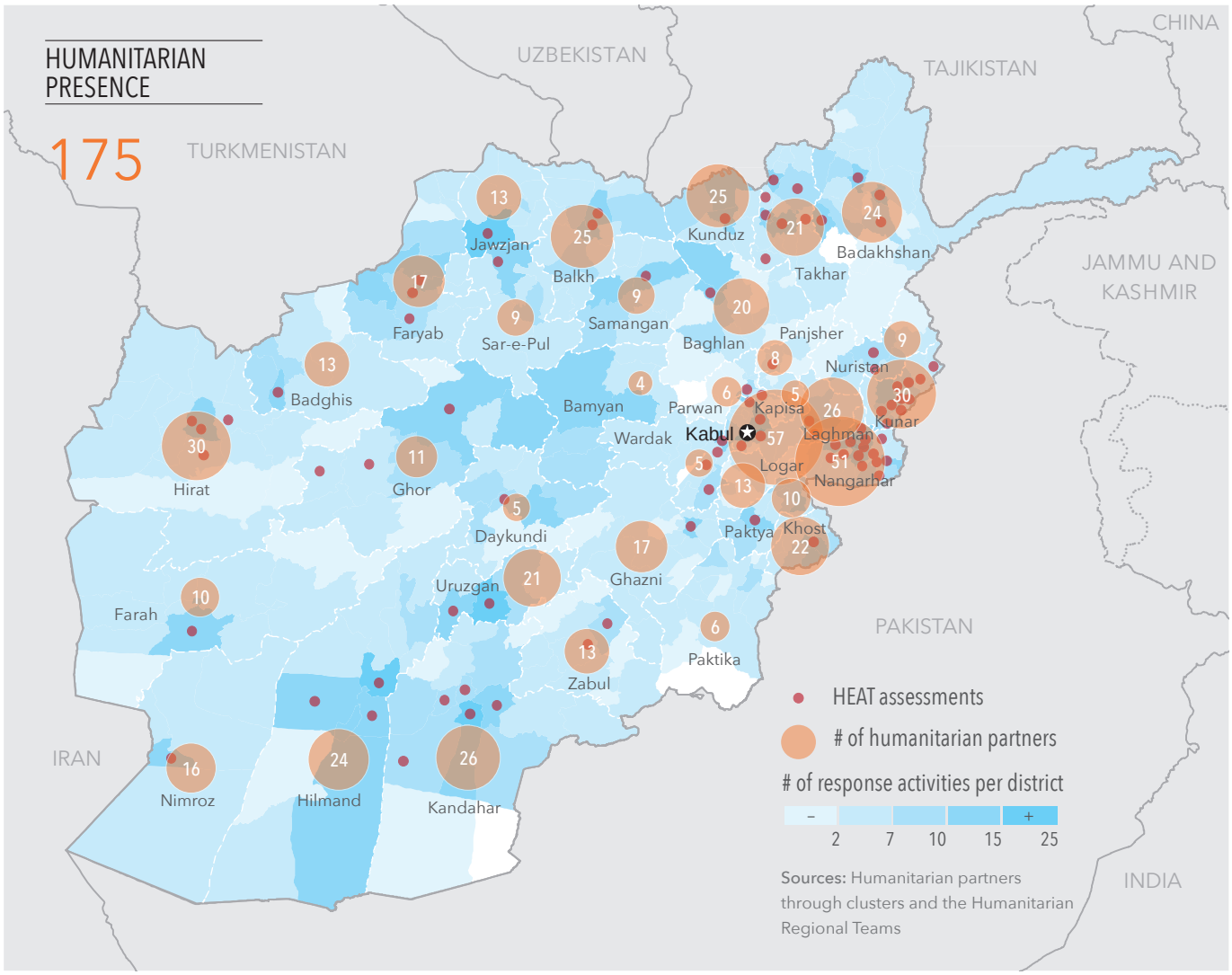
More immediately, the recommendations from 2016 still hold true: war trauma, malnutrition and easily preventable communicable disease will remain key drivers of excess morbidity and mortality until adequate coverage of appropriate basic and emergency health services are provided to the population. The delivery of the government led durable solutions strategy that will enable IDPs and returnees to return, relocate or integrate into Afghan society is a priority. Finally, improving Government led disaster preparedness and response, through a risk management framework, that provides leadership to, and builds the capacity of, its national and provincial disaster management institutions is fundamental to reducing the need for humanitarian assistance in the long-term. 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. Response and preparedness efforts must seek to build community resilience and link to longer-term risk reduction initiatives such as improving water management to reducing disaster risk from flooding, river erosion, and crop failure due to droughts and seek to build community resilience.

OPERATIONAL

CAPACITY

2016 has seen some positive developments with the Government taking a more active role in leading efforts to provide assistance to communities struck by crisis. These efforts however are restricted to areas of the country where the Government maintains strong control and where they have the mechanisms to respond. Dependency on humanitarian actors remains high yet 2016 saw a 10% reduction in the number of partners reporting humanitarian response activities through the Humanitarian Regional Teams (HRTs) compared to 2015. There are 175 national and international NGOs, UN agencies and related organisations reporting humanitarian presence in various parts of the country. Yet coverage of partners is not commensurate with severity of need. In 28 districts across eight provinces – Ghazni (2), Hilmand (5), Kandahar (7), Khost (3), Kunar (2), Paktika (1), Uruzgan (3) and Zabul (5) – the humanitarian community is completely dependent on the Red Crescent and Red Cross Societies in order to provide humanitarian assistance to IDPs. There are also parts of the country in Hilmand, Farah, Faryab, Badakhshan, Baghlan and Paktika where no humanitarian assessments have been able to take place.

The National High Commission for Disaster Management

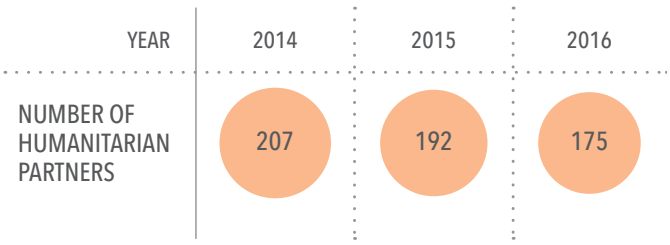


(NHCDM), under the CEO, is the lead government body responsible for disaster assistance. The NHCDM is comprised of 19 members, including key line ministries such as the MoPH, MoRR and MoI, ANDMA and ARCS, and is responsible for directing initial relief efforts, the development of related policy, Disaster Risk Reduction (DRR) and search and rescue. The government has an Emergency Fund designated by budget code 999, of approximately AFN 100 million (USD 1.5 million) per year. These funds are allocated to provinces to facilitate natural disaster and conflict response, cover logistics support to assessment teams, and finances heavy machinery to clear road blockages resulting from natural disasters. Additionally, the government has a limited supply of contingency food stocks prepositioned in various locations nationwide which it distributes in the event of an emergency.

The NHCDM is replicated at the sub-national level through Provincial Disaster Management Committees (PDMCs) comprised of line department representatives who organise and coordinate the response under the direct supervision of the governor and with support from the humanitarian community. So far this year, PDMCs have provided cash assistance and transportation to IDPs returning to Kunduz, emergency shelter to populations displaced in Hilmand and small scale cash support to a limited number of undocumented returnees. Response capacity across the PDMCs varies, however, depending on staffing, security and the geographical remoteness of provinces. Overall, both the NHCDM and PDMCs find it difficult to meet the full extent of needs now present across the country given resource limitations and expanding conflict. Indeed, with around 35% of territory under NSAG control, the government has no capacity to respond in some areas, leaving it heavily reliant on the humanitarian community and the Red Crescent and Red Cross Societies to deliver humanitarian relief to affected populations.

The Red Crescent and Red Cross Societies are active participants in the NHCDM and PDMC structures as well as in UN coordination platforms, including the HCT, and are observers to the ES-NFI, FSAC, Health, Nutrition and WASH Clusters. So far this year, the Red Crescent and Red Cross Societies have delivered initial relief including food, NFIs and medicines to 56,680 IDPs across Kunduz, Balkh, Ghazni, Hilmand, Kandahar, Badakghan, Takhar, Parwan, Nangarhar, Sar-e-Pul, Farah and Kapisa provinces, with an informal expectation that they will continue to lead IDP response in the more remote areas of the country given existing access constraints for the authorities and other humanitarian actors.

NUMBER OF HUMANITARIAN PARTNERS BY YEAR



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 fluid nature of the Afghan context, where conflict is both escalating and widening, leads to variable spikes and shifting concentration of humanitarian needs. As such, monitoring of the humanitarian response is designed to be flexible, ensuring relevance and effectiveness as the situation inevitably evolves.

The Response Monitoring Framework (RMF) developed alongside the HRP will provide a structure to continuously track and review assistance delivered to affected populations. The planned monitoring approach has four objectives:

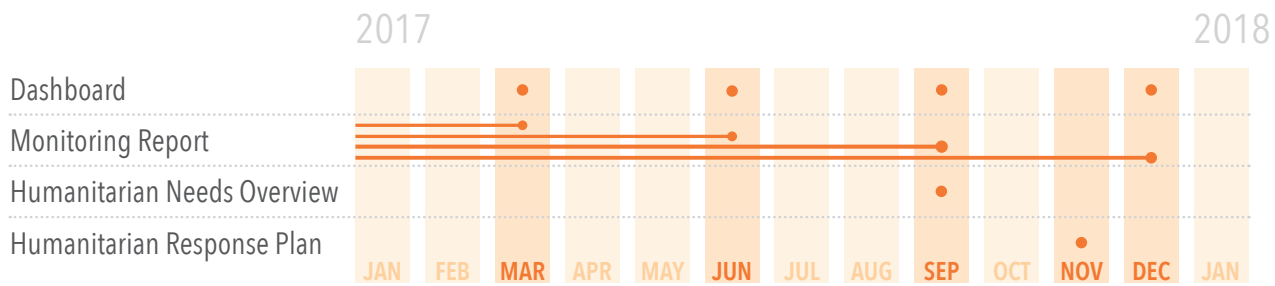
- **Verify outcomes and results:** Chart the outcomes of cluster activities and resulting progress towards achieving results envisaged in the strategic objectives;
- **Monitor performance:** Assess progress achieved against planned targets to indicate levels of efficiency and performance;
- **Reinforce transparency and accountability:** monitor results achieved versus the financial resources allocated to ascertain value for money, accuracy of activity based costing models and enhance gap analysis for resource mobilisation; and
- **Improve evidence for decision making:** continuously review the targeting and sufficiency of response activities in reference to changes in the context or new assessment of humanitarian needs.

Given the strong focus within the response plan to overcome inequalities in coverage of needs and ensure appropriate levels and duration of assistance, monitoring the accuracy and the adequacy of response will be the priority focus of periodic monitoring in 2017.

Improving operational transparency and demanding greater accuracy in the 3Ws operational presence mapping tool will be central to obtaining a more accurate assessment of the coverage of needs. In 2017 the ICCT will implement a standardised Project Registry and associated HRP reporting tool that captures activities and the number of people being assisted at the district level. This data will form the basis of activity based mapping and a much more robust analysis of presence and allocation of resources comparative to need.

In 2017 the ICCT will jointly work to enhance the current approach to Post Distribution Monitoring (PDM). This will become increasingly relevant for understanding utilisation as more actors make the transition to multipurpose cash programming. PDM should also be more systematically undertaken to evaluate the overall effectiveness and appropriateness of aid distributed and indicate where

HUMANITARIAN PROGRAMME CYCLE TIMELINE



residual needs are unmet. Refining the appropriateness of the humanitarian response will be dependent upon greater dialogue and actively seeking the views of crisis affected communities. Plans to establish an interagency call centre to streamline feedback and complaints mechanisms are being developed through the ICCT and independently conducted, inter-sector, remote surveys of affected populations will be integral to the 2017 RMF.

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 2017, 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 2018 planning cycle and will form the basis of the articulation of the standard allocation strategies for the Afghanistan Common Humanitarian Fund (CHF).

Photo: Sune Engel Rasmussen

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED

9.3M

PEOPLE TARGETED

5.7M

REQUIREMENTS (US$)

550M

		BY STATUS							TOTAL
		Conflict Displaced	Natural disaster affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Essential Services	Severely Food Insecure	
PROJ. ASSISTANCE REQUIRED		0.8M	0.2M	1.4M	130K	0.3M	6.4M	1.6M	9.3M
PEOPLE TARGETED	Cat A	0.5M	0.2M	0.9M	-	0.2M	-	-	1.7M
	Cat B	40K	10K	0.2M	80K	-	3.3M	-	3.6M
	Cat C	0.3M	10K	20K	50K	-	-	1.1M	1.5M
	Total	0.7M	0.2M	1.1M	0.1M	0.2M	3.3M	1.1M	5.7M

PEOPLE IN NEED, TARGETS AND REQUIREMENTS

1. Emergency Shelter & NFIs 2. Water, Sanitation & Hygiene 3. Multi-Sector Cash	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY SEX & AGE		REQUIREMENTS	
	Projected Assistance Required	People targeted	Conflict displaced	Natural Disaster Affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Essential Services	Severely Food Insecure	% female	% children, adult, elderly*	Refugees and returnees	Total (US$)
ES&NFI[1]	2.1M	1.3M	0.5M	0.2M	0.5M	0.1M	30K	-	-	49%	56 | 39 | 5%	14.7M	38.1M
Food Security	3.2M	2.5M	0.7M	0.2M	0.5M	40K	-	-	1.1M	49%	56 | 39 | 5%	63.8M	135.5M
Health	6.3M	3.8M	0.3M	0.1M	0.6M	0.1M	-	2.7M	-	49%	56 | 40 | 4%	3.8M	52.5M
Nutrition	4.3M	0.7M	-	-	0.1M	03K	-	0.6M	-	64%	71 | 29 | 0%	1.6M	66.5M
Protection	3.7M	2.6M	0.6M	10K	0.9M	40K	0.1M	0.9M	-	49%	56 | 40 | 4%	42.5M	99.0M
WASH[2]	2.3M	1.1M	0.2M	0.1M	0.5M	0.1M	0.1M	0.1M	-	49%	56 | 39 | 5%	17.5M	36.5M
M-S Cash[3]	0.6M	0.6M	-	-	0.6M	-	-	-	-	50%	57 | 39 | 4%	95.7M	95.7M
TOTAL	**9.3M****	**5.7M****	**0.7M**	**0.2M**	**1.1M**	**0.1M**	**0.2M**	**3.3M**	**1.1M**	**49%**	**55 | 41 | 4%**	**$240M**	***** $550M**

*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.

CATEGORY A: EMERGENCY RELIEF NEEDS

1. Emergency Shelter & NFIs 2. Water, Sanitation & Hygiene	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY SEX & AGE	
	Projected Assistance Required	People targeted	Conflict displaced	Natural Disaster Affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Services	Severely Food Insecure	% female	% children, adult, elderly*
ES&NFI[1]	1.5M	1.1M	0.5M	0.2M	0.4M	-	30K	-	-	49%	56 | 39 | 5%
Food Security	1.1M	1.1M	0.5M	0.2M	0.5M	-	-	-	-	49%	56 | 39 | 5%
Health	1.6M	1.0M	0.3M	0.1M	0.6M	-	-	-	-	49%	56 | 40 | 4%
Nutrition	-	-	-	-	-	-	-	-	-	-	-
Protection	1.8M	1.4M	0.4M	-	0.9M	-	0.1M	-	-	50%	56 | 40 | 4%
WASH[2]	1.4M	0.74M	0.2M	0.1M	0.4M	-	0.1M	-	-	49%	56 | 39 | 5%
TOTAL	**1.9M****	**1.7M****	**0.5M**	**0.2M**	**0.9M**	**-**	**0.2M**	**-**	**-**	**49%**	**56 | 40 | 4%**

*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.

CATEGORY B: EXCESS MORBIDITY AND MORTALITY

1. Emergency Shelter & NFIs 2. Water, Sanitation & Hygiene	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY SEX & AGE	
	Projected Assistance Required	People targeted	Conflict displaced	Natural Disaster Affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Services	Severely Food Insecure	% female	% children, adult, elderly*
ES&NFI[1]	-	-	-	-	-	-	-	-	-	-	-
Food Security	-	-	-	-	-	-	-	-	-	-	-
Health	4.7M	2.8M	-	-	-	75K	-	2.7M	-	49%	55 | 41 | 4%
Nutrition	4.3M	0.7M	-	-	80K	03K	-	0.6M	-	64	71 | 29 | 0%
Protection	1.2M	0.9M	-	-	-	-	-	0.9M	-	48%	55 | 41 | 4%
WASH[2]	0.9	0.4M	40K	10K	0.1M	75K	-	0.1M	-	49%	56 | 38 | 5%
TOTAL	**7.0M****	**3.6M****	**40K**	**10K**	**0.2M**	**75K**	**-**	**3.3M**	**-**	**50%**	**55 | 41 | 4%**

*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.

CATEGORY C: SHOCK-INDUCED ACUTE VULNERABILITY

1. Emergency Shelter & NFIs 2. Water, Sanitation & Hygiene	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY SEX & AGE	
	Projected Assistance Required	People targeted	Conflict displaced	Natural Disaster Affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Services	Severely Food Insecure	% female	% children, adult, elderly*
ES&NFI[1]	0.5M	0.1M	60K	10K	20K	50K	-	-	-	50%	59 | 35 | 6%
Food Security	2.1M	1.4M	0.3M	-	-	40K	-	-	1.1M	49%	56 | 39 | 5%
Health	-	-	-	-	-	-	-	-	-	-	-
Nutrition	-	-	-	-	-	-	-	-	-	-	-
Protection	0.8M	0.3M	0.2M	-	20K	40K	-	-	-	49%	59 | 36 | 5%
WASH[2]	-	-	-	-	-	-	-	-	-	-	-
TOTAL	**2.5M****	**1.5M****	**0.3M**	**10K**	**20K**	**50K**	**-**	**-**	**1.1M**	**49%**	**56 | 40 | 4%**

*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.

PART II: OPERATIONAL RESPONSE PLANS

2017 ASSISTANCE REQUIRED

2.1M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US$)

38M

ES & NFI OBJECTIVE 1:

1 Coordinated and timely ES-NFI response to families affected by natural disaster and armed conflict.

RELATES TO SO1

ES & NFI OBJECTIVE 2:

2 Coordinated and timely ES-NFI response to returnees.

RELATES TO SO1

ES & NFI OBJECTIVE 3:

3 Families falling into acute vulnerability due to shock are assisted with ES-NFI interventions to address humanitarian needs in the medium term.

RELATES TO SO3

EMERGENCY SHELTER & NON-FOOD ITEMS

Approach

ES-NFI activities are informed by a variety of factors including the current situation of beneficiaries and identification of their most outstanding humanitarian needs. Response modalities such as in-kind support of shelter materials, emergency shelter packages and standard NFI kits can be combined with cash based programming to cover emergency shelter needs such as cash for rent, winterisation or shelter rehabilitation. The implementation modality will depend on appropriateness in the given context taking factors including security, protection, access to markets and availability of items in the marketplace into consideration.

The ES-NFI Cluster plans to target 1.3 million individuals in 2017, which is a substantial increase from 2016, mainly driven by the increase in complexity and scale of armed conflict which has resulted in prolonged displacement and the expected high rate of returns from Pakistan, all of which will continue to exacerbate the need for NFIs and emergency shelter.

The ES-NFI Cluster together with the reintegration and development unit will support UNHABITAT in constructing 25,000 permanent shelters in order to address the current shelter needs of undocumented returnees from Pakistan. The cluster will provide technical support and share lessons learned from other large-scale shelter projects as well as facilitate coordination with other cluster partners planning to undertake shelter activities through the cluster.

Monitoring

The ES-NFI Cluster will strive to initiate post distribution monitoring twice a year for all cluster partners starting in 2017 in order to inform the improvement of cluster standards, partner programming and ensure the transparency and accountability of ES-NFI cluster interventions.

Operational Capacity

ES-NFI Cluster partners have the capacity to scale up programming according to the increased targets for 2017 assuming that the necessary funding can be secured. Operational capacity relies heavily on the maintenance and expansion of humanitarian space as well as continued coordination between partners, clusters and local authorities to improve targeting and link efforts to provide the best possible support to vulnerable families.

CONTACTS

Mohammad Baqir Haidari
Deputy ESNFI Cluster Coordinator

haidari@unhcr.org

Zainullah Sultani
Cluster Co-Chair

zsultani@iom.int

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	Natural Disaster Affected	Host Communities	Access to Essential Services	Severely Food Insecure	Doc. & Undoc. Returnees	Pakistani Refugees	% female	% children, adult, elderly*
PROJECTED ASSISTANCE REQUIRED	0.5M	0.2M	0.1M	-	-	1.2M	0.1M	49%	57 | 38 | 5%
PEOPLE TARGETED	0.5M	0.2M	30K	-	-	0.5M	50K	49%	59 | 35 | 6%
FINANCIAL REQUIRMENTS	$36.4M					$13.3M	$1.4M		

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

FOOD SECURITY & AGRICULTURE

2017 ASSISTANCE REQUIRED

3.2M

PEOPLE TARGETED

2.5M

REQUIREMENTS (US$)

136M

FOOD SECURITY OBJECTIVE 1:

1 Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher).

RELATES TO SO1

FOOD SECURITY OBJECTIVE 2:

2 Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition.

RELATES TO SO3

FOOD SECURITY OBJECTIVE 3:

3 Strengthen emergency preparedness and response capabilities of partners through development of contingency plans, timely coordinated food security assessments and capacity development especially in hard to reach areas.

RELATES TO SO4

CONTACTS

Abdul Majid
Cluster Coordinator

abdul.majid@fao.org

Barat Sakhizada
NGO Co-Chair

po.caritas@gmail.com

Approach

The Food Security and Agriculture Cluster (FSAC) will target 2.5 million people in 2017 of a total 3.2 million severely food insecure and acute shock-affected vulnerable people, recognising that overall chronic food insecurity needs are much higher. FSAC will target two broader categories of beneficiaries: a) those affected by sudden onset emergencies, and b) shock induced acute vulnerabilities through life saving food needs and agriculture based livelihoods protection activities. Under category a) people displaced by conflict or natural disasters and documented and undocumented Afghan returnees will be targeted whereas under category b) prolonged IDPs, Pakistani refugees residing in Afghanistan and those affected by severe seasonal food insecurity will be targeted.

FSAC's priority is to provide timely food assistance to both groups during winter and peak hunger seasons to respond to acute and seasonal chronic food insecurity for the Afghan returnee groups. Host communities will also be targeted to reduce pressure and avoid competition for already stressed food and livelihood systems to avoid assets depletion and prevent local conflicts. The FSAC will continue to identify and prioritise the needs of the most vulnerable through its strong assessment capacity and already established early warning system. Cash programming will be prioritised in areas where markets are functional and reliable cash transfer mechanisms are available.

The FSAC is working closely with the Nutrition Cluster and government line ministries such as the Ministry of Agriculture, Irrigation and Livestock (MAIL) and ANDMA to target the most vulnerable households and to avoid duplication and maximise programme impact. Joint prioritisation of the targeted areas and vulnerable groups will help in addressing food insecurity and malnutrition. At the regional level, Department of Agriculture, Irrigation and Livestock (DAIL) representatives are co-chairing FSAC meetings and playing a vital role in verifying needs and targets through gap analysis.

Prioritisation

FSAC's first priority is to provide life-saving food or cash assistance to undocumented vulnerable returnee households for 6 months covering their immediate and winter food needs based on the FSAC standard ration of 2,100 Kcal/person/day. Documented Afghan refugee returnees will also receive full ration assistance for 4 months from January 2017 in order to help them through the winter months. The FSAC will also provide livelihood support to targeted returnee households where possible.

Households affected by conflict and natural disasters will also receive the highest priority, based on their needs.

Continued on page 32

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	Natural Disaster Affected	Host Communities	Access to Essential Services	Severely Food Insecure	Doc. & Undoc. Returnees	Pakistani Refugees	% female	% children, adult, elderly*
PROJECTED ASSISTANCE REQUIRED	0.8M	0.2M	-	-	1.6M	0.5M	0.1M	49%	56 | 39 | 5%
PEOPLE TARGETED	0.7M	0.2M	-	-	1.1M	0.5M	40K	49%	55 | 40 | 5%
FINANCIAL REQUIRMENTS	$71.7M					$54.4M	$9.5M		

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

HEALTH

2017 ASSISTANCE REQUIRED

6.3M

PEOPLE TARGETED

3.8M

REQUIREMENTS (US$)

53M

HEALTH OBJECTIVE 1:

1 Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people.

RELATES TO SO1, SO2, SO4

HEALTH OBJECTIVE 2:

2 Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements.

RELATES TO SO2, SO4

HEALTH OBJECTIVE 3:

3 Provide immediate life-saving assistance to those affected by public health outbreaks.

RELATES TO SO1, SO2, SO3, SO4

CONTACTS

Altaf Dauod
Cluster Coordinator
altafm@who.int

Dr. Qudratullah Nasrat
NGO Co-Chair
q.nasrat@orcd.org.af

Approach

The Health Cluster aims to address the health emergency needs of the targeted people in need through (a) improving access to essential life-saving services to at least 3.7 million people in the very high priority districts; (b) addressing the public health risks with a focus on districts with the highest caseloads from disease outbreaks and natural disasters; and (c) expanding availability of effective quality trauma care for those affected by conflict or natural disasters.

The targeted priority interventions will be implemented through direct support to the existing health facilities, establishment of new facilities, community initiatives and deployment of mobile teams where necessary. Enhancement of surveillance and outbreak response capacities will also continue, with a focus on strengthening trauma care services at all levels, including field triage and first aid, and referral by community volunteers and First Aid Trauma Posts to upgraded provincial/regional hospitals for specialised trauma care services. There will also be inter-cluster efforts such as community awareness and coordination with WASH and Nutrition Clusters in the field of control of, and response to, disease outbreaks and reducing morbidity and mortality among children under five.

Prioritisation

As a first priority, the Health Cluster will focus on white areas affected by conflict including refugees and returnees. These populations have been mapped and the health cluster will address their needs through the establishment of trauma centres including rehabilitation, prosthetic and orthotic services, First Aid Trauma Posts and life-saving access to primary health care services. It will also include psychosocial first aid at both the community and facility level and case management (treatment) of GBV cases. Prepositioning of kits and supplies will be facilitated as well as response to public health outbreaks in white conflict areas.

A second line response will focus on availing health care access to populations living in non-conflict white areas and those who are also affected by harsh weather and geographical impediments. The cluster will aim to establish access to life-saving primary health care services and respond to public health outbreaks that exceed emergency thresholds and local capacity to respond.

A full cluster response will include responding to all emergencies and outbreaks through emergency/outbreak preparedness, response and coordination including filling gaps of medical supplies and equipment for affected facilities and people.

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	Natural Disaster Affected	Host Communities	Access to Essential Services	Severely Food Insecure	Doc. & Undoc. Returnees	Pakistani Refugees	% female	% children, adult, elderly*
PROJECTED ASSISTANCE REQUIRED	0.5M	0.2M	0.1M	4.6M	-	1.0M	0.1M	49%	55 | 40 | 5%
PEOPLE TARGETED	0.3M	0.1M	30K	2.7M	-	0.6M	0.1M	49%	55 | 40 | 5%
FINANCIAL REQUIRMENTS	$48.7M					$2.2M	$1.6M		

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

2017 ASSISTANCE REQUIRED

4.3M

PEOPLE TARGETED

0.7M

REQUIREMENTS (US$)

67M

NUTRITION OBJECTIVE 1:

1 Quality community and facility-based nutrition information is made available timely for programme monitoring and decision making.

RELATES TO SO1, SO2 SO3, SO4

NUTRITION OBJECTIVE 2:

2 The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, pregnant and lactating women.

RELATES TO SO1, SO2 SO3, SO4

NUTRITION OBJECTIVE 3:

3 Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programmes.

RELATES TO SO1, SO3

NUTRITION OBJECTIVE 4:

4 Enhance capacity of partners to advocate for and respond at scale to nutrition in emergencies.

RELATES TO SO1, SO2 SO3, SO4

CONTACTS

Anna Ziolkovska
Cluster Coordinator
aziolkovska@unicef.org

Alfred Kana
IM Officer
akana@unicef.org

NUTRITION

Approach and Prioritisation

The Nutrition Cluster aims to contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutritional status of vulnerable groups (children aged 0-59 months and pregnant and lactating women (PLW) among returnees, refugees, IDPs and host populations) through treatment and prevention of acute malnutrition and micronutrient deficiencies. Based on the analysis of available data from the Nutrition, Food Security, Health and WASH Clusters, and taking into account access constraints and IDP movements, 18 provinces have been prioritised for nutrition in emergencies response, namely: Badakhshan, Badghis, Baghlan, Ghor, Hilmand, Kandahar, Khost, Kunar, Kunduz, Laghman, Nangarhar, Nuristan, Paktya, Paktika, Samangan, Uruzgan, Wardak and Zabul. If resources and capacity of partners allows, other provinces will be also covered.

The Nutrition Cluster will work closely with BPHS implementers and all activities will be delivered to the extent possible through existing structures. Nutrition in emergencies 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 acute malnutrition, referral and follow up, treatment of acute malnutrition, blanket supplementary feeding programmes, vitamin A supplementation and deworming, infant and young child feeding counselling, nutrition assessments, and surveillance to ensure timely quality facility and community-based nutrition information for programme monitoring and decision making. The Nutrition Cluster will also work on enhancing the capacity of the government and partners to respond and deliver quality programming at scale, standardising guidance and nutrition in emergencies services, agreeing on common implementation modalities and capacity building. The Nutrition Cluster is committed to working with other clusters, including Health, WASH and FSAC, to support multi-sectoral assessments and integrated programming.

The Nutrition Cluster will target 662,000 of the most vulnerable children under the age of 5 and PLW among returnees, refugees, IDPs and the host population, including 236,000 children with SAM, 221,000 children with MAM and 121,500 women with acute malnutrition. In addition, 76,600 children aged 6-59 months among returnees will receive Vitamin A supplementation and 54,750 children aged 24-59 months will receive deworming tablets. Children 6-59 months and PLW in Gulan refugee camp and 10,000 returnee children 6-23 months will be provided with blanket nutritious supplementary foods to prevent undernutrition in this group.

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	Natural Disaster Affected	Host Communities	Access to Essential Services	Severely Food Insecure	Doc. & Undoc. Returnees	Pakistani Refugees	% female	% children, adult, elderly*
PROJECTED ASSISTANCE REQUIRED	-	-	-	4.2M	-	0.2M	10K	64%	71 | 29 | 0%
PEOPLE TARGETED	-	-	-	0.6M	-	0.1M	3K	64%	71 | 29 | 0%
FINANCIAL REQUIRMENTS	$64.9M					$1.6M	-		

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

2017 ASSISTANCE REQUIRED

3.7M

PEOPLE TARGETED

2.6M

REQUIREMENTS (US$)

99M

PROTECTION OBJECTIVE 1:

1 Acute protection concerns, needs and violations, stemming from the immediate impact of shocks and taking into account specific vulnerabilities, are identified and addressed in a timely manner.

RELATES TO SO1, SO2

PROTECTION OBJECTIVE 2:

2 Evolving protection concerns, needs, and violations are monitored, analysed, and responded to, upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations.

RELATES TO SO3

PROTECTION OBJECTIVE 3:

3 Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violation.

RELATES TO SO1, SO3

PROTECTION

Approach and Prioritisation

The APC aims to protect and uphold the fundamental rights of women, girls, boys, and men affected by the complex emergency in Afghanistan. Timely identification of protection risks and violations through systematic and coordinated protection monitoring and analysis will inform preventive, responsive, and remedial interventions, as well as enhance accountability. This includes evidence-based advocacy, protection specific service delivery, and community-based mobilisation, mitigation, and prevention activities creating a protection-conducive environment.

During and in the immediate aftermath of emergencies, populations affected by forced movement will be targeted with information provision, including Mine Risk Education (MRE), psychosocial support and referrals, as well as tailored life-saving protection specific assistance and services as an integral part of a broader needs-based and principled multi-sectoral humanitarian response. Simultaneously, protection actors will advocate with parties to the conflict for their respect of IHL principles in the conduct of hostilities and will call upon the national authorities and other stakeholders to respect protection standards in their conduct and assistance delivery.

Through its Areas of Responsibilities, including Child Protection in Emergencies (CPiE), GBV, Housing, Land and Property (HLP) and Mine Action (MA), the APC aims to prevent, mitigate, and respond to: GBV including early/forced marriage, exploitation, abuse, and neglect of children-at-risk, and the specific needs of vulnerable affected individuals and families. Interventions will include the establishment of protective spaces for children and women, community-based psychosocial support, cash-for-protection specific interventions, case-management approaches, assistance with obtaining civil documentation, and contributions to physical safety through surveyance and clearance of mine/ERW contaminations. Interventions will target areas with limited coverage and/or with a high presence of vulnerable affected families, increasing outreach programmes, and building and maintaining linkages with existing protection services.

Community-based sensitisation and mobilisation will aim to contribute to the establishment of a more protection-conducive environment by enhancing awareness of basic rights and empowering individuals and communities at risk, increasing resilience and facilitating access to services.

Advocacy and capacity building of duty-bearers, especially female staff, will aim to effectively mainstream protection principles in the emergency response of the government, while a rights-based approach will be fostered to enhance protection of all affected populations including through the promotion, facilitation, and monitoring of the implementation of context-specific durable solutions.

CONTACTS

Andrii Mazurenko
Cluster Information Management Officer
mazurenk@unhcr.org

William Carter
Cluster Co-Coordinator
william.carter@nrc.no

	BY STATUS							BY SEX & AGE	
	Conflict displaced	Natural Disaster Affected	Host Communities	Conflict Affected	Severely Food Insecure	Doc. & Undoc. Returnees	Pakistani Refugees	% female	% children, adult, elderly*
PROJECTED ASSISTANCE REQUIRED	0.8M	0.1M	0.2M	1.2M	-	1.3M	0.1M	49%	56 | 39 | 5%
PEOPLE TARGETED	0.6M	10K	12K	0.9M	-	0.9M	40K	49%	56 | 40 | 4%
FINANCIAL REQUIRMENTS	$56.5M					$37.8M	$4.7M		

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

WATER, SANITATION & HYGIENE

2017 ASSISTANCE REQUIRED

2.3M

PEOPLE TARGETED

1.1M

REQUIREMENTS (US$)

37M

WASH OBJECTIVE 1:

1 Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population.

RELATES TO SO1, SO2, SO4

WASH OBJECTIVE 2:

2 Ensure timely and adequate access to WASH services in institutions affected by emergencies.

RELATES TO SO1, SO2, SO4

WASH OBJECTIVE 3:

3 Ensure timely and adequate assessment of WASH needs of the affected population.

RELATES TO SO1, SO2, SO4

WASH OBJECTIVE 3:

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

RELATES TO SO1, SO2, SO4

CONTACTS

Ramesh Bhusal
Cluster Coordinator
rbhusal@unicef.org

Frederic Patigny
Cluster Co-Lead
patignyf@who.int

Approach

As in previous years, about half of the population needing water, sanitation and hygiene (WASH) emergency assistance are expected to receive support from existing systems and infrastructure including the government's disaster management programmes and ongoing national priority initiatives, such as the Citizens' Charter. A total of 1,137,000 (48% of the people in need) will be the HRP target, among which 49.33% are female. Recently displaced conflict IDPs, returnees from Pakistan, people affected by natural disasters and over-strained communities hosting returnees and IDPs will be targeted for immediate life-saving WASH assistance. A particular focus will be given to urban-fringes where the majority of returnees are settling. Populations facing heightened risks of disease outbreaks due to limited or no WASH services, including prolonged IDPs and returnees and Pakistani refugees living in Afghanistan will also be provided with appropriate assistance. The cluster is also committed to providing WASH services to returnee families at the border and transit points. The cluster will also prioritise assistance to institutions that are providing essential health, nutrition and education services to populations affected by emergencies including IDPs and returnees, to ensure the effectiveness of the inter-related services.

During rapid onset emergencies, life-saving WASH interventions take precedence over durable or longer-term transitional interventions. Such interventions will include: distribution of family hygiene and water kits, complemented by hygiene promotion; ensuring access to a minimum of 15 litres of drinking water per person per day; and provision of emergency latrines to minimise open defecation. Timely delivery of water supply will be ensured by employing appropriate technological options including water tankering, rehabilitation and disinfection of existing water points, drilling of emergency boreholes, water distribution through bladder tanks and by promoting household treatment of water using chlorine tablets. For emergency sanitation, priority will be given to communal or shared latrines and bathrooms over household level facilities. Every effort will be made to ensure that the facilities are culturally appropriate and gender sensitive. The main purpose of sanitation and hygiene during emergencies will be to prevent the spread of water and sanitation related diseases.

More durable solutions will be applied in areas with prolonged IDPs, returnees and communities facing public health risks including those with a higher burden of severely and acutely malnourished children.

Continued on page 32

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	Natural Disaster Affected	Host Communities	Access to Essential Services	Severely Food Insecure	Doc. & Undoc. Returnees	Pakistani Refugees	% female	% children, adult, elderly*
PROJECTED ASSISTANCE REQUIRED	0.4M	0.2M	0.3M	0.4M	-	1.1M	0.1M	49%	56 | 39 | 5%
PEOPLE TARGETED	0.2M	0.1M	0.1M	0.1M	-	0.5M	0.1M	49%	56 | 40 | 4%
FINANCIAL REQUIRMENTS	$19M					$15.1M	$2.4M		

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

2017 ASSISTANCE REQUIRED

1.6M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US$)

96M

MULTIPURPOSE CASH ASSISTANCE

In 2017, partners will use multipurpose cash assistance (MPCA) to enable returnees as well as households affected by conflict and natural disaster to meet their basic needs in a manner that upholds their dignity. MPCA provided to returnees will support their immediate re-entry as well as longer-term reintegration through improved access to basic services, secure land tenure and livelihoods support. One-off assistance packages comprising AFN 6,000 to 8,000 provided to IDPs and natural disaster-affected populations will enable families to decide for themselves how best to meet their own needs, and can now be extended to two months upon the completion of follow-up assessments. It is assumed that, in keeping with the previous year's trends, a significant proportion of this cash assistance will be used to support immediate shelter and food needs—ERM partners (a consortium of ECHO-funded NGOs specialising in emergency response) alone intend to transfer USD 6 million in cash in 2017.

At a time when insecurity is proliferating and affecting more areas, the increased use of MPCA presents a viable and attractive alternative to the continued movement and storage of in-kind goods and assistance, allowing implementing partners to bypass the logistical constraints associated with these, and to support populations in the immediate aftermath of a shock more efficiently. In 2017, WFP is planning to implement 70% of its emergency response programming in the form of CBIs as it continues to transition away from the provision of in-kind food assistance.

Currently, Financial Service Providers are operational in all of Afghanistan's 34 provinces, with market functionality largely resilient and, to a certain extent, untouched by the conflict. Consequently, in 2017, the provision of MPCA will be tailored to each localised context accordingly, with a range of possible delivery mechanisms, including: the Hawala system; electronic (bank) transfers; smart/bank cards (SCOPE) and direct disbursement through mobile service providers. Pilot projects, employing a combination of delivery mechanisms, are currently being undertaken in Nangarhar province through a DFID-funded feasibility study and will be extended in the first quarter to conflict affected / hard-to-reach areas. Markets will continue to be monitored on a regular basis to detect any impact of cash on commodity prices and to ensure sufficient supply, while enhanced monitoring methodologies will look at how cash has been utilised to inform future programming. Work to update the Survival Minimum Expenditure Basket (SMEB) – which outlines the minimum outlay required for a household to meet basic emergency needs for a period of one month – will be undertaken by the CVWG in 2017 as part of ongoing efforts to regularise the use and promote the further uptake of multipurpose cash programming.

Coordination

The CVWG was established in 2012 following a recognised need for a more formal structure to support the increased use of cash-based assistance as part of humanitarian response in Afghanistan. While initially hosted under FSAC, it has been an inter-cluster technical working group since 2014 due to the multi-sectoral nature of cash based interventions (CBIs) in Afghanistan and provides technical guidance to ensure that programming is coordinated and follows a common rationale and approach. Following a period of turnover in 2016 during which UNHCR and OCHA informally assumed Chair functions, WFP and NRC will resume their Co-Chairmanship of the Working Group in 2017, with hosting from OCHA. The CVWG will report back to the ICCT and keep the regional Cash Learning Partnership representative informed of its activities.

CONTACT

Kate Carey

Humanitarian Affairs Officer
OCHA

carey2@un.org

2017 ASSISTANCE REQUIRED

1.6M

PEOPLE TARGETED

1.2M

REQUIREMENTS (US$)

240M

R&R OBJECTIVE 1:

1 Protection interventions provided to NWA refugees.

RELATES TO SO1

R&R OBJECTIVE 2:

2 Essential services delivered to returnees while pursuing durable solutions .

RELATES TO SO1, SO3

R&R OBJECTIVE 3:

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

RELATES TO SO1

Detailed sector response plan can be found on humanitarianresponse.info

CONTACT

Fabio Varoli

Deputy Representative, UNHCR

varoli@unhcr.org

REFUGEE & RETURNEE RESPONSE PLAN

The Refugee and Returnee Chapter targets refugees from North Waziristan Agency in Khost and Paktika provinces who were displaced by military operations in Pakistan as well as registered Afghan refugees, vulnerable, undocumented returnees and deportees who have been pushed to return from Iran and Pakistan.

The significant increase in Afghan returnees in 2016 was attributed to a deteriorating protection environment for Afghans living in Pakistan and growing push factors, particularly in Khyber Pakhtunkhwa. Given the nature of the harassment in Pakistan, many sold assets quickly and did not prepare for return, which was exacerbated by spending many years outside the country. The concentration of returnees in urban areas, specifically Jalalabad and Kabul, the lack of absorption capacity, limited services, and a lack of shelter pose serious humanitarian and secondary displacement risks. For the undocumented, their situation is further complicated by their undocumented status, which can limit their ability to access the same services as registered refugees. Given limited resources, interventions will prioritise the most vulnerable and will include immediate post-arrival assistance, expanded access to basic services, specialised assistance for those with specific needs and, for the undocumented, the establishment of registration mechanisms.

The humanitarian needs for the North Waziristan refugee population in Khost and Paktika remain prioritised as over time funds are exhausted, livelihood opportunities are constrained and prolonged displacement can lead to negative coping mechanisms. Interventions will promote self-sufficiency and address the needs of the vulnerable, with a focus on refugees in host communities. Prioritised interventions will aim to uphold basic human rights, especially for women, children, the elderly as well as for those with specific needs, and to ensure adequate food, shelter, access to health and nutrition, and WASH. Voluntary, safe durable solutions for Pakistani refugees will be explored in 2017.

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

	RETURNEES			REFUGEES			$$
	Refugees	% female	% children, adult, elderly*	Vulner. returnees	% female	% children, adult, elderly*	Financial requirements
EMERGENCY SHELTER & NON-FOOD ITEMS	0.5M	48%	55 | 41 | 4%	50K	46%	63 | 28 | 9%	$14.7M
FOOD SECURITY & AGRICULTURE	0.5M	47%	53 | 42 | 5%	40K	46%	63 | 28 | 9%	$63.8M
HEALTH	0.6M	48%	55 | 41 | 4%	80K	46%	63 | 28 | 9%	$3.8M
NUTRITION	80K	94%	12 | 88 | 0%	03K	66%	67 | 33 | 0%	$1.6M
PROTECTION	1.0M	48%	55 | 41 | 4%	40K	46%	67 | 25 | 8%	$42.5M
WATER, SANITATION & HYGIENE	0.5M	47%	54 | 41 | 5%	80K	46%	63 | 28 | 9%	$17.5M
MULTI-SECTOR CASH	0.6M	48%	56 | 40 | 4%	-	-	-	$95.7M
TOTAL	**1.2M****	**49%**	54 | 42 | 5%	**0.1M****	**46%**	**63 | 27 | 9%**	**$240M**

OPERATIONAL RESPONSE PLANS CONTINUED...

FOOD SECURITY AND AGRICULTURE

Continued from page 25

Targeted households will receive a full ration for two months, followed by agriculture assistance for those who can and are willing to cultivate in order to strengthen their self-sufficiency. The FSAC will explore options for accessing hard-to-reach areas for assistance in order to revive basic livelihoods and improve food security, helping to avoid additional migration.

The second priority will be given to prolonged IDPs and seasonally severely food insecure households in the 24 more vulnerable provinces as identified by the Seasonal Food Security Assessment (SFSA) and Integrated Food Security Phase Classification (IPC) 2016. Three-quarters of the prolonged IDPs will receive a two-month food ration followed by livelihoods support to stabilise their food security. In addition, 35% of the severely food insecure population will receive a 3 month half ration over the peak lean season to avoid negative coping and further depletion of their assets. Another 35% of severely food insecure will receive agriculture based livelihoods assistance to prevent a further deterioration of their food security situation on a sustainable basis. Afghanistan is still hosting refugees from Pakistan who are receiving monthly food assistance from WFP throughout the year. This support will continue under FSAC for 35,000 refugees in 2017.

FSAC is closely working with MAIL and all response plans are prepared in consultation with the relevant departments of the ministry both at national and regional levels. MAIL is one of the leading partners of FSAC in the early warning information working group on food security and agriculture. FSAC is also collaborating with the government and other clusters such as nutrition on seasonal food security assessments, the IPC and pre-harvest appraisals to better assess, monitor and respond to food security and nutrition needs in the country. FSAC will launch a detailed needs assessment in close coordination with the government and NGO partners to identify the skill set and explore farm and off-farm livelihoods options for sustainable food security and livelihoods.

WATER, SANITATION AND HYGIENE

Continued from page 29

Durable solutions will include establishment of small-scale water supply systems using sustainable technologies, such as gravity-fed and solar pumping systems in place of water tankering and use of electricity driven pumps. Likewise, preference will be given to household sanitation and bathing facilities instead of communal facilities. Durable solutions will also include greater involvement of affected populations in planning, designing and implementation of water and sanitation services including its operation and maintenance wherever possible.

WASH infrastructure in health and education institutions needs to be upgraded or expanded to cope with the increased IDP and returnee caseloads. Such interventions will include provision of water supply and sanitation in health facilities, therapeutic feeding centres, child-friendly spaces and schools that are affected from the influx of IDPs and returnees. Sequencing of WASH services in these institutions will be critical to ensure the effectiveness of the services they render and this will be done through improved inter-cluster coordination.

Partners will also be encouraged to reach-out in areas that are considered more insecure and do not have a sufficient number of implementing partners, such as Nuristan, Kunar, Paktika and Kunduz provinces. This will be achieved by enhancing the capacity of local partners and engaging more with the Red Crescent in humanitarian WASH responses.

The Cluster has developed a strategy for a two-year transition of cluster leadership to the Ministry of Rural Rehabilitation and Development (MRRD) which includes embedding of a qualified and committed national WASH cluster co-lead in MRRD and development and implementation of a nationally owned transition roadmap. Developing provincial WASH contingency plans will be an integral part of the transition plan which is expected to improve the cluster capacity to access areas that are currently out of its reach.

Prioritisation

Populations directly impacted by rapid onset emergencies such as conflict affected IDPs, returnees and natural disaster affected people will be given first priority for receiving life-saving WASH assistance. In the absence of adequate water and sanitation services, cramped conditions are more vulnerable to outbreaks of waterborne diseases. When the cluster is

faced with competing needs, the response will be directed towards large-scale displaced populations settled in close proximity such as camp-like settings or host communities. IDPs and returnees settled in urban-fringes also need to be reached with higher priority in order to prevent the outbreak of diseases. The cluster intends to target an estimated total of 740,000 people under this category.

With the current trend, on average 600 returnee families are expected to arrive at Zero Point in Torkham border, 100 families at the IOM Transit Centre and 300 families at the UNHCR Encashment Centre every day. The cluster will make sure that the water and sanitation facilities are continuously maintained at these points to provide easy access to water and sanitation services to returnee families. Similar services will also be provided at Spin Boldak, the southern border crossing. WASH services in these points are especially important to protect the dignity and alleviate the suffering of women and children.

The second priority response will be given to prolonged IDPs and returnees whose WASH needs are unmet, exposing them to a higher level of public health risks. Likewise, Pakistani refugees living in Khost and Paktika provinces will also need continuous WASH support to protect their health and dignity. In several cases, the prolonged IDPs and returnees are living with host communities and their WASH needs are interlinked, hence attention needs to be paid to address the needs of host communities while designing the services for prolonged IDPs and returnees. A significant percentage of the population is also suffering from an acute shortage of water and sanitation services and continuously burdened with waterborne diseases. These are also the communities with a high burden of under-five severely and acutely malnourished cases. As a full scale cluster response, partners will also expand their activities in these areas. Improving WASH services in health and education institutions will directly contribute in lessening the burden of public health risks among the population affected by the humanitarian situation. The cluster is targeting a total of 397,000 people that urgently need essential WASH services of which over 49% will be female.

Photo: Charlotte Ashley

PART III: ANNEXES

STRATEGIC OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective 1 (SO1): Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict

INDICATOR	IN NEED	BASELINE	TARGET
% of affected people receiving appropriate life-saving assistance within 1 month	1,466,413	-	1,097,310 (75%)
% of health facilities with male and female staff trained on providing an appropriate response to Gender Based Violence	60%	20.9%	60%
% of districts hosting shock affected populations where outreach protection specific services are provided	100% (336 Districts)	46%	75%
% of affected population receiving Mine Risk Education* *Excluding refugee returnees receiving MRE at the UNHCR encashment center who are included in the R&R Chapter MRE target.	100%	30%	80%

Strategic Objective 2 (SO2): Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law

INDICATOR	IN NEED	BASELINE	TARGET
% of population in identified 'white areas' assisted to access basic and emergency health services	4,649,014	1,712,565	80%
Number and % of boys and girls under 5 with acute malnutrition admitted for treatment	1,335,000	292,538	457,000 (34%)
Prevalence of under 5 acute diarrhea among targeted underserved communities maintained below the national average of 14.5%	N/A	14.5%	14.5%
Number and % of women in identified 'white areas' receiving antenatal and delivery care	100%	40%	60%

Strategic Objective 3 (SO3): The impact of shock induced acute vulnerability is mitigated in the medium term

INDICATOR	IN NEED	BASELINE	TARGET
% of targeted prolonged IDPs with acceptable food consumption score	385,000	15%	288,750 (75%)
Reduction in percentage of targeted households resorting to negative food-based coping mechanisms	1,980,000	N/A	80%
Number and % of shock affected vulnerable households supported to recover or obtain adequate shelter	693,410	N/A	93,972 (14%)
Number of vulnerable households receiving legal assistance / counselling / representation in regards to civil documentation and Housing, Land and Property rights	N/A	9,000	83,000
Number and % of undocumented returnee families provided with basic reintegration assistance	539,327	0	413,933 (76%)

Strategic Objective 4 (SO4): Humanitarian conditions in hard-to-access areas of Afghanistan are improved

INDICATOR	IN NEED	BASELINE	TARGET
% of hard-to-access districts assessed using new approaches	N/A	0%	25%
% of IDPs in hard-to-access areas assessed and responded to	90,000	0%	15%
% of conflict affected districts not covered by BPHS benefiting from improved access to emergency healthcare	4,649,014	1,712,565	80%

Complete logical framework of the HRP may be found at humanitarianresponse.info

SECTOR OBJECTIVES, INDICATORS & TARGETS

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

ES&NFI Objective 1: Coordinated and timely ES-NFI response to families affected and displaced by natural disaster and armed conflict

SO1

INDICATOR	IN NEED	BASELINE	TARGET
% of assistance provided on the basis of an inter-agency household level assessment of need and vulnerability	100%	N/A	100%
Proportion of vulnerable individuals affected receiving emergency shelter support including tent package and cash for rent	92,500	N/A	80%
Proportion of vulnerable individuals affected receiving standard NFI packages	650,000	N/A	100%
Proportion of vulnerable individuals affected provided with materials or cash to reconstruct/repair shelters	70,000	N/A	20%
% of responses followed up with post distribution monitoring	100%	N/A	80 - 90%

ES&NFI Objective 2: Coordinated and timely ES-NFI response to returnees

SO1

INDICATOR	IN NEED	BASELINE	TARGET
% of assistance provided on the basis of an inter-agency household level assessment of need and vulnerability	100%	N/A	100%
Proportion of vulnerable individuals affected receiving emergency shelter support including tent package and cash for rent	447,300	N/A	35%
Proportion of vulnerable individuals affected receiving standard NFI packages	143,800	N/A	100%
Proportion of permanent shelter needs met	447,300	N/A	4%
% of responses followed up with post distribution monitoring	100%	N/A	80 – 90%

ES&NFI Objective 3: Families falling into acute vulnerability due to shock are assisted with ES-NFI interventions to address humanitarian needs in the medium term

SO3

INDICATOR	IN NEED	BASELINE	TARGET
% of shock affected vulnerable households supported to recover or obtain adequate shelter	93,071	N/A	100%
% of responses followed up with post distribution monitoring	100%	N/A	80 – 90%

FOOD SECURITY & AGRICULTURE OBJECTIVES, INDICATORS AND TARGETS

FSAC Objective 1: Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher)

SO1

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of conflict IDPs, natural disaster-affected, and returnees receiving timely food assistance with appropriate transfers (food, cash, or voucher)	1,120,517	600,000	96%
Reduction in poor Food Consumption Score (<=28) for targeted people	NA	15%	80%
Proportion of conflict IDPs, natural disaster-affected individuals, and returnees receiving emergency livelihood support (agriculture/livestock)	525,000	46,545	67%

FSAC Objective 2: Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition

SO3

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of severely food insecure, refugees and prolonged IDPs assisted on time with appropriate food transfer (in-kind, cash or voucher)	2,082,729	281,855	68%
Reduction in percentage of severely food insecure, refugees and prolonged IDP households with poor Food Consumption Score (<=28)	1,630,000	15%	80%
Proportion of severely food insecure, and prolonged IDPs receiving livelihood protection support (livestock/ agriculture inputs, and livestock vaccination)	1,171,365	206,353	695,500 (60%)

FSAC Objective 3: Strengthen emergency preparedness and response capabilities of partners through development of contingency plans, timely coordinated food security assessments and capacity development especially in hard to reach areas

SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number of regional contingency plans developed and/or updated for natural disasters (flood, extreme winter, crop failure and drought) through improved capacity of FSAC partners and enhanced coordination.	8 regional contingency plans	8 regional contingency plans (34 provinces) developed and/or updated in 2016	6 regional contingency plans developed and/or updated
Number of trainings on food security and vulnerability, assessments (SFSA, IPC analysis, pre-harvest) conducted, and number of participants trained.	6 trainings	6 trainings (381 participants) in 2016	6 trainings (300 participants)
Number of well-coordinated assessments/analyses (Pre-harvest Food Security Appraisal, SFSA, IPC, ad-hoc assessments) conducted	6 assessments/ analyses	5 assessments/ analyses	4 assessments/ analyses

HEALTH OBJECTIVES, INDICATORS AND TARGETS

Health Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people

SO1, SO2, SO4

INDICATOR	IN NEED	BASELINE	TARGET
# of high risk conflict affected districts with at least one first aid trauma post	95 districts	57 districts	48 districts
Proportion of individuals receiving trauma care services	100%	57,000	80%
# of provincial hospitals with effective trauma care services	28 provinces	10 provinces	12 provinces
# of provincial hospitals with mass casualty management plan and minimum response capacity	34 provinces	20 provinces	8 provinces

Health Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements

SO2, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of conflict affected people in 'white areas' served by emergency PHC/ mobile services	4,649,014	1,712,565	80%
# of health facilities in priority districts scaled up with standard Basic Emergency Obstetric and Newborn care (BEmONC) services	47 health facilities	7 health facilities	40 health facilities
Proportion of children 12-23 months in 95 priority 'white area' districts covered by the measles vaccination	100%	67%	80%
Proportion of pregnant women in conflict 'white areas' receiving at least two antenatal care visits	100%	40%	60%

Health Objective 3: Provide immediate life-saving assistance to those affected by public health outbreaks

SO1, SO2, SO3, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of outbreak alarms investigated within 48 hours from notification	100%	98%	100%
Proportion of people served by life-saving assistance due to public health outbreaks	4,649,014	1,198,768	50%

NUTRITION OBJECTIVES, INDICATORS AND TARGETS

Nutrition Objective 1: Quality community and facility-based nutrition information is made available for timely programme monitoring and decision making

SO1, SO2, SO3, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number of provinces where localised nutrition SMART surveys conducted	N/A	11	26
Number of provinces where coverage assessments conducted	N/A	4	4
Number of locations where Rapid Nutrition Assessments for new emergencies conducted	N/A	5	5
Number and proportion of provinces with operational sentinel sites (facility-based and community based)	N/A	7 (21%)	34 (100%)

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

SO1, SO2, SO3, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number and proportion of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority provinces (Wardak, Paktya, Laghman)	260,000	No Data	130,000 (50%)
Number and proportion of severely acutely malnourished boys and girls 0-59 months admitted for treatment	595,000	151,934 (Jan-Sep 2016)	236,000 (40%)
Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment	740,000	140,604 (Jan-Sep 2016)	221,000 (30%)
Proportion of boys and girls aged 0-59 months discharged cured from management of severe acute malnutrition programs	N/A	90% (Jan–Sep 2016)	>75%
Proportion of boys and girls aged 6-59 months discharged cured from management of moderate acute malnutrition programs	N/A	90% (Jan–Sep 2016)	>75%
Number and proportion of acutely malnourished pregnant and lactating women admitted for treatment	395,000	157,255 (Jan–Sep 2016)	121,500 (30%)
Number of emergency mobile teams established in priority provinces	N/A	0	18

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

SO1, SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number and proportion of returnee children 6-59 months who received vitamin A supplementation	159,200	17,148 (Sep-Oct 2016)	76,600 (50%)
Number and proportion of returnee children 24-59 months who received deworming tablets	109,450	11,463 (Sep-Oct 2016)	54,750 (50%)
Number and proportion of returnee children 6-59 months screened for acute malnutrition and referred for treatment as needed	159,200	12,153 (Sep-Oct 2016)	76,600 (50%)
Number and proportion of boys and girls aged 6-23 months and pregnant and lactating at risk of acute malnutrition in priority locations who received BSFP	69,200 children 4,800 PLW	0	19,600 children (28%) 4,800 PLW (100%)

Nutrition Objective 4: Enhance capacity of partners to advocate for and respond at scale to nutrition in emergencies

SO1, SO2, SO3, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number of staff trained on nutrition in emergencies	N/A	26	200
Number of staff trained on cluster coordination and cluster approach	N/A	2	150
Proportion of activities from the cluster performance monitoring action plan implemented	N/A	0	75%

PROTECTION OBJECTIVES, INDICATORS AND TARGETS

Protection Objective 1: Acute protection concerns, needs and violations stemming from the immediate impact of shocks and taking into account specific vulnerabilities, are identified and addressed in a timely manner

SO1, SO2

INDICATOR	IN NEED	BASELINE	TARGET
# of affected individuals directly assisted with targeted protective assistance and services addressing acute and urgent protection needs immediately following a shock	1,751,000	N/A	145,000
# of individuals consulted through protection monitoring	1,400,000	N/A	55,000

Protection Objective 2: Evolving protection concerns, needs, and violations are monitored, analysed, and responded to, upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations

SO3

INDICATOR	IN NEED	BASELINE	TARGET
# of affected individuals directly assisted with rights-based targeted assistance and support, preventing, mitigating, and responding to evolving protection concerns following a shock	767,000	N/A	170,000
# of individuals profiled in areas with large numbers of returnees and prolonged or protracted internally displaced	642,000	N/A	133,000

Protection Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations

SO1, SO3

INDICATOR	IN NEED	BASELINE	TARGET
# of affected individuals partaking in community-based prevention and mitigation initiatives, contributing to an environment enabling effective protection responses	2,518,000	N/A	341,000
# of prioritised mine/ERW impacted individuals provided with Mine Risk Education	3,688,000	N/A	1,938,000
# of individuals in prioritised mine/ERW impacted communities visited by EOD teams conducting surveyance, demarcation, and spot-clearance	1,170,000	N/A	742,000

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, and appropriate means of hygiene practices by the affected population

SO1, SO2, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of population in need with access to at least 15lpcd of drinking water	1,137,000	0	90%
Proportion of population in need with access to a functioning sanitation facilities	700,000	0	80%
Proportion of population in need with access to water and soap for handwashing	1,137,000	0	90%

WASH Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies

SO1, SO2, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of institutions in need with access to appropriate WASH facilities	100	0	75%

WASH Objective 3: Ensure timely and adequate assessment of WASH needs of the affected population

SO1, SO2, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of population in need whose WASH needs are assessed within two weeks after being affected	1,137,000	0	80%

WASH Objective 4: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion

SO1, SO2, SO4

INDICATOR	IN NEED	BASELINE	TARGET
Transition plan developed and endorsed by MRRD	1	0	1
National Cluster co-lead in place and embedded in MRRD	1	0	1
Number of national cluster meetings chaired by national co-lead from MRRD	12	0	4

REFUGEE & RETURNEE OBJECTIVES, INDICATORS AND TARGETS

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

SO1

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of NWA refugees registered	125,000	54,717	84,717 (68%)
Proportion of NWA refugees provided with food per month	125,000	25,000	84,717 (68%)
Proportion of vulnerable NWA refugees provided targeted assistance	12,500	2,500	2,500 (20%)

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

SO1, SO3

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of refugee returnees provided with information and referrals to facilitate reintegration	550,000	0	100%
Proportion of undocumented returnees registered	494,968	227,510	494,968 (100%)
Proportion of undocumented returnees receiving a government approved ID	539,237	29,422	539,237 (100%)
Proportion of undocumented returnees provided with post-arrival assistance	539,237	63,090	413,933 (77%)

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

SO1

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of vulnerable population identified and assisted	202,217	0	76,384 (38%)

PLANNING FIGURES: PROJECTED ASSISTANCE REQUIRED

PEOPLE IN NEED (PROJ. 2017, IN MILLIONS)	BY STATUS							BY AGE		TOTAL
	Conflict displaced	Natural Disaster Affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Essential Services	Severely Food Insecure	% female	% children, adult, elderly*	Projected people in need
CAPITAL	0.10	0.02	0.36	-	0.05	1.36	0.33	50%	54 | 42 | 4%	1.88
CENTRAL HIGHLAND	-	-	-	-	-	0.15	0.07	55%	59 | 37 | 4%	0.16
EASTERN	0.10	0.04	0.72	-	0.10	0.52	0.20	52%	59 | 38 | 3%	1.47
NORTH EASTERN	0.25	0.05	0.18	-	0.05	1.08	0.21	50%	56 | 40 | 4%	1.61
NORTHERN	0.07	0.05	0.07	-	0.02	0.78	0.13	53%	56 | 40 | 5%	1.01
SOUTH EASTERN	0.06	0.01	0.07	0.13	0.01	0.48	0.04	54%	64 | 33 | 3%	0.75
SOUTHERN	0.16	0.02	0.02	-	0.02	0.86	0.22	50%	58 | 39 | 3%	1.07
WESTERN	0.10	0.02	0.02	-	0.01	1.17	0.38	49%	57 | 39 | 4%	1.33
	0.84M	0.21M	0.36M	0.13M	0.28M	6.41M	1.57M	50%	67 | 29 | 4%	9.28

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

PLANNING FIGURES: PEOPLE TARGETED

PEOPLE TARGETED (2017, IN MILLIONS)	BY STATUS							BY AGE		TOTAL
	Conflict displaced	Natural Disaster Affected	Doc. & Undoc. Returnees	Pakistani Refugees	Host Communities	Access to Essential Services	Severely Food Insecure	% female	% children, adult, elderly*	People targeted
CAPITAL	0.08	0.02	0.28	-	0.03	0.72	0.23	49%	51 | 52 | 44%	1.13
CENTRAL HIGHLAND	-	-	-	-	-	0.06	0.05	50%	59 | 37 | 4%	0.07
EASTERN	0.09	0.04	0.52	-	0.06	0.21	0.14	50%	59 | 38 | 3%	0.92
NORTH EASTERN	0.23	0.05	0.14	-	0.03	0.64	0.15	49%	56 | 40 | 4%	1.13
NORTHERN	0.06	0.05	0.05	-	0.01	0.37	0.09	50%	56 | 40 | 5%	0.59
SOUTH EASTERN	0.05	0.01	0.06	0.08	0.01	0.16	0.03	50%	64 | 33 | 3%	0.35
SOUTHERN	0.14	0.02	0.02	-	0.01	0.52	0.15	50%	58 | 39 | 3%	0.70
WESTERN	0.09	0.02	0.01	-	0.01	0.67	0.26	49%	57 | 39 | 4%	0.84
	0.74M	0.21M	1.08M	0.08M	0.15M	3.34M	1.10M	49%	55 | 40 | 4%	5.73

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

PARTICIPATING ORGANISATIONS BY SECTOR

SECTOR	ORGANISATIONS	NUMBER OF PARTNERS
Emergency Shelter and Non-Food Items	ACF, ACTED, ADRA, AFGHANAID, ARCS, BRAC, CA, CARE, CARITAS, CONCERN, CORDAID, DRC, FOCUS, GERES, HRDA, IOM, IMC, IRC, IR, MISSION EAST, NAC, NCA, NCRO, NRC, PIN, PU-AMI, QRCS, RI, SCI, SI, SHELTER FOR LIFE, UNHABITAT, UNHCR, UNICEF, WHH	35
Food Security and Agriculture	ABM, ACF, ACTED, ACTIONAID, ADA, AFGHANAID, ANCC, AREA, ASARRO, CARE, CARITAS-G, CHA, COAR, CONCERN, CRS, DRC, FAO, HRDA, IOM, IRC, IR, MADERA, MEDAIR, NCRO, NEI, NRC, OHW, ORCD, OXFAM, PAC, PIN, RCDC, RI, SCI, SHELTER FOR LIFE, SI, SOFAR, UNHCR, WFP, WHH, ZOA	41
Health	AADA, ACF, ACTD, AHDS, AKDN, BARAN, BDN, BRAC, CAF, CHA, CORDAID, DAO, EMERGENCY, HADAAF, HI, HN-TPO, IMC, IRW, JOHANNITER, LEPCO, MEDAIR, MFP, MMRCA, MoPH, MOVE, MRCA, MSH, OHPM, ORCD, OSCEW, PU-AMI, SAF, SCA, SDO, SHRDO, STC, TDH, UNFPA, UNICEF, WHH, WHO, WVI, YHDO	43
Nutrition	AADA, ACTD, AHDS, AKHS, BARAN, BDN, CAF, CHA, HADAAF, HN-TPO, IMC, MMRCA, MoPH, MOVE, MRCA, OHPM, ORCD, PU-AMI, SAF, SCA, SCI, UNICEF, WFP, WHO, ACF, WVI, InterSOS, Caritas G., FHI360, MEDAIR, HEERO, TIKA	32
Protection	AAD, AAR JAPAN, ACTED, AFGHANAID, CFA, CHILDFUND, CIC, CPI, DDG, DI, DRC, FSD, HAG, HAGAR, HALO, HI, HN-TPO, HRDA, HSOA, IMC, IR, IRA, JOHANNITER, MA, MA-WSO, MCPA, MDC, MEDICA, NRC, OHW, OMAR, PIN, SCI, TDH, TLO, UNFPA, UNHCR, UNICEF, UNMACCA, UNMAS, WCC, WHH, WVI	43
Water, Sanitation and Hygiene	ACF, ACTED, ARCS, CAID, CARITAS, CARITAS-G, COAR, DACAAR, DRC, IMC, IRC, MEDAIR, NCA, PADDING, RCDC, SI, SOLIDARITES, STC, UNICEF, ZOA	20
Refugee and Returnees	ACTD/Johanniter, AFGHANAID, APA, ARCS, COAR, DACAAR, DRC, HNI-TPO, IMC, IOM, IRC, NCA, NRC, ORCD, SI, TDH, TLO, UNFPA, UNICEF, UNHCR, UNMAS, WFP, WHO	23
Multi-Purpose Cash	ACF, ACTED, DACAAR, DRC, NRC, PIN, SI	7

Photo: Danielle Moylan

ACRONYMS

ALCS	Afghanistan Living Conditions Survey
ANDMA	Afghanistan National Disaster Management Authority
ANDSF	Afghan National Defense and Security Forces
ANSF	Afghan National Security Forces
APC	Afghanistan Protection Cluster
ARCS	Afghan Red Crescent Society
BPHS	Basic Package of Health Services
CTFMRM	Country Task Force Monitoring and Reporting Mechanism
CVWG	Cash and Voucher Working Group
DEWS	Disease Early Warning System
EPHS	Essential Package of Hospital Services
ERW	Explosive Remnants of War
ES	Emergency Shelter
FSAC	Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HEAT	Household Emergency Assessment Tool
HMIS	Health Management Information System
HNO	Humanitarian Needs Overview
HRL	Human Rights Law
IDP	Internally Displaced Person
IHL	International Humanitarian Law
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MMR	Maternal Mortality Ratio
MoI	Minitry of Interior
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MPCA	Multipurpose Cash Assistance
MUAC	Mid-Upper Arm Circumference
NFIs	Non-food Items
NSAG	Non-State Armed Group
PDM	Post Distribution Monitoring
PHC	Primary Health Care
PIN	People in Need
PLW	Pregnant and Lactating Women
RMNCH	Reproductive Health and Neonatal/Child Health Care
RNA	Rapid Nutrition Assessment
SAM	Severe Acute Malnutrition
SFSA	Seasonal Food Security Assessment
SMART	Standardised Monitoring and Assessment of Relief and Transitions
UNAMA	United Nations Assistance Mission in Afghanistan
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WHZ	Weight-for-Height in Z score

REFERENCES

1. According to the Global Peace Index (GPI), the country ranks the third less peaceful after Syria, and Iraq with the overall security situation worsening considerably in 2016. The Institute for Economics and Peace.

2. "In March and April 2016, Save the Children surveyed 1,000 people in Afghanistan, of whom 52% were below the age of 15. … 18% of children reported feeling vulnerable to recruitment into armed forces." See: Save the Children, Afghan Children Cannot Wait (2016).560 (556 boys and four girls) instances of child recruitment and use both in support and combat roles were observed throughout Afghanistan in the period 2010-2014; 75% were perpetrated by Armed Oppositions Groups (AOGs) (401 children). 20 boys were killed carrying out suicide attacks in the same period. "Serious concerns remain over underreporting and the actual number of children associated with the parties to the conflict, in particular with the armed opposition groups, remain, as that number is assumed to be much higher." See: Report of the Secretary-General on children and armed conflict in Afghanistan (2015).

3. See: UNAMA Human Rights & UNICEF, Education and healthcare at risk (2016).

4. United Nations Assistance Mission in Afghanistan (UNAMA). October 2016. Afghanistan Protection of Civilians in Armed Conflict, Third Quarter of 2016.

5. "Between 1 January and 30 September 2016, UNAMA documented 8,397 conflict-related civilian casualties (2,562 deaths and 5,835 injured) representing a one per cent decrease compared to the same period in 2015. Ground engagements remained the leading cause of civilian casualties, followed by suicide and complex attacks, and improvised explosive devices (IEDs)." See: UNAMA Human Rights, Civilian Casualty Data for the Third Quarter of 2016 (2016).

6. "The intensification of ground fighting is directly related to the increase in civilian casualties from ERW, or unexploded ordnance. UNAMA documented 510 civilian casualties (160 deaths and 350 injured), a 67 per cent increase from the same period in 2015." According to UNAMA Human Rights 84% of civilian casualties is below 18 years of age. See: UNAMA Human Rights, Civilian Casualty Data for the Third Quarter of 2016 (2016).

7. Afghanistan Health Cluster, Weapon Wounded data, 27 November 2016 http://reliefweb.int/sites/reliefweb.int/files/resources/afghanistan_health_cluster_bulletin_august_september_2016.pdf

8. "The isolation and suspicion faced by child victims of abuse further victimises them. Changing the perception that an abused or violated child somehow 'deserves' the situation is vital. Holistic support available to child victims of violence is currently almost non-existent. Victims are largely dependent on their family's or community's readiness to provide support. As their technical and advocacy capacities increase, service providers for child victims may also become 'champions' for the change in social norms." See: UNICEF, Children and Women in Afghanistan: A Situation Analysis (2014).

9. "Immediate and underlying causes of violence or exploitation are often quite specific to each individual child's situation. For many, sudden onsets of economic shock to a family unit may be the immediate cause of an early marriage or a child being sent to work. At this level, decision-making in a household becomes a key determinant for the level of protection afforded to a child. Gross negligence, lack of oversight, biases in interpreting what is in the child's best interest, low capacity among immediate caregivers and duty-bearers: all of these can increase the risk of a child being exploited or abused. … Heightened levels of insecurity due to the ongoing conflict, and increase in criminal activities as a result of the law enforcement vacuum also put children across the country at extreme risk of violence." See: UNICEF, Children and Women in Afghanistan: A Situation Analysis (2014).

10. 51.8% of children throughout Afghanistan are reported to be involved in labour, 45% of them are forced to work due to chronic poverty. See: AIHRC, Children's Situation Summary Report (2013). UNICEF reports 30% of children involved in child labour with higher frequency in rural areas. See: UNICEF, Children and Women in Afghanistan: A Situation Analysis (2014). For an example of hazardous child labour in brick kilns and the risks children are exposed to – including violence – see: Samuel Hall/UNICEF/ILO, Breaking the mould occupational safety hazards faced by children working in brick kilns in Afghanistan (2015).

11. Research suggests violence against women and early/forced marriage increases in situations of protracted displacement. See: NRC and Samuel Hall, Challenges of IDP protection in Afghanistan (2012), NRC and TLO, Listening to women and girls displaced to urban Afghanistan (2015), and MoWA, Violence against women primary database, 3rd edition, (2014). Reportedly 46% of Afghan girls get married before they are 18 years old and 15% get married before they are 16 years old. See: AIHRC, Children's Situation Summary Report (2013). UNAMA HR quotes a figure of 57% of all Afghan marriages being child marriages. See: UNAMA HR, Harmful Traditional Practices and Implementation of the Law on Elimination of Violence against Women in Afghanistan (2010); for the link between poverty and loss of livelihoods and early/forced marriage see below in the same report and MoWA, Violence against women primary database, 3rd edition, (2014). These findings are corroborated by the trends detected by the CPiE/GBV Rapid Assessment conducted mid-2015 amongst IDP communities. Early sexual activity and child bearing are associated with significant health risks for young girls. See: UNICEF, Children and Women in Afghanistan: A Situation Analysis (2014).

12. Afghans see domestic violence as an increasingly worrying problem, with 13% of all female Afghans polled mentioning the phenomenon as the biggest problem faced by women. See: Asia Foundation, A survey of the Afghan People (2014). A study by Global Rights from 2008 gives a figure of 62% of all Afghan women experience multiple forms of domestic violence, see: Global Rights Report, Living with Violence: A National Report on Domestic Abuse in Afghanistan (2008). For anecdotal corroboration and illustration of the situation in IDP communities, see inter alia: NRC and TLO, Listening to women and girls displaced to urban Afghanistan (2015).

13. See: MoWA, Violence against women primary database, 3rd edition, (2014).

14. For instance, the MoI reportedly recorded ca. 100 cases of sexual violence against children in Kabul province in 2012. See: AIHRC, Children's Situation Summary Report (2013). Further, in an assessment of the child protection situation in IDP sites around Herat, a primary concern mentioned for children was sexual abuse by older children and sexual abuse of children who beg. See: Emergency Psychosocial Support for Conflict Affected Internally Displaced Children and their Families in Herat province, Baseline Study Report (2013). For details regarding the practice of BachaBazi (dancing boys), see: AIHRC, Causes and Consequences of BachaBazi in Afghanistan (2014).

15. In 2014 the AIHRC recorded 2026 cases of violence against women (incidences range from verbal and psychological violence to physical violence, sexual violence and killings amongst which honor killings). See: http://www.aihrc.org.af/home/daily_report/4172. UNAMA HR quotes a figure of 5,406 cases registered by the Government in the space of one year (March 2013 to March 2014). See: UNAMA HR, Justice through the eyes of Afghan women: cases of violence against women addressed through mediation and court adjudication (2015). One study suggests that 87% of women experience at least one form of physical, sexual or psychological violence or forced marriage in their lifetime. See: Global Rights Report, Living with Violence: A National Report on Domestic Abuse in Afghanistan (2008).

16. From January to October 2016, 36 incidents against health facilities and workers have been recorded.

17. Estimation of Nutrition Cluster based on National Nutrition Survey 2013 and SMART surveys 2014-2016

18. World Bank and Institute of Development Studies. Household Risk and Decision Making in Afghanistan. November 2016

19. Inclusion based on September review

WHAT IF?

...WE FAIL TO RESPOND

FAMILIES WILL BE EXPOSED TO GREATER PROTECTION RISKS AND FATAL HEALTH HAZARDS

Shelter and provision of basic household items are pivotal for rebuilding resilience towards future shocks and the lives of affected families. Without adequate shelter, people may be left exposed to the elements, and their protection, health, nutrition, WASH and livelihoods needs exacerbated. Women and children are particularly susceptible to external hazards from the surrounding environment.

FOOD INSECURITY IS ON THE RISE

A significant increase in food insecure people could result in increased malnutrition, migration and mortality. Negative coping mechanisms, including asset depletion, will further affect people's resilience. Timely funding for seasonal agriculture activities and life-saving food needs will help to cover the needs of targeted groups during winter and the peak hunger season.

LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO DISEASE & DEATH

Nearly 6 million Afghans have insufficient or no access to health care, while ongoing conflict has further exacerbated the health condition of the population due to increased rates of disease, a lack of safe drinking water, limited access to health care and a critical shortage of personnel and supplies. Combined, the effects of these will likely lead to higher maternal and child morbidity and mortality rates among conflict-affected civilians.

LACK OF NUTRITION SERVICES WILL COST THE LIVES OF CHILDREN AND STUNT THEIR FUTURE

457,000 children under 5 years old with severe and acute malnutrition and 121,500 PLW with acute malnutrition will not be able to enroll in IMAM programmes in 2017. Children who become malnourished face three times a higher risk of dying from communicable diseases than their healthy counterparts, while those lacking in the right nutrients face increased exposure to illness and sub-optimal development.

THE SAFETY, DIGNITY, AND WELL-BEING OF AFGHANS IS THREATENED BY CONTINUED EXPOSURE TO HARMFUL PROTECTION RISKS

Failure to address critical protection risks faced by affected individuals will have detrimental effects on their safety, dignity, physical and mental well-being. Protection violations including arbitrary arrest, detention, torture, GBV, child labour, child marriage, and child recruitment have long-lasting effects, and will – if ignored – hinder restoration of civilian life and put more lives at risk.

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 the elderly.

LACK OF RESPONSE LEADS TO GRAVE HUMANITARIAN CONSEQUENCES

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 already 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 organisations 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 RECOGNISING 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.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.


www.unocha.org/afghanistan


www.humanitarianresponse.info/operations/afghanistan


@OCHAAfg