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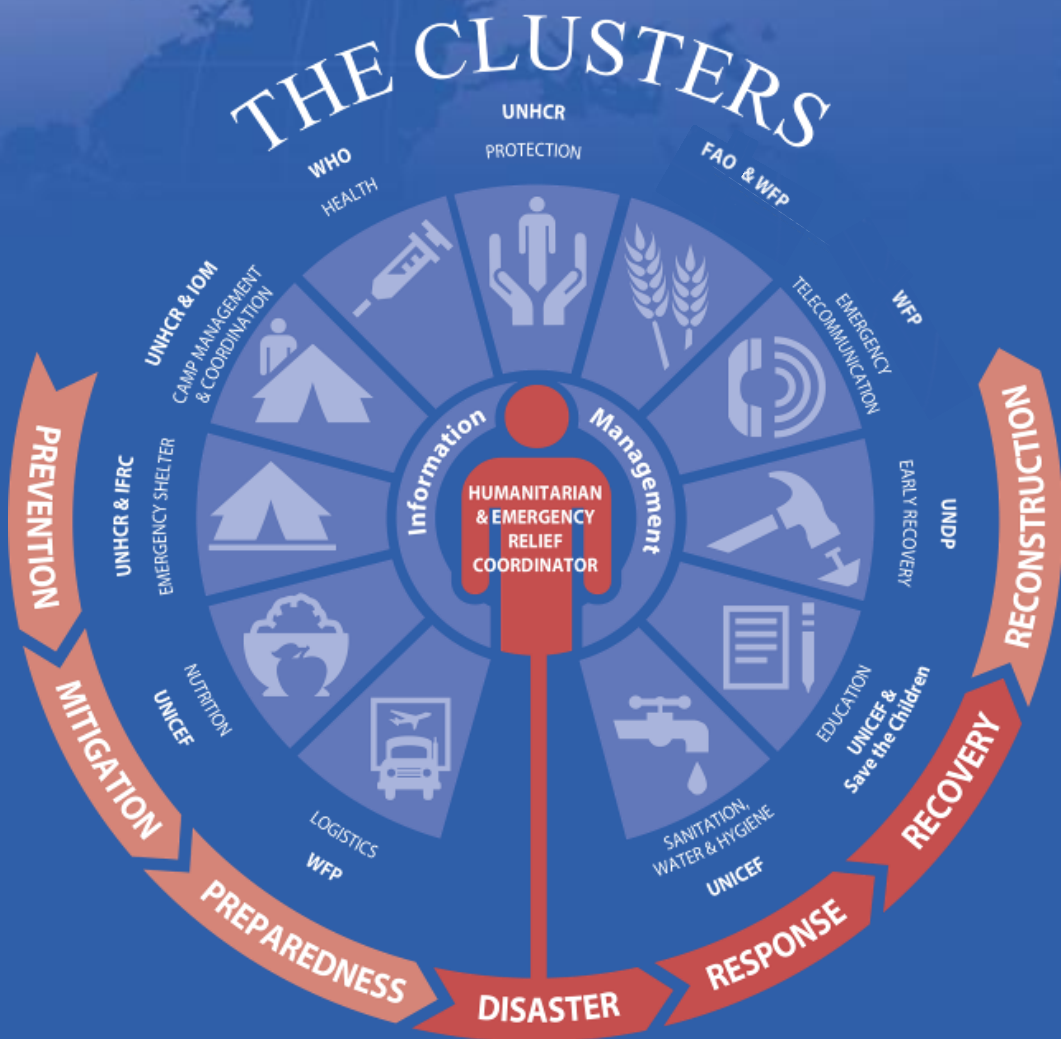
# AFGHANISTAN

Common Humanitarian Action Plan

# 2013



United Nations



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# FOREWORD

As 2013 approaches, Afghanistan continues in its fourth decade of conflict, continues to be prone to a range of recurrent sudden and slow-onset natural hazards and, notwithstanding the improvements recorded over the past decade, remains rooted in the bottom decile of the global human development index. Afghanistan is entering a very challenging period that will likely be characterized by growing economic vulnerability resulting from a reduction in international assistance and the pull-out of most international forces that is expected to translate into significant economic contraction and job losses, directly impacting livelihoods and increasing humanitarian needs in the run-up to and beyond 2014. As foreign troops withdraw, and in the absence of a reconciliation agreement, most experts predict that conflict between Government and anti-government elements will intensify. Against this backdrop of insecurity and lack of economic opportunity, displacement remains a key concern moving forward.

In response to this dynamic and evolving situation in Afghanistan, I am committed to mobilizing a more effective response that systematically addresses humanitarian need in a principled way. This entails improving capacity to respond to emergencies and displacement through better assessments and more effective partnerships; strengthening the resilience of vulnerable communities taking into account the particular needs of women, girls, boys and men and bolstering field presence and the logistical means to sustain humanitarian action. Towards these ends, the Humanitarian Country Team has pioneered a CHAP approach for Afghanistan in 2013 based on wholly humanitarian strategic priorities arising from the ranking of provinces based on assessed humanitarian need. In parallel, the HCT is working to ensure its coordination structures are fit for purpose through the streamlining of clusters at the national level and the development of Humanitarian Provincial Teams to support better operational coordination.

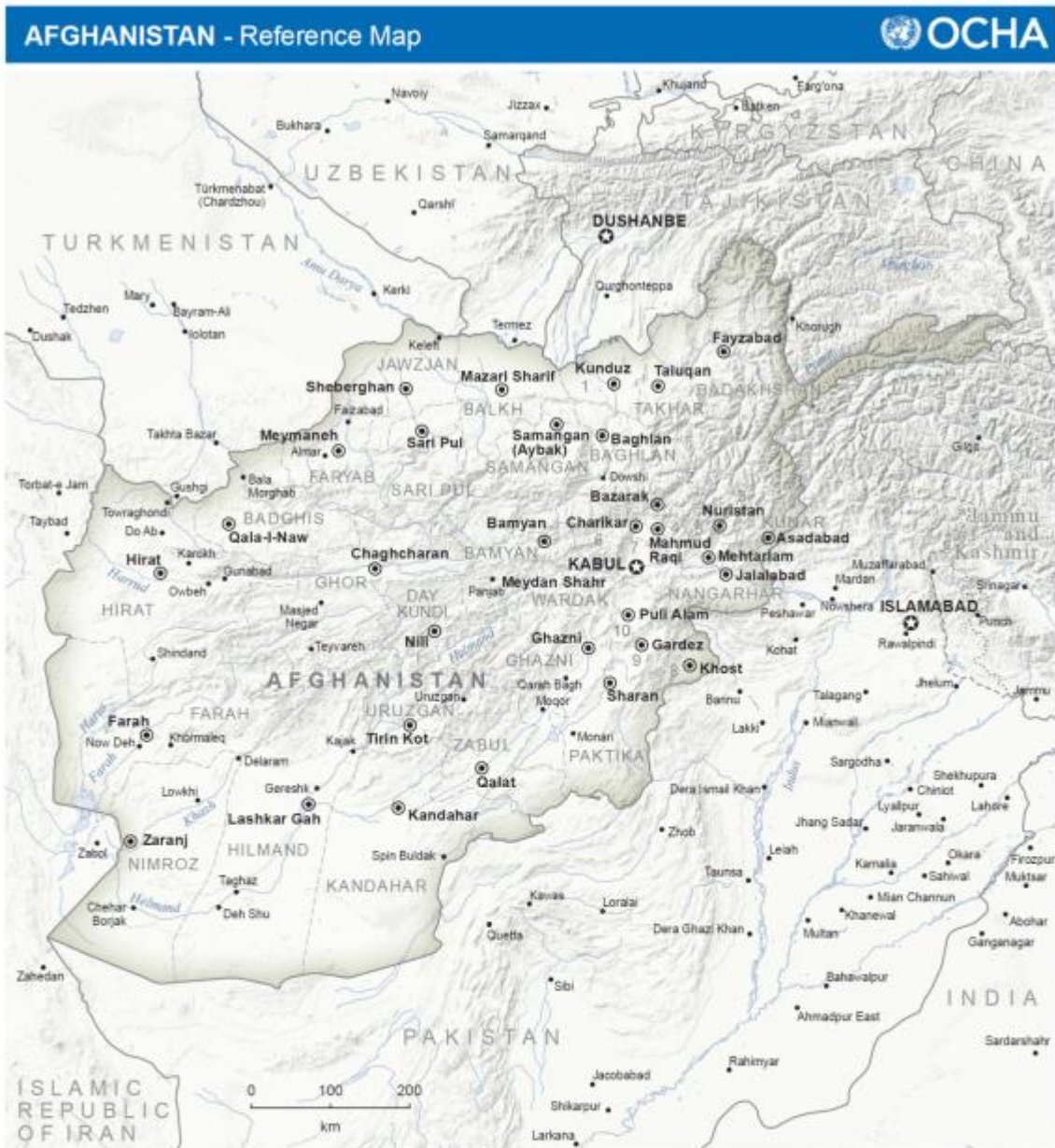
Humanitarian financing is currently directed towards Afghanistan through a variety of multilateral and bilateral channels, but at the time of writing the current CAP is only 45% funded. 2012 has seen an overall reduction of humanitarian financing in the order of 50%. For 2013, the Humanitarian Country Team makes a very strong plea to donors to proactively align their support around the strategic priorities and response plans outlined in the 2013 CHAP and ensure that it is fully funded. This may be achieved through the ring-fencing of funding equivalent to 10% of the Tokyo commitments. The evidence-based humanitarian programming in the CHAP prepares the ground for the application of good humanitarian donor principles. As the humanitarian donor presence in Afghanistan also continues to evolve, we will continue to review the merits of the tools at our disposal including pooled funding mechanisms. The Emergency Response Fund in Afghanistan is modest and is being restarted to ensure a better match between emergency needs and response. Afghanistan received a \$10 million CERF allocation in 2012. These pooled mechanisms alone cannot ensure alignment between agreed humanitarian priorities and response. A more effective instrument is a Common Humanitarian Fund which has supported more strategic and effective response in countries such as Somalia and the Democratic Republic of Congo. By pooling funds to Afghanistan, donors could give practical expression to their support for the transformative agenda which seeks to strengthen country level leadership and coordination, including by managing funds and directing them to Afghans in greatest need.

Having arrived in Afghanistan at a critical juncture in November 2012, I count on your support to carry out the Common Humanitarian Action Plan in 2013.

Mark Bowden  
Humanitarian Coordinator

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\*Dotted line represents approximately the Line of Control in Jammu & Kashmir agreed upon by India and Pakistan. The final status of Jammu & Kashmir has not yet been agreed upon by the parties.

**Map data sources:** CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UN OCHA.

**Provinces**

1. Kunduz, 2. Panisher, 3. Nuristan, 4. Kapisa, 5. Laghman, 6. Parwan, 7. Kabul, 8. Khost, 9. Paktya, 10. Logar

- ⊕ National capital
- ⊙ Provincial capital
- Populated place
- International boundary
- Provincial boundary



# 1. SUMMARY

In 2013, Afghanistan will continue on the path of security transition from international forces to Afghan forces. More than 75% of the country will be under national security control by mid-year. However, it is unlikely that this security transition, and the eventual withdrawal of international military forces by the end of 2014, will be matched by a transition from conflict to stability. The worsening conflict trends over the last five years indicate that civilians will continue to suffer because of armed violence and that the humanitarian situation will deteriorate.

Insecurity remains the biggest determinant of humanitarian need. Armed conflict prevails in large parts of the country. It causes significant physical and psychological harm to civilians, as well as displacement and deprivation of basic services. Reinforcing the protection of civilians is therefore the predominant objective of the humanitarian community in 2013, and all sectors have plans in place to advance this goal.

Natural hazards and disasters are endemic in Afghanistan and affect 250,000 people every year. Chronically impoverished and conflict-ridden communities are so vulnerable that even small-scale natural hazards can have a devastating effect on people's lives. Building resilience at the community level is therefore critical for 2013 and will cut across all sectors of humanitarian response.

Despite significant development gains over the last decade, Afghanistan scores low across a range of humanitarian indicators. The country is consistently at the bottom of development and humanitarian ranking lists of UNDP, ECHO and OCHA. Thirty-four years of conflict and recurrent natural hazards have left the population in a state of deep vulnerability, and many people's coping mechanisms are exhausted. In addition to an internally displaced population of 450,000 people, Afghanistan also has the largest population of refugee returnees in the world—5.7 million people, with many more to come from neighbouring Pakistan and Iran.

The ability of Afghanistan's most vulnerable people to access life-saving assistance—from the conflict-affected south and east to the disaster-prone north—is inhibited by numerous factors. Humanitarian presence in conflict areas remains limited, as many organizations refrain from assessing needs and delivering aid in a largely adverse environment. Negotiating access is becoming increasingly difficult because of radicalization, fragmentation and foreign influence on armed opposition groups. Physical access constraints are also significant, especially during winter when heavy snowfall cuts off many rural areas from district centres.

## 2013 Afghanistan CHAP: Key parameters

<b>Planning and budgeting horizon</b>	January – December 2013
<b>Key milestones in 2013</b>	<p>First planting season: Mar-Apr                  Harvest season: Jun-Sep                  Second planting season: Sep-Oct                  Peak foodaid pre-positioning: Aug-Oct</p> <p>75% of the country under national security control: May 2012                  Security Transition Tranches 4 and 5 tbc.</p> <p>Fighting season Apr-Nov</p>
<b>Target beneficiaries</b>	Most vulnerable internally displaced people (IDPs), returnees, civilians caught up in conflict and natural disasters
<b>Total funding requested</b>	<b>US\$ 471 million</b>
<b>Average cost per intervention, per beneficiary</b>	<b>\$53.52</b>

Over the last decade the humanitarian sector has been fairly well funded, largely as a by-product of unprecedented international development assistance flowing into the country. However, this is rapidly ending with international military withdrawal, a globally tougher funding climate and donor fatigue with Afghanistan.

Faced with these challenging circumstances, the humanitarian community is focusing on the greatest needs and on better assisting and protecting the most vulnerable people. The 2013 CHAP will provide humanitarian actors and donors with a better analytical basis for prioritizing interventions and funding. It features a ranking of provinces according to need. The ranking reflects the best-available information while acknowledging gaps in data. The top five provinces are Kandahar, Ghazni, Hilmand, Khost and Kunar, reflecting the high prevalence of conflict-induced needs in the south and south-eastern regions.

## Key Messages

1. **Intensifying conflict ahead of full international military withdrawal inflicts a growing toll on civilians.** The number of civilian casualties and displaced people is increasing, and the conflict is spreading to most provinces of the country. Protecting civilians must therefore be at the forefront of all humanitarian efforts in 2013.
2. **Large gaps remain in the provision of basic public services, demanding a humanitarian response across a range of sectors.** Poor governance, non-functional public facilities and chronic shortage of qualified staff leave many Afghans without primary health services, basic education, water & sanitation and adequate housing.
3. **Despite significant international development assistance provided over the last decade, the humanitarian situation is worsening.** Humanitarian indicators are critically low in Afghanistan, where over one third of the population is food-insecure, 165 children die every day and a pregnant woman dies every two hours.
4. **Mustering an adequate response to returning refugees is critical.** Over the last decade, Afghanistan has seen the return of 5.7 million people. This trend is certain to continue, with the possible addition of unplanned, large-scale return. This could destabilize the country further unless it is properly managed and resourced.
5. **The ability of national authorities to respond to natural hazards should be respected and enhanced.** Well-defined criteria are required to guide interventions, not least with regard to small-scale hazards that are adequately managed by national and provincial authorities.
6. **Humanitarian space is shrinking with more pervasive conflict.** This requires a redoubling of efforts by the humanitarian community to work in a principled, needs-based fashion to gain access. The privileged humanitarian access enjoyed by national NGOs should be more fully exploited through adequate funding and capacity development.
7. **International military withdrawal is an opportunity to regain humanitarian space.** Donors are encouraged to delink humanitarian funding from military and political objectives. In particular, humanitarian action must be distinct from projects and activities previously carried out by Provincial Reconstruction Teams.
8. **Humanitarian air transport services must be bolstered to enable emergency response.** Security conditions are deteriorating and ground infrastructure is largely non-existent in remote areas. Air transport is an essential enabler of rapid emergency response, and critical funding gaps must be filled.



# Humanitarian Dashboard

## Crisis Description

### Drivers of humanitarian needs:

- Acutely low humanitarian indicators
- Insecurity
- High exposure to natural hazards
- Internal displacement
- Increasing urbanization

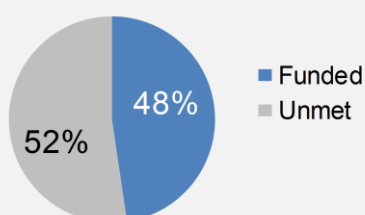
## Baseline

Population (CSO/GoA, 2012-2013 estimate)	<b>27.0 m</b>
GDP per capita in current \$, 2011 (World Bank national accounts data, and OECD National Accounts)	<b>\$576</b>
% of population living with income less than cost of basic needs (MDG – Islamic republic of Afghanistan Annual Progress Report, 2010 based on NRVA 2007/08)	<b>36%</b>
Life expectancy at birth (UN Population Division estimates, 2010)	<b>49.3 years</b>
Under-five mortality per live births (UN MDG, 2011)	<b>101 / 1.000</b>
Under-five global acute malnutrition rate (SMART surveys 2011, 2012)	<b>5-10 %</b>
% of population using an improved water source (MICS 2012)	<b>56.7%</b>

## Funding

2013 REQUIREMENTS  
**\$471 million**

2012 REQUIREMENTS  
**\$448 million**



## Strategic Objectives

1. Reinforce the protection of civilians
2. Reduce mortality and morbidity
3. Assist the displaced, returnees and host communities
4. Restore livelihoods for the most vulnerable

Cross-cutting: Gender, Environment, Resilience

## People in need

### OVERALL CASELOAD

Cluster/Sectors	Total Afghans affected	Total Afghans targeted	% of affected Afghans targeted
Aviation Services		30,000	100%
Education	4,480,462	988,231	22%
ES/NFI	700,000	260,000	37%
FSAC	1,100,234	1,008,746	92%
Health	3,190,000	1,680,000	53%
Multi-Sectoral	4,847,500	1,149,500	24%
Nutrition	6,040,725	878,923	20%
Protection*	18,258,504	7,708,708	42%
WASH**	5,240,000	1,732,000	33%

\* The total figure includes a double count of some beneficiaries such as civilians in conflict zones and IDPs.

\*\* The total figure of people affected includes duplicate beneficiaries for access to water and sanitation/hygiene promotion.

### DISPLACEMENT

**445.856**

internally displaced people (IDP) due to conflict  
2,502 families displaced due to natural disasters

**5.7 million**

returnees

**2.7 million**

Afghans in Iran and Pakistan

Source: Protection cluster

### FOOD SECURITY

**34% of the population is food-insecure**

(approximately 9 million people, of whom 2.1 million are severely food-insecure)

**85.722**  
**GAM cases**

(global acute malnutrition)

**19.330**  
**SAM cases**

(severe acute malnutrition)

Source: FSAC and Nutrition Cluster

**Table I: 2013 Requirements per cluster**

Common Humanitarian Action Plan for Afghanistan 2013  
as of 15 November 2012

<b>Cluster</b>	<b>Requirements (\$*)</b>
COORDINATION	29,762,477
EDUCATION	15,104,240
EMERGENCY SHELTER	20,021,000
FOOD SECURITY AND AGRICULTURE	103,428,067
HEALTH	16,913,808
MULTI-SECTOR	113,878,660
NUTRITION	34,515,522
PROTECTION	111,839,755
WATER,SANITATION AND HYGIENE	26,000,000
<b>Grand Total</b>	<b>471,463,529</b>

\* All dollar signs in this document denote United States dollars.

## 2. 2012 IN REVIEW

### **Achievement of 2012 strategic objectives and lessons learned**

The 2012 CAP focused on response to the protection and humanitarian needs of those internally displaced by conflict and natural disaster and other affected populations; the cross-border displaced; provision of initial returns assistance to IDP and refugee returnees; and advocacy with development actors to scale up support to the acutely vulnerable populations. The strategic objectives were:

#### **Strategic objective #1**

**Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including that delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government).**

#### **Strategic objective #2**

**Protection and initial return assistance to IDP and refugee returnees.**

#### **Strategic objective #3**

**Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural ‘disasters’ and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.**

#### **Strategic objective #4**

**Advocate protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas.**

Given the substantial gaps in funding to humanitarian operations planned in the CAP in 2012—only 48% (\$214 million) of the requested \$448 million had been funded as of 15 November—it is difficult to ascertain the achievements and impact reached by the clusters as the majority of projects could not be implemented. In previous years, humanitarian appeals in Afghanistan received substantial contributions, averaging 71% support per year between 2009 and 2011. The primary lesson learned from the 2012 process is that the 2013 strategy requires improved identification and alignment around prioritized needs, based on credible information sources, beneficiary identification, reputable thresholds and an honest presentation of humanitarian presence and capacity to deliver.

Despite funding shortfalls, humanitarian operations made some progress in 2012, as outlined in the table below. The majority of clusters also made good efforts to include gender in their strategies and response, but were unable to show targeted progress over the year.

## Cluster Achievements and Challenges in the 2012 CAP

<b>COORDINATION</b>	<p><b>Achievements:</b> Continued strengthening of the clusters at the national level included establishment of a full-time Deputy Cluster Coordinator position; the establishment of a WASH Cluster Information Management Focal Point; and of a senior level, dedicated Inter-Cluster Coordinator.</p>
	<p><b>Challenges:</b> The shortage of funding continued to harm the scope of coordination and effectiveness of humanitarian response from the national level to the districts.</p>
<b>EDUCATION</b>	<p><b>Achievements:</b> Education Cluster partners provided support to 100,000 school children, including through temporary learning spaces for 64,800 children in 50 schools in three northern provinces. The MoE and WFP supported 28,500 schoolchildren and adults through food for education (non-CAP) activities</p>
	<p><b>Challenges:</b> The basic education needs of affected children were not met. Protection-related actions required to keep schools safe, including boundary walls, providing teaching learning materials to vulnerable children, and flexible learning modalities were not carried out due to underfunding.</p>
<b>EMERGENCY SHELTER AND NFIs</b>	<p><b>Achievements:</b> Agencies provided NFI kits to 244,000 conflict- and natural disaster-induced IDPs and returnees as well as people affected by natural disaster.</p>
	<p><b>Challenges:</b> The general lack of resources hampered the ability of partners to respond to the needs of conflict and natural disaster induced IDPs in a timely manner.</p>
<b>EMERGENCY TELECOMS</b>	<p><b>Achievements:</b> No achievements were made within the sector due to a lack of funding.</p>
	<p><b>Challenges:</b> Any programming is currently through the appealing agency country office budget and, as such, there are gaps in emergency telecoms preparedness amongst the humanitarian community except for stand alone, independent organization programming.</p>
<b>FOOD SECURITY AND AGRICULTURE (FSAC)</b>	<p><b>Achievements:</b> FSAC partners provided food and cash to 3.8 million people, including IDPs, cross-border displaced people and communities affected by natural disasters, while 505,000 people received emergency agriculture and livestock supplies.</p>
	<p><b>Challenges:</b> Shortages of funds mostly affected the timely delivery of the assistance and to some extent the reconstruction of destroyed productive assets. 643,000 people are currently classified by the Integrated food security Phase Classification as Phase 3 or “in crisis”; meaning they experience food consumption gaps with high or above usual acute malnutrition OR they are only marginally able to meet minimum food needs.</p>
<b>HEALTH</b>	<p><b>Achievements:</b> Health Cluster partners supported around 500,000 people affected by natural and manmade natural disasters (including epidemics) through emergency health care services and treated approximately 300,000 people. Rehabilitation of the Sari Pul provincial hospital that was badly damaged by 2012 floods is underway and will be completed by the end of November 2012. A large-scale measles outbreak affecting almost the entire country was responded to and the first phase of a national emergency measles campaign was implemented, vaccinating more than 6,000,000 children. The second phase will commence at the beginning of December 2012.</p>
	<p><b>Challenges:</b> The lack and delays of funding affected the ability of the Cluster to support 1.8 million people through preparation for and response to needs. Gaps in funding were most prevalent in the case of funds for purchasing emergency medical supplies and capacity to establish emergency health services for affected communities, especially in conflict areas. In spite of growing need, the support for trauma treatment of victims of conflict (outside ICRC caseload) was insufficient and on ad-hoc basis. The response to the growing frequency of school poisoning incidents is inadequate and potentially the scale will surpass the present emergency response capacity.</p>

## Cluster Achievements and Challenges in the 2012 CAP

<b>LOGISTICS</b>	<p><b>Achievements:</b> 21,944 passengers from 116 agencies transported, 66 MTs of light humanitarian cargo transported, 16 people evacuated due to medical emergencies (MEDEVAC) and eight people evacuated or relocated due to security requirements (SECEVAC)</p> <p><b>Challenges:</b> Lack of funding may prevent UNHAS from supporting the humanitarian community of 200 organizations with safe, efficient passenger air services to nine locations across Afghanistan. This affects provision of air services for regular humanitarian operations and medical or security evacuations of personnel.</p>
<b>MULTI-SECTOR RESPONSE TO REFUGEE RETURNEES</b>	<p><b>Achievements:</b> The Multi-Sector Response facilitated the voluntary return of more than 70,000 Afghan refugees to Afghanistan, including from neighbouring countries.</p> <p><b>Challenges:</b> The gap in funding affected the viability of comprehensive initial returns assistance packages for returning refugees (162,000 people); most vulnerable returnees who require initial return assistance (1.8 million people), cross-border displaced (21,000 people) and asylum seekers (some 50). From January to end of June 2012, 3,242 extremely vulnerable individuals (EVI) cases were identified and assessed.</p>
<b>NUTRITION</b>	<p><b>Achievements:</b> Community-based management of acute malnutrition programmes to all health centres in the 14 provinces affected by the 2011 drought. The Cluster was able to reach 60% coverage of the 167,641 children under five targeted for nutrition interventions and 72.5% coverage of the 90,781 of pregnant or lactating women (PLW). Of 20 agencies 30 were trained on principles of Nutrition in Emergency (NiE) and NiE handbook was contextualized for Afghanistan. The Cluster also expanded the sentinel site surveillance indicators by including WASH and food security indicators.</p> <p><b>Challenges:</b> 119,000 moderately acutely malnourished under-five children and 90,781 PLW did not receive appropriate treatment due to funding shortages. This affected the outcome of the Nutrition Cluster plans.</p>
<b>PROTECTION</b>	<p><b>Achievements:</b> A Protection of Civilians Strategy was developed. Two protection mainstreaming trainings were conducted with Health and Food Cluster members. 15,543 vulnerable undocumented Afghan returnees from Iran were provided humanitarian and transportation assistance (as of 31 August 2012).</p> <p>The Child Protection in Emergency Sub-Cluster established two sub-national coordination mechanisms and supported the development of an IASC-supported Child Protection Rapid Assessment tool, to be piloted in 2013. The Mine Action Programme cleared 259 communities through the clearance or cancellation of 1,348 minefields and 256 battle areas, and destroyed 25,190 anti-personnel mines, 996 anti-tank mines, 158 abandoned improvised explosive devices, and 698,693 explosive remnants of war between March 2011 and March 2012.</p> <p>The first full-scale assessment of gender-based violence (GBV) actors and referrals was piloted in three pilot provinces by the GBV Sub-Cluster. National GBV SC and eastern region GBV SC were functioning and a number of GBV network/working groups operated in different regions.</p> <p><b>Challenges:</b> The lack of funding of Protection NGO partner projects hampered their ability to contribute to the protection of civilians. The CPiE sub-cluster that fully depended on the 2012 CAP received delayed and minimal funding.</p>
<b>WATER, SANITATION AND HYGIENE</b>	<p><b>Achievements:</b> Over 551,000 beneficiaries were reached with safe water interventions against the revised target of 1,426,823 people (about 39%) and approximately 285,000 for hygiene and sanitation promotion against the same target for water (about 20%).</p> <p><b>Challenges:</b> Despite 46% funding the Cluster faced unequal distribution of funds among partners. A large portion of funds went to UN and two NGOs. The national NGOs suffered from a lack of funds for their planned interventions.</p>

## Review of humanitarian funding

In 2012, Afghanistan was the fourth-least-funded crisis, in proportion to requirements, among the 22 humanitarian appeals globally. There were substantial funding gaps in all sectors and no financial commitments to the ERF until September. CAP funding on 15 November 2012 was 48%, or \$214 million, in support of 8.8 million people in need.

In addition to the regular appeals funding, Afghanistan also receives humanitarian funding outside the CAP. By 15 November 2012, donors had contributed \$270 million to projects outside the CAP, mainly targeting ICRC, WFP, UNMAS, and NGOs.

In 2011, total humanitarian funding to Afghanistan was \$894 million, twice the total of humanitarian funding in 2012 to date—thus this year has seen a sudden and steep drop.

### Humanitarian appeals funding: 2010-2012

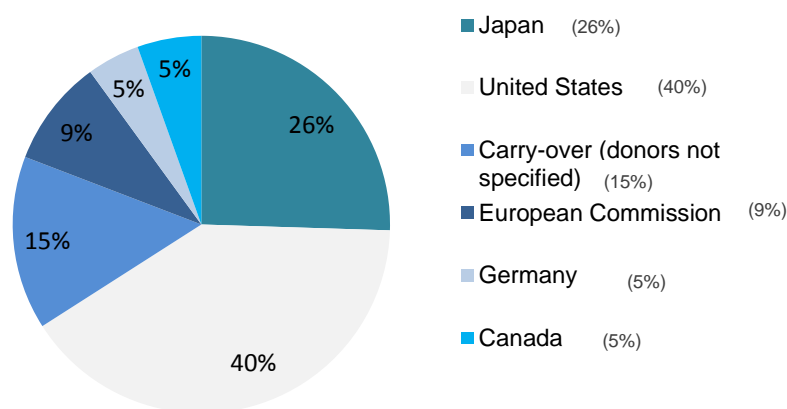
In 2012, only five clusters have received 50% or more of their total requirement:<sup>1</sup> Logistics, Nutrition, Food Security and Agriculture, Protection, and Water and Sanitation. The Emergency Telecoms Cluster received no funding, while Health and Education the critical basic-service clusters, received 26% and 29%, respectively.

Compared with previous years, there was a drastic drop in funds for all clusters. The table below provides an overview of the requirements of each cluster against funding received between 2010 and 2012. FSAC, Health, Education and Coordination saw notable reductions in resources, while some clusters maintained funding levels similar to 2011, including Logistics, Multi-Sector and Protection. Others garnered some support, but not as much as in past appeals, including WASH and Nutrition.

### Donors

More than 35 donors supported humanitarian action both through cash and in-kind contributions. During the last three years, funding from donors<sup>2</sup> continued a downward trend, with a faster rate of decline in 2012. There was a significant drop by the two largest humanitarian donors, Japan and USA. Japan's contribution in 2010 was \$146 million, compared with \$108 million in 2012. USA's contribution dropped from \$339.5 million in 2011 to \$142 million in 2012.

**Figure 1: Top six humanitarian donors 2010-2012**



Source: <http://fts.unocha.org>

<sup>1</sup> As of 15 November 2012.

<sup>2</sup> Except Norway and United Kingdom.

Overall humanitarian funding to Afghanistan during the last three years (2010-2012) was \$2.06 billion. This figure includes funding humanitarian appeals as well as support to projects outside the appeals. Total funding was \$678 million in 2010, \$894 million in 2011, and \$484 million in 2012.

Two pooled funding mechanisms are used in Afghanistan: the Central Emergency Response Fund (CERF) and the Afghanistan Emergency Response Fund (ERF). In 2012, CERF's underfunded emergency window allocated \$10 million to six projects by FAO, UNHCR, UNICEF, WFP and WHO in five clusters. The projects targeted 4.6 million people with cold packages for winter, emergency livelihoods, measles response, treatment of moderate and severe acute malnutrition, and response to violence against children.

In 2012 the ERF financed response to humanitarian crises caused by harsh winter, flooding and conflict. Eleven emergency projects with a total budget of \$2.9 million assisted 20,000 families. 2012 was marked by low ERF activity as the fund was depleted by May and many proposed projects could not proceed without funds.

The reduced funding of the ERF runs contrary to the objective of enhancing rapid emergency response capacity, which is a high priority for the donor and inter-agency community. OCHA is seeking to rectify this situation to enable national NGOs with deep field-response capacity in insecure areas to access funding. In the third quarter of 2012, the ERF governance bodies were revived and several new financial contributions were made. In 2013 the disbursement process will be accelerated within the parameters set by the global ERF guidelines. ERF grants will be allocated in a more balanced manner between natural disasters and conflict-induced needs. There will also be a better geographical balance of interventions between the south and the north.

### **Humanitarian coordination**

In 2012, the efficiency, reach and relevance of coordination mechanisms at national and sub-national levels were strengthened.

The humanitarian community undertook a strategic review of operational coordination to examine and improve the cluster architecture. In particular, the HCT considered whether the current cluster arrangements were the best way of advancing accountability to affected people. The review focused on three key questions:

- Are 11 clusters/networks required at the national level?
- Is there a continued need for regional coordination, given that there is no national counterpart at the regional level and that operational NGOs are actually present at more decentralized locations?
- What type of coordination mechanism is needed at the provincial level?

Based on the consultative review, the HCT decided in principle to rationalize the number of national coordination structures from 12 to three, with an implementation plan to be developed by the inter-cluster coordination team in the first quarter of 2013.

The HCT also decided to establish additional provincial humanitarian teams to better represent and coordinate response, and improve the overall humanitarian delivery in the deep field. A decision on regional coordination arrangements is expected in the first quarter of 2012.

## 3. NEEDS ANALYSIS

### The security, economic and political context

#### Security

Protracted conflict, high levels of insecurity, inhospitable terrain, severe climate and weak infrastructure have characterized the humanitarian environment in Afghanistan over the past 30 years. In 2012, security responsibility was partially transferred to the Afghan National Security Forces (ANSF), and the international military forces (IMF) withdrew from significant parts of the country. Notwithstanding this security transition, armed conflict between pro- and anti-Government forces has continued but in a more pervasive and nuanced form. Formerly concentrated in the south and east, the conflict now affects most of the country, not least in the north. Consequently, protecting civilians from the impact of the violence and responding to conflict-induced displacement are paramount tasks for the humanitarian community.

In 2012, the volume of attacks initiated by anti-government elements (AGEs) dropped compared with the previous year, and the activity of Afghan forces supported by the International Security Assistance Force (ISAF) also contracted. However, this de-escalation did not reflect an improved security environment but rather a new phase in the conflict, where different strategies were pursued by the main parties. Targeted killings increased dramatically, along with indiscriminate, high-impact lethal incidents caused by a variety of improvised explosive devices (IEDs).

Doubts linger as to whether the ANSF have the ability, cohesion and capacity to execute the security responsibilities thrust upon them. Only 7% of the Afghan National Army (ANA) and 9% of Afghan National Police units are considered capable of independent action even with advisers.<sup>3</sup> The high rate of desertion and low re-enlistment in the ANA mean that it must replace one-third of its entire force every year.<sup>4</sup>

The AGE strategy appears primarily focused on military victory in the post-transition phase when the bulk of IMF will have left. In 2012, it pursued a strategy of targeting local leadership as well as shaping and controlling communities in rural areas, including women's behaviour. In the first six months of 2012, targeted killings of civilians by AGEs was up 53% compared with the corresponding period in 2011.<sup>5</sup>

2012 witnessed a proliferation of local militias, armed groups and paramilitary units, both pro- and anti-Government, and a growing number of civilians were caught between multiple actors and front lines. Afghans suffered human rights abuses in the form of intimidation, coercion, extortion, forced recruitment, physical violence, punishments and movement restrictions. These abuses, combined with the infliction of civilian casualties and displacement, were the most tangible effects of the conflict on people's lives. During the first six months of 2012, conflict-related violence caused 3,099 civilian casualties.<sup>6</sup> AGEs were responsible for 80%, pro-Government forces for

<sup>3</sup> U.S. Department of Defense: "Report on Progress Toward Security and Stability in Afghanistan: United States Plan for Sustaining the Afghanistan National Security Forces", April 2012.

<sup>4</sup> New York Times: "Afghan Army's Turnover Threatens U.S. Strategy", 15 October 2012.

<sup>5</sup> UNAMA Mid-Year Report 2012 Protection of Civilians in Armed Conflict. Kabul, Afghanistan, July 2012. This increase in targeted killings was a continuation of a growing trend since 2009.

<sup>6</sup> 1,145 civilians killed and 1,954 civilians injured. UNAMA Mid-Year Report 2012 Protection of Civilians in Armed Conflict. Kabul, Afghanistan, July 2012.



10% and the remaining 10% was unattributed. Women and children killed or injured due to conflict-related violence represented 30% of all civilian casualties. IEDs were the leading cause of conflict-related deaths of women and children, followed by ground engagements.

UNAMA documented a decrease in civilian casualties in the first half of 2012, but this may be reversing. Between 1 July and 30 September 2012, the United Nations Assistance Mission in Afghanistan (UNAMA) documented a 24% increase in civilian casualties compared with the same period in 2011. This increase was attributed to a rise in indiscriminate and unlawful tactics by AGEs—particularly IEDs and suicide attacks—as well as a spike in the targeted killings of civilians. During this period, civilian casualties resulting from operations of pro-Government forces reduced compared with the same period in 2011.

In 2013, the pace and effectiveness of the security transition process will likely be hampered by increasing mistrust between Afghan forces and ISAF. Insider attacks were responsible for 15% of ISAF casualties during the first nine months of 2012.<sup>7</sup> The security environment for civilians and humanitarians is likely to remain fragile, fragmented and unpredictable. Security is expected to deteriorate prior to the 2014 elections, combined with the prospect that greater areas of the country will be under de facto control of AGEs.

### **Economic**

Afghanistan is the world's most aid-dependent country, with aid figures approximately equal to GDP—about \$15.7 billion. A recent World Bank report suggests that roughly 6 to 10% of the working population has benefited from aid-financed jobs.

Much security expenditure and aid have been allotted to construction and services, particularly transport logistics, retail, maintenance and repair. The decline in foreign spending is therefore expected to be most pronounced in these sectors. Aid has not been evenly spread across the country, and conflict-affected provinces have had much higher per capita aid than more peaceful (and often poorer) provinces. As a result, the slowdown in aid will be felt more acutely in conflict-affected provinces and urban centres. The job losses emanating from international military withdrawal and reduction in spending will have a negative impact on the economy. This will particularly affect Afghans and their dependents working in urban and peri-urban areas.

Although 2012 saw a bumper wheat crop, agricultural output is highly weather-dependent, and the statistical probability of another cyclical drought is high: Afghanistan is a semi-arid country and droughts have occurred in eight of the past 11 years. With about 80% of Afghans dependent on agriculture for their livelihoods, a drought occurring during the security transition would cause a double blow, multiplying the above-mentioned effects of job losses.

### **Political**

There are few positive indications that peace efforts will succeed. In 2013, the nomination of candidates and election campaigns will commence for the presidential and provincial elections scheduled for April 2014. There is limited time available to make progress or reach a compromise before such election pre-positioning of the parties.

The humanitarian environment will remain extremely challenging in 2013 due to inter-related security, political, governance and economic dynamics that are difficult to predict.

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<sup>7</sup> The Long War Journal: "ISAF soldier, civilian contractor killed in latest green-on-blue attack". Bill Roggio, 30. September 2012.

What is certain is that Afghanistan's future will be determined by the Afghan people. Humanitarians' ability to operate will therefore be dependent on the extent to which they and their activities are accepted by the communities in which they operate as addressing basic humanitarian needs, and on the extent to which they are perceived as neutral and independent of the security and political dynamics in their midst.

Links to maps:

- [Overview of observed security incidents for all the categories monitored 1 September 2011 – 24 September 2012](#)
- [Overview of local \(civilian\) population targeted in security incidents for the period 1 September 2011 – 24 September 2012](#)
- [Violence against humanitarian personnel, assets and facilities \(January – September 2012\)](#)

## Humanitarian context

Afghanistan is in a protracted humanitarian emergency with little prospect of recovery in the short to medium term. There is no linear or visible transition from humanitarian relief to development.

Conflict, natural hazards, chronic poverty and underdevelopment threaten people's survival, livelihood and dignity in many ways. These phenomena have also depleted community resilience by placing people in debt, killing livestock, destroying assets, and forcing households to split and resort to negative coping mechanisms, e.g. immigration and forced marriage.

The gradual geographical expansion of conflict poses a tangible threat to human security. It prevents people from accessing basic services, such as health and education, as they attempt to protect their families. The conflict also interrupts these services due to education or health facilities being occupied by the warring parties.

Internal displacement due to conflict and insecurity is increasing. During the first nine months of 2012, 152,695 people were newly displaced, which constitutes 34% of the overall conflict-induced IDP population of 445,856 people. In addition, more than 25,000 people were displaced by natural disasters in 2012. Response to internal displacement is led by the Ministry of Refugees and Repatriation (MoRR), supported by UNHCR and Protection Cluster partners. 2012 marked an important initiative by the MoRR to develop a national IDP policy. This will be completed in 2013 with support from the Special Rapporteur on the Human Rights of IDPs, and from a protection-capacity expert deployed to the country since October 2012.

Afghanistan is highly prone to earthquakes, landslides, avalanches, drought, floods, flash floods and harsh winters. Some of these hazards are most effectively addressed through early warning and emergency preparedness measures, primarily earthquakes, floods, flash floods and harsh winter. Others, such as drought, chronic flooding and avalanches, can only be effectively managed through disaster risk reduction and large-scale development interventions, including infrastructure repair and riverbank reconstruction. In reality, however, development efforts have failed to yield significant results in these areas. Therefore, natural hazards continue to render people in need of life-saving assistance.

For example, deforestation driven by chronic poverty and short-term coping strategies is widespread, thereby worsening the effect of flooding and landslides on populated areas. In a largely agrarian economy, poor crop diversity and high dependence on rain-fed crops (as opposed to irrigation-fed crops) amplify the food insecurity caused by drought.

Against this backdrop, the perpetual need for humanitarian relief in response to disasters is partially a reflection of underdevelopment. In 2013, the humanitarian community will strive to mainstream resilience throughout its programming. This is a necessary but insufficient step towards limiting the human suffering caused by natural hazards. For resilience to take hold in a more defining way, development actors must also increase disaster risk reduction in Afghanistan.

## Addressing acute humanitarian needs

### Data collection

Afghanistan ranks third globally in terms of risk, vulnerability and humanitarian crisis, after the Democratic Republic of the Congo and Sudan.<sup>8</sup> As outlined above, humanitarian need is exacerbated by a high occurrence of natural disasters and underdevelopment, leaving families and communities unable to absorb shocks caused by conflict, displacement, poor harvests, floods, drought, extreme winters, disease outbreak, and gender, cultural and socioeconomic challenges. Restricted access and other operational constraints have complicated the gathering of good quality, evidence-based and reliable primary humanitarian data. There are large gaps in information on population movements, livelihood sources, sex- and age-disaggregated data for displaced and conflict-affected people and the population in general. This makes it difficult to target the most vulnerable groups of women, girls, boys and men of all ages for humanitarian aid.

### The needs of women and girls

The status and rights of Afghan women and girls are fragile due to their low position in society, patriarchal norms and deeply rooted harmful traditional practices. Therefore, women and girls are particularly vulnerable to conflict, insecurity and displacement. Threats include attacks on schools, discrimination and GBV. Insecurity restricts the movement of women and girls, making it much harder for them to access basic services in health, education, shelter, and psychosocial and legal support. In addition, traditional practices dictate families to adhere to strict *purdah*,<sup>9</sup> posing a practical challenge for humanitarians to address the specific needs of women and girls. The situation is further compounded by the chronic shortage of women staff in all sectors.

### Ongoing humanitarian response required

The need for a large-scale humanitarian presence will continue. An expanded presence may be required in priority areas such as protection, health, WASH, nutrition, food security, emergency shelter and NFIs. Given the large scope of humanitarian need in Afghanistan, the humanitarian community has agreed to well-defined thresholds to trigger a response, as elaborated later in this chapter. Table 3 shows the number of humanitarian actors working in each cluster/sector, as reported by clusters.<sup>10</sup>

<sup>8</sup> OCHA Global Focus Model.

<sup>9</sup> The practice of concealing women from men.

<sup>10</sup> Education cluster used the who, what, where data collected by the regional HRTs.



**Afghanistan  
Humanitarian  
Actors  
CHAP 2013**  
Provinces

	Education	ES/NFI	FSAC	Health	Nutrition	Protection	WASH	Total
Nimroz	1	2	3	4	1	1	1	10
Paktika	1	5	0	3	1	7	0	10
Nuristan	0	3	2	3	1	5	1	11
Zabul	2	2	2	3	2	6	0	13
Kunar	0	3	4	2	1	9	1	16
Uruzgan	5	1	6	1	2	6	1	16
Paktya	3	5	0	5	3	17	0	18
Farah	0	5	2	4	0	13	1	19
Hilmand	1	3	2	7	3	11	0	19
Khost	4	5	0	6	1	18	0	21
Laghman	1	5	3	6	3	12	2	21
Badghis	2	3	3	6	1	14	0	23
Panjsher	6	2	1	5	2	15	0	25
Sari Pul	3	6	6	3	5	13	2	25
Daykundi	7	7	5	2	2	6	3	26
Ghazni	8	6	3	11		11	0	26
Kandahar	3	3	2	13	3	12	1	26
Kapisa	4	4	2	6	2	16	1	26
Kunduz	4	5	6	5	3	12	1	26
Logar	8	5	2	6	1	15	0	27
Maydan Wardak	8	2	4	8	2	15	0	28
Ghor	7	7	4	4	3	13	3	29
Samangan	3	9	7	4	4	14	3	30
Jawzjan	6	6	8	7	4	13	2	31
Takhar	5	7	7	7	4	12	2	33
Baghlan	11	7	6	5	2	12	3	34
Faryab	9	4	12	7	4	13	3	34
Parwan	15	5	3	5	2	16	1	35
Bamyan	13	9	6	8	6	15	3	37
Badakhshan	8	10	10	12	5	11	3	41
Balkh	10	7	9	10	5	17	2	42
Hirat	19	5	5	12	6	26	1	45
Nangarhar	3	8	5	18	4	21	1	45
Kabul	6	18	4	34	5	24	5	72

Notes:

Presence of agencies in provinces provided by respective clusters except for Education cluster.

Education cluster information compiled by OCHA field offices through HRT mechanism

Numerous agencies working in more than one Provinces and clusters

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Many clusters, including Health, Nutrition, Protection, WASH, and the data collected by the Humanitarian Regional Teams (HRTs) have a number of humanitarian actors at district level, and many actors work in more than one cluster/sector in the same province.

Kabul has the greatest number of humanitarian actors, but this is probably because almost all international organizations have their headquarters in Kabul and likely not all have active projects in Kabul.

Nimroz, Nuristan, Paktika and Zabul have the lowest number of actors. This could be due to factors including access constraints, actors with large projects covering needs, or lower needs. More information is needed from actors and donors to determine if projects are large enough to meet humanitarian needs.

## Vulnerability and needs ranking

Humanitarian actors in Afghanistan face a key challenge: ensuring that resources are allocated where they are most needed, and in an impartial, equitable and transparent manner. To improve the humanitarian community's needs analysis, the clusters and OCHA have developed an approach that takes a number of different indicators, such as conflict incidents, natural disaster hazards, physical infrastructure and accessibility, and then adds them to the classic humanitarian indicators provided by the clusters/sectors. The purpose is to calculate an overall ranking by province that describes the relative severity of the humanitarian situation at a provincial level.

Note that the needs-and-vulnerability methodology outlined here is an attempt at an objective basis for identifying provinces with a higher likelihood of needing humanitarian aid. It cannot fully reflect all the complex and local factors that might influence such a need. It should inform, but not dictate, the decision of humanitarian organizations or clusters on where to allocate those resources. Due to the dynamic nature of the situation in Afghanistan, this analysis will continue to be updated as new information becomes available. It will be revised in six months during the CHAP mid-year review.

Each cluster/sector was asked to rank provinces based on need and vulnerability. Due to Afghanistan's complex situation, no cluster/sector had perfect information on which to base their analysis. However, each cluster/sector made an attempt based on available data and their cluster partners' local knowledge. All clusters managed to provide a tentative ranking of need and vulnerability by province.<sup>11</sup> Cluster response plans contain a more detailed elaboration of each cluster's methodology. In this section only their final ranking and indicators are addressed.

Each cluster/sector identified specific datasets to use in their analysis and their cluster ranking.<sup>12</sup> The Inter-Cluster Coordinator Team weighted the final indicators and each cluster ranked based on clusters' expressed confidence in their data and the coverage. It is important to note that there are few datasets with a high level of accuracy available for every province in Afghanistan. As potential inaccuracies are inherent in each dataset, clusters were encouraged to use multiple datasets to minimize the potential for one dataset to skew the analysis.

Clusters/sectors ranked the provinces ranging from one to five, with one being very low (best) and five being very high (worst). A grouping by cluster/sector, protection indicators and other factors was calculated to allow for a more detailed comparison.

<sup>11</sup> Each cluster has a detailed spreadsheet available on the CHAP 2013 page.

(<http://afg.humanitarianresponse.info/cap/chap2013>) detailing all indicators, sources, and calculations.

<sup>12</sup> Some datasets are used by several clusters, but an attempt was made to minimize the duplication of datasets.

In addition, all data were aggregated to the provincial level. In some provinces ranked as moderate or low, there are districts with extreme needs. Likewise, there are districts in provinces ranked high on the list where there might be less need. Experienced staff with knowledge of the area and humanitarian needs and risks must shape humanitarian priorities. When doing so, they must account for realities on the ground, changing conditions that cannot be accurately reflected by the indicators, or heightened needs in particular geographical areas.

**Indicators used to compile the needs and vulnerability analysis**

Indicator	Indicator weighting	Description
FSAC	3.0	Integrated phase classification analysis (IPC ) ( Oct 2012)
Education	3.0	Female teachers, gender ranking, security concerns (UNICEF 2012)
Health	3.0	Disease outbreaks, vaccination coverage, access to health care facilities (MoH, DEWs, WHO 2012)
Multi-Sector	3.0	People with special needs and total Afghans refugee returnees (UNHCR, 2012)
Nutrition	3.0	Global acute malnutrition (GAM) surveys, WHO emergency nutrition thresholds, UNHCR selective feeding programme thresholds, IPC, measles outbreak, Kcal deficiency
WASH	3.0	Cholera outbreaks (2011-2012), acute diarrhoeal disease (ADD) incidences (2011-2012), use of improved sources of drinking water (MICS) families per water point, water-trucking beneficiaries, observed hand washing (MICS), use of open defaecation (MICS)
Conflict Displacement	3.0	Conflict-induced IDPs by district of displacement (UNHCR, Sept 2012)
Security Incidents	1.5	Security incidents for all categories (iMMAP, Oct 2012)
Civilian Casualties	1.5	Civilians affected (dead + injured) by security incidents (iMMAP, Oct 2012)
Mines	0.5	Minefields and battlefields (MACCA, 2012)
Natural Hazard (Seasonal)	1.0	Combination of flood, flash flood and extreme winter hazard rankings (OCHA, 2012)
Physical Access	1.0	Density of road network, density of major road, airport or airfield, terrain ruggedness index (OCHA, 2012)
Population 2012	0.5	Projected population for 2012/2013 (CSO, 2012)

Table 4: Needs and vulnerability analysis

		Cluster/Sectors						Protection**				Other Factors						
		FSAC	Education	Health	Multi-Sector	Nutrition	WASH	Cluster/Sector Total	Conflict Displacement*	Security Incidents	Civilian Casualties	Protection Total	Mines	Seasonal Natural Hazards	Physical Access	Population 2012	Other Factors Total	Overall Ranking
Province	Weight	3	3	3	3	3	3	3	3	1.5	1.5	0.5	1	1	0.5			
Kandahar		3	4	5	5	5	4	4.3	5	5	5	5.0	3	3	4	4	3.4	4.2
Hilmand			4	5	2	5	4	4.0	5	5	5	5.0	2	3	2	3	2.4	3.8
Nangarhar	1	2	4	5				3.2	5	5	5	5.0	2	2	4	4	3.1	3.8
Ghazni	3	4	5	4	5	3	4	4.0	4	4	5	4.3	3	4	1	4	2.8	3.7
Kunar	4	4	5	3	3	4		3.8	4	4	4	4.0	1	3	5	2	3.2	3.7
Hirat	1	1	5	5			3	3.0	5	4	4	4.5	4	3	2	4	3.0	3.5
Ghor	4	4	4	2	2	3		3.2	5	3	3	4.0	1	3	4	3	3.1	3.4
Parwan		2	4	5			3	3.5	2	3	4	2.8	5	4	4	3	4.0	3.4
Uruzgan	3	5	3	1	5	4		3.5	4	4	4	4.0	1	4	3	1	2.7	3.4
Khost	4	5	5	2	5	3		4.0	3	4	5	3.8	2	3	2	3	2.4	3.4
Paktya	4	4	5	5	5	4		4.5	1	3	4	2.3	2	3	4	3	3.3	3.3
Laghman	4	4	2	4	3	4		3.5	3	3	3	3.0	1	4	5	2	3.5	3.3
Maydan Wardak		4	3	2			2	2.8	3	3	3	3.0	4	4	5	3	4.2	3.3
Faryab	2	1	4	5	3	4		3.2	4	4	5	4.3	1	3	2	3	2.4	3.3
Zabul		5	4	1	5	4		3.8	4	3	3	3.5	1	3	3	1	2.3	3.2
Sari Pul	4	2	2	3	3	4		3.0	4	3	1	3.0	1	4	4	3	3.3	3.1
Balkh	2	1	4	5			4	3.2	3	3	4	3.3	2	3	2	4	2.8	3.1
Farah		3	4	4			3	3.5	3	4	4	3.5	2	3	2	2	2.2	3.1
Badghis	3	4	4	2	2	3		3.0	4	3	3	3.5	1	4	3	2	2.7	3.1
Badakhshan	5	1	5	2	4	4		3.5	1	3	2	1.8	2	4	5	3	3.8	3.0
Kabul		1	4	5	1	3		2.8	2	4	5	3.3	5	3	1	5	2.9	3.0
Nuristan	5	3	5	1	3	5		3.7	2	2	1	1.8	1	3	5	1	3.1	2.8
Logar	1	4	4	4			3	3.2	1	4	3	2.3	4	4	3	1	3.1	2.8
Kunduz		2	2	5			3	3.0	2	4	4	3.0	2	4	1	3	2.4	2.8
Baghlan	1	2	4	5			3	2.5	1	3	2	1.8	5	3	5	3	4.1	2.8
Samangan	4	2	3	2	3	5		3.2	1	3	1	1.5	4	3	5	1	3.6	2.8
Paktika	1	5	5	1	5	3		3.3	2	4	3	2.8	1	3	2	2	2.2	2.8
Takhar	2	1	2	4	4	4		2.8	1	3	3	2.0	4	4	2	3	3.3	2.7
Jawzjan	2	2	2	4		5		3.0	3	3	2	2.8	1	4	1	3	2.2	2.7
Kapisa	1	2	3	3			3	2.4	2	3	3	2.5	2	3	3	2	2.8	2.6
Panjsher		2	2	1			4	2.3	1	1	1	1.0	3	4	5	1	3.8	2.3
Bamyan	4	2	4	2	1	4		2.8	0	2	1	0.8	1	4	4	2	3.3	2.3
Daykundi	4	1	5	2	1	4		2.8	0	2	1	0.8	1	3	4	2	2.9	2.2
Nimroz	1	3	4	5	5	4		3.7	0	2	1	0.8	1	4	1	1	1.9	2.1

5 Very High (worst)  
 4 High  
 3 Medium  
 2 Low  
 1 Very Low (best)  
 No data available

Notes:  
 ES/NFI cluster would use indicators of conflict displacement and natural disaster displacement which are already included in other cluster indicators, to avoid double weighting of indicators the ES/NFI cluster is not included as a separate category in the ranking.  
 \* Conflict displacement is by district of displacement.  
 \*\*The rankings of conflict induced displacement, security incidents, civilian casualties and mines provide a partial picture and do not reflect a range of protection issues or affected populations covered by cluster members.

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Below are some notes on the preliminary results of the analysis:

Kandahar, Hilmand and Nangarhar emerge as some of the most vulnerable provinces, ranking very high in the number of security incidents, civilian casualties, and conflict displacement, health and nutrition indicators.

It is important to note that although, for example, Nimroz ranks as a province with high vulnerability for nutrition and multi-sector, and Daykundi ranks as a province with high vulnerability for health, their overall ranking is quite low. This does not mean that these provinces

should be overlooked in the overall analysis or as a focus of humanitarian aid, as there are significant health and nutrition concerns in these provinces that need to be addressed.

Paktya Province in eastern Afghanistan is a concern for all clusters/sectors that rank it as high or very high. However, it is ranked very low for conflict displacement, which lowers its overall position in the ranking.

Some provinces at the top of the overall needs list may have several districts that do not appear as especially needy for a particular cluster. For example, two districts in Kandahar—Miya Nishin and Maruf—are ranked in the middle (three) for health needs. But due to needs in other districts, the overall health rank is in the highest (five) category.

Provinces towards the end of the list may have individual districts that have serious humanitarian needs. For example, in Laghman Province, Alishing district has a health ranking of four, but the overall health rank of the province is two.

FSAC ranks Daykundi as a province of concern, but it is ranked in the lowest (best) category for nutrition. In the coming months this discrepancy needs to be investigated by talking to humanitarian actors working in the province and by possibly conducting additional needs analysis.

Some provinces did not have data available for a nutritional or IPC analysis, indicating that needs-and-vulnerability assessments in those provinces are necessary. In order to not penalize those provinces in the overall analysis, the cluster/sector total only took into account the sectors for which data exists.

## Drivers of humanitarian need

In light of the above, there are many drivers that continue to affect the humanitarian situation and the overall humanitarian response in Afghanistan.

### Acutely low humanitarian indicators

Categorized 172 out of 187 on the Human Development Index, Afghanistan is deemed to have low human development.<sup>13</sup> Afghanistan also ranks as the most severe (category 3) on ECHO's Vulnerability and Crisis Index for 2012.<sup>14</sup> Despite some progress over the past 10 years, particularly in health, education and access to clean water, the country continues to have some of the poorest global humanitarian indicators.<sup>15</sup> The rate of under-five child mortality is 101 deaths per 1,000 live births, meaning one in 10 children will not live to begin primary school.<sup>16</sup> This places Afghanistan 173 out of 196 countries (source: UN MDG indicators 2011). Access to primary health care, vaccinations, adequate food and clean drinking water is generally poor and patchy. The maternal-mortality rate is among the world's highest and only 40% of births are assisted by trained medical personnel. Afghanistan is one of the 25 countries in the world where the risk of dying during pregnancy is highest: one Afghan woman dies every two hours due to pregnancy-related causes (AMS 2010).

<sup>13</sup> HDI 2011.

<sup>14</sup> ECHO Humanitarian Implementation Plan, 2013. These assessments are based on a composite measure of more than 50 indicators and point to high vulnerability.

<sup>15</sup> GHA Afghanistan Major Resource flows, L. Poole 2011.

<sup>16</sup> MDG 2011.



Food insecurity and poverty continue to deepen and expand.<sup>17</sup> Approximately 34% of the population is food-insecure<sup>18</sup> and one-third of the population lives below the poverty line.

### Insecurity remains the biggest factor affecting the humanitarian situation

Conflict is likely to escalate in 2013. This exacerbates pre-existing vulnerabilities at the community level through loss of livelihoods, growing rates of communicable diseases, increased displacement and expanded human rights abuses. All these negative impacts are further compounded by rising impunity and weakening law and order.<sup>19</sup> For humanitarians, increasing reliance on remote management and scaling down operations will add to the existing challenges in assessing humanitarian needs, providing assistance and monitoring results.

### Exposure to natural hazards

In Afghanistan, frequent but relatively small-scale natural disasters often trigger an international humanitarian response. Nearly half of Afghanistan’s 400 districts are hazard-prone and 250,000 Afghans are affected by natural disasters every year. Overall trends in natural disaster incidents from 1970 to 2012 show that earthquakes caused the highest loss of life (9,236 out of 20,237 killed), drought affected the most people (6,510,000 out of 9,275,327 people affected) and flooding caused the most economic damage (\$396 million out of \$597 million).<sup>20</sup> In 2012, 345 natural disasters were recorded in 177 districts. They resulted in 441 deaths, affected 251,086 people and damaged or destroyed 27,430 homes.<sup>21</sup>

**Table 5: Seasonal hazard calendar**

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Avalanches												
Landslides												
Extreme Winter												
Floods												
Extreme Summer												
Drought												
Earthquakes												

### Large and protracted refugee crisis

A total of 5.7 million Afghan refugees have returned over the last decade, while 2.7 million still live in Pakistan and Iran. The return to Afghanistan is often unsustainable as returnees struggle to obtain livelihoods, land, housing, security and basic services. Asylum fatigue is increasing in Iran and Pakistan, where authorities have stated that voluntary repatriation is the primary solution for refugees in the region. With the expiration of the present Tripartite Agreement on 31 December 2012, along with the validity of the Proof of Registration cards held by Afghan refugees in Pakistan, refugees have an uncertain future in Pakistan. Historically, the registration has been prolonged by the Pakistani authorities. This could significantly impact the country’s economic and security situation. Afghanistan’s ability to cope with the needs of refugee returnees is largely

<sup>17</sup> Ibid.

<sup>18</sup> WFP 2012/07, CSO Afghanistan, August 2012.

<sup>19</sup> Ibid.

<sup>20</sup> Summary of natural disaster incidents (1970-2012), 20 May 2012. For more information contact [www.emdat.be/](http://www.emdat.be/)

<sup>21</sup> Data from 1 January - 31 August 2012; OCHA Afghanistan map, Districts Affected by Natural Disasters can be found at <http://afg.humanitarianresponse.info/mapcentre>.

dependent on successful development. When development conditions are not in place to accommodate return, this population movement adds to the humanitarian caseload.

### **Widespread internal displacement**

There is widespread and significant displacement caused by conflict and natural disasters in Afghanistan. Approximately 76% of Afghans have been displaced by conflict at least once in their lives,<sup>22</sup> and displacement is often a result of multiple factors. At the time of writing, there are 445,856 known IDPs. Conflict,<sup>23</sup> hostilities and a general deterioration of security were cited as the most frequent causes of conflict-induced displacement. IOM reported 2,502 families displaced due to floods, harsh winter weather, landslides, avalanches, heavy rainfall and river-bank erosion over the past year.<sup>24</sup>

### **Increasing urbanization**

The increasing levels of insecurity and conflict, compounded by natural disasters, have led to a mass migration of Afghanistan's rural population to the main cities, particularly Kabul.<sup>25</sup> Afghanistan is still overwhelmingly rural, but urbanization has accelerated in the last decade. Between 23 and 30% of the population live in urban centres. This is well above regional averages in Asia.<sup>26</sup> In Kabul, the population has doubled in the past decade from two million in 2001 to four to 4.5 million in 2010.<sup>27</sup> Approximately 70 to 80% of Kabul is "informal", – i.e. not in accordance with the Kabul City Master Plan.<sup>28</sup> Among these informal settlements are illegal settlements where there is no agreement with the landowner to settle or develop the land. The latest figures from UNHCR indicate there are 52 Kabul Informal Settlements (KIS), which include approximately 5,500 of the poorest and most vulnerable households in the city.<sup>29</sup> These people suffer from a combination of acute vulnerability, limited shelter options and access to basic services, and a lack of income-generation opportunities. While humanitarians continue to provide effective delivery of and access to basic services for such people, the need for durable solutions, including rural development, urban planning, and housing and property rights remains a key priority in mitigating overall vulnerability.

### **Increased need for airlift capacity to support effective humanitarian response**

As security conditions deteriorated in recent years, and with ground infrastructure largely non-existent in the remote rural areas, air transport has become an increasingly essential enabler of effective and timely humanitarian response. This is especially the case where there are great distances between major urban centres; where communities in need of help are remote; where the terrain is difficult and the road network inadequate; where seasonal weather conditions are extreme; and where conflict and insecurity diminish road access.

<sup>22</sup> "Views from Afghanistan: Opinion Survey" ICRC 2009.

<sup>23</sup> UNHCR Monthly IDP report, September 2012.

<sup>24</sup> IOM Afghanistan, Humanitarian Assistance Programme, Monthly Progress Report, September 2012 can be found at [www.iom.int/cms/en/sites/iom/home/where-we-work/asia-and-the-pacific/afghanistan.html](http://www.iom.int/cms/en/sites/iom/home/where-we-work/asia-and-the-pacific/afghanistan.html).

<sup>25</sup> "Sanctuary in the city? Urban displacement and vulnerability in Kabul" HPG working paper, June 2012.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid. Most of these areas are seen as sustainable since it is based on agreements between landowner and residents, and over time the families living there have started to pay tax and receive better access to services.

<sup>29</sup> UNHCR 2012.

## Scope of crisis and number of people in need in 2013

Cluster/Sector	Afghans affected	Afghans targeted in the 2013 CHAP
Education	4,480,462	988,231
ES/NFI	700,000	260,000
FSAC	1,100,234	1,008,746
Health	3,190,000	1,680,000
Multi-Sectoral	4,847,500	1,149,500
Nutrition	6,040,725	878,923
Protection <sup>30</sup>	18,258,504	7,708,708
<b>WASH<sup>31</sup></b>	<b>5,240,000</b>	<b>1,732,000</b>

The number of Afghans affected and targeted was found by comparing humanitarian thresholds and criteria over total numbers of people by a sustained lack of development leading to poor human development indicators. Clusters used global or national cluster/sector criteria and thresholds to end up with measurable, realistic caseloads for people affected by humanitarian needs and people who could realistically be targeted and responded to over one year.

### Priority humanitarian needs and status of Afghans in need

Afghanistan's priority needs focus mainly on the provision of protection and basic services to people affected and/or displaced by conflict and natural hazards. They range from access to safe drinking water to an enhanced emphasis on prevention and treatment of acute malnutrition in children under age 5, PLW and other especially vulnerable groups.<sup>32</sup>

### Food security and agriculture

The combination of cyclical drought, minimal agricultural infrastructure and poor market access has caused chronic and growing food insecurity in most provinces. A total of 34% of the country is food-insecure (Emergency FSL Assessment 2012), which is up from 31% in mid-2011 with Integrated Phase Classification results estimating 642,792 people in "crisis".<sup>33</sup> A total of 42% of Afghans live on less than \$1 a day, thereby resorting to negative coping strategies when faced with household shocks. 34% of households interviewed in the 2012 emergency FSL Assessment had experienced a shock over the last three months. A total of 1,052,967 people will need food security assistance throughout 2013. These people consist of communities in IPC phase 3 (food-security crisis) provinces (Badakhshan, Nuristan, Ghor, Khost and Sari-Pul), communities affected by the harsh winter and flooding, IDPs, deportees and host communities. The nature of the assistance will change as people start to recover. On a positive note, the 2012 harvest in Afghanistan was considered one of the best in recent years, and it has contributed to a drop in wheat prices and better access to food for many Afghans.

<sup>30</sup> The total is a double count of some beneficiaries such as civilians in conflict zones and IDPs.

<sup>31</sup> The total figure of people in need (5.2 million) includes duplicate beneficiaries for access to water and sanitation/hygiene promotion.

<sup>32</sup> The Protection Cluster has defined vulnerable groups. See p. 74 of this document.

<sup>33</sup> Phase 3: Crisis – Significant food-consumption gaps with high or above-usual acute malnutrition or marginally able to meet minimum food needs only with irreversible coping strategies; from October 2012 IPC Working Group Analysis.

To guide interventions with respect to the high-priority population groups and to monitor progress of FSAC activities, a three-tier monitoring system will be used featuring three indicators: Food Consumption Score, Household Hunger Scale and Coping Strategy Index.

The threshold targets for these indicators are shown below:

<b>Warning thresholds (In-depth survey)</b>	<b>Emergency threshold (Assistance)</b>	<b>Direct indicators (Sentinel sites)</b>
At least 20% of households are borderline (at worst)	At least 20% of households are below 28	Food consumption score
At least 20% of households are moderate (2-3)	At least 20% of households are severe (4-6)	Household hunger scale
At least 20% of households are >19	At least 20% of households are > 35	Food-related coping strategy index

## Health

During the first 10 months of 2012, 283 disease outbreaks were investigated and responded to in Afghanistan. A key reason for outbreaks is the decline in health services due to non-functionality, abandonment or conflict. There has been a 40% increase in the number of non-functional health facilities existing in 2012, compared with the number during the same period in 2011, with 540 planned health facilities forced to suspend their activities (or unable to begin activities) due to insecurity or lack of funding. In southern provinces, due to the ongoing conflict, 50 to 60% of the population have difficult or no access to essential basic health care. Insecurity, distance, transport and other costs are the major constraints for people’s ability to reach and access vital health services. This is especially relevant to children and women (AMS 2010 interviews with women). The disparities continue to increase between urban secure areas and rural insecure and remote areas. The maternal mortality ratio and the infant mortality rate are at least four-fold higher in rural and remote areas (AMS 2010). Large variations occur between provinces, districts and sub-districts depending on security status, terrain, health system functionality and infrastructure status (roads, electricity and water supply).

<b>Humanitarian Thresholds</b>	<b>Indicators</b>
Conflict and natural disasters that result in threat to/loss of life, creating emergency health needs that cannot be covered by the local response capacity.	Average population in need of humanitarian action covered by a functioning health facility.
Mortality rates exceeding emergency thresholds.	Medical supplies that cover the health needs of 200,000 people affected by natural disasters are prepositioned.
Crude mortality rate (CMR) > 1/10,000/day	68 provincial emergency health response teams are established and trained.
Under-five mortality rate > 2/10,000/day.	90 temporary health facilities (static and mobile) are established in areas affected by humanitarian situation.
Increased burden of at least 20% on the existing health facilities caused by influx of IDPs for a period of time that overwhelm the local response capacity.	Six specialized trauma surgical centres are supported for the treatment of civilian war casualties.
Lack of alternative affordable access to health care for marginalized vulnerable groups combined with increased morbidity and mortality.	10 temporary health facilities are established to cover the health needs of 100,000 IDPs, Informal settlements, etc.
	Disease-specific case facility ratio (CFR) during epidemics (disaggregated by age and sex).

Humanitarian Thresholds	Indicators
Request for support to respond to outbreaks from the Provincial Emergency Health Team and MoPH (central) due to scale and severity, or lack of access for governmental employees.	The time-leap between notification and initiation of investigation and response. Coverage for measles emergency vaccination campaigns. (disaggregated by age and sex).
Recurrence of outbreaks affecting the same communities.	Community-based early warning system established in very high risk districts.
Case fatality rate above internationally agreed standards e.g. Cholera CFR $\geq$ 1%. Measles CFR $\geq$ 5%.	Health education reaches at least 400,000 people.

## Education

Despite progress in the past decade, an estimated 45 to 50% of primary-school-age children are out of school. The conflicts trends and insecurity indicate that incidents affecting education, such as arson, killings and injury, armed attack including use of IEDs and suicide attacks, collateral damage, intimidation and threats, occupation, search operations, detention and forced closures adversely affect education. In 2011, 500 schools in 10 provinces (15%) remained closed due to insecurity. The anticipated continued deterioration of the security situation and the impact of conflict will continue to adversely affect education services in 2013.

Currently there are an insufficient number of female teachers, particularly in the rural areas. Female teachers account for 31% in primary and secondary education. This puts an extra strain for provision of education both formal, through government schools, and through flexible approaches, such as community based education (CBE) and the accelerated learning centres (ALCs).

The possible use of schools as polling stations during upcoming elections and political campaigns will add to the large group of children out of school. These immediate and medium-term concerns will be addressed by the Education Cluster through: a strategy for effective community mobilization to address the security issues; to sustain schooling through working with local communities; to negotiate settlements to keep schools open for children's benefit, and the Government to provide support.

Humanitarian Thresholds	Indicators
n/a	% school-age children, adolescents, and young people not currently attending school/learning facility disaggregated by sex and age % schools/learning spaces with life skill-based education on crisis-related issues (DRR, psychosocial support for: (a) children, adolescents, and young people; (b) teachers # of emergency responses that include teaching/learning materials).

## Emergency shelter and non-food items

Due to conflict or natural disasters, according to UNHCR and the Afghanistan MoRR, as of 30 September, an estimated 700,000 people were displaced or directly affected in Afghanistan. This includes some 152,695 people recorded as displaced due to conflict in the first nine months of 2012, including nearly 50,000 who were displaced 2012. The majority of these people are in the south, west and east. Some IDPs are living in makeshift informal settlements, while others are accommodated in host families, straining local communities and families' already meagre coping mechanisms. Conflict escalation has shrunk humanitarian access in some provinces and districts, whereby access to basic humanitarian aid is reduced or completely restricted. Women and children are usually the most vulnerable group. The Emergency Shelter and NFIs Cluster assists these vulnerable groups by providing emergency shelter assistance in the form of NFIs including tents, plastic sheets and basic household supplies, shelter kits that aim to facilitate the reconstruction of the damaged houses, and cold packages comprising warm clothes for affected families. The cluster members will work with the line ministries, particularly the MoRR, ANDMA/PDMC, to respond to new displacements.

Humanitarian Thresholds	Indicators
Increasing number of conflict and natural disaster-induced IDPs.	Affected people have adequate shelter, living materials and clothes to preserve their life, health and dignity (disaggregated by sex and age).
The information sources are a comprehensive tool to assess the needs of this caseload. With on-going cross-border conflicts, ethnic tensions, natural disaster-prone areas, the basic needs for shelter, NFIs and warm clothes will remain a priority.	Reduced time taken from the initial assessment to the delivery of assistance in days.
Vulnerability level of the IDPs' hosting community.	Number of families affected by natural disaster supported to remain in their areas of origin.

## Nutrition

Years of prolonged conflict, a weak education system and lack of access to basic health services have combined in a deadly mix to slowly reduce community resilience. Child malnutrition rates remain at alarming rates, critical humanitarian thresholds. A majority of provinces lie in the range of 5-10% GAM with aggravating factors,<sup>34</sup> with GAM rates varying from 2.8% in the least affected areas like Bamyan and Kabul to 13.9% in Sari-Pul and 17% in the severely conflict-affected Paktya province.

The last National Nutrition Survey (2004) indicated very high levels of micronutrient deficiencies among the vulnerable groups of the community with particular emphasis on under-five children and PLW.<sup>35</sup>

The nutrition sentinel site surveillance conducted between July 2011 and August 2012 in 39 villages of 13 drought-affected districts indicates a persistent acute malnutrition trend with a strong correlation to diarrhoea, highlighting the role played by diarrhoeal diseases in the cause of

<sup>34</sup> Refer to 2011/2012 Survey Result –GAM Map. Due to lack of national level comparative data, Nutrition Cluster used the results of SMART surveys conducted in 15 provinces in 2011 and 2012.

<sup>35</sup> NNS 2004.

acute malnutrition among the under-five children. This could be caused by poor infant and young child feeding, poor hygiene and sanitation (WASH) and poor health services.

In collaboration with FSAC and WASH Clusters, the Nutrition Cluster is expanding both the number of indicators by including Food Security and WASH indicators and coverage of the sentinel site surveillance. The use of the expanded indicators with revised methodology is already being piloted in Faryab, Sari Pul and Balkh provinces. Community management of acute malnutrition (CMAM) trend data between 2010 and 2012 in 14 provinces indicates high levels of admission, with spikes based on seasonality. Survey results indicate severe to moderate kcal deficit of almost 80% among communities as calorie deficient diets contain reduced micronutrient or could be deficient of major micronutrients.<sup>36</sup>

In light of the high levels of malnutrition and low level of coping strategies, the Nutrition Cluster will prioritize treatment of SAM and MAM in accordance with global and national guidelines; prevent under-nutrition among children under five and PLW. The Cluster has identified 22 priority provinces, where GAM rates are five to 10% (or above) and therefore, in need of emergency nutrition support. Increasing emergency preparedness and response capacity will also be prioritized, with a focus on improving overall knowledge of the nutritional situation in Afghanistan.

Link to map:

- [2012 and 2011 SMART Nutrition Survey Results](#)
- [Who does What Where](#)

Humanitarian Thresholds	Indicators
GAM 10 – 14% or 5 -9% with aggravating factors (implies that severity of malnutrition is serious or at risk, respectively)	# of children under five with acute malnutrition.
GAM>=15% (implies that severity of malnutrition is critical)	Percentage of children under five with acute malnutrition.

## Multi-sector

Since 2002, UNHCR and partners assisted 4.6 million refugees to return to Afghanistan through the provision of voluntary repatriation grants, of which 70,50037 were in 2012. While the 67,982<sup>38</sup> returnees in 2011 were less than in previous years, the return rate has increased in 2012 by more than 20%, including a more than 40% increase from the Islamic Republic of Iran. In total, more than 5.7 million people are believed to have returned to Afghanistan in the last ten years, representing nearly a quarter of the estimated population of the country, posing considerable challenges with regard to the state’s absorption capacity. Refugees surveyed in Pakistan cited security and economic concerns, particularly livelihoods, as the two biggest reasons for their continued stay in exile.

To address these concerns, Multi-sector has identified three priority needs: 1. All new voluntary repatriating refugees to Afghanistan require protection and assistance, with particular focus on identifying and responding to the needs of the most vulnerable according to sex and age; 2. Asylum-seekers, refugees and people in a refugee-like situation need protection and provision of

<sup>36</sup>NRVA 2010.

<sup>37</sup> UNHCR, Afghanistan Voluntary Returns Database.

<sup>38</sup> Ibid.

immediate assistance; and, 3. Addressing sustainable reintegration for returning refugees to reduce the risk of secondary displacement, and achieve parity with other community members to improve the return environment in Afghanistan.

Humanitarian Thresholds	Indicators
Returning refugees identified having the greatest disparity with other community members in terms of access to basic services, livelihood, shelter/land tenure, and protection will be provided with community-based interventions to pursue parity between returning refugees and their return community.	Proportion of new voluntary repatriating refugees to receive voluntary repatriation grants.
Pursue community-based interventions in potential areas of refugee return. <sup>39</sup>	Proportion of returning refugees and duty holder justice personnel supported to address protection and legal needs, with particular attention to the percentage of successful family tracing for unaccompanied and separated girls, boys and single female returnees.
Level of vulnerability to address the needs of the most vulnerable. <sup>40</sup>	Proportion of returning refugees and their community to receive community-based interventions to improve basic services and improve economic livelihood, especially to improve water and sanitation in accordance with SPHERE and national Afghan standards.

<sup>39</sup> Based on the Population Profiling, Verification and Response (PPVR) conducted in Pakistan, IOM statistics and similar information sources from Afghan refugees in Iran.

<sup>40</sup> This will include female-headed households, disabled head of households, severely ill children as well as incapacitating mental illnesses that must be met prior to the provision of individualized assistance for people with special needs.



## Protection

Internal displacement rose in parallel with civilian casualties over the last five years (for further analyses on civilian casualties refer to Needs Analysis section p.12 and 13). The south, east and west are primarily affected and produced the majority of IDPs. The IDP population stood at 445,856 as of 30 September 2012.<sup>41</sup> Due to limited return options, displacement is prolonged. Movements to other locations for livelihoods result in secondary or tertiary displacement - often to urban areas. Durable solution options for IDPs are limited. While de facto, local integration is pursued by many IDPs, it lacks formal facilitation and recognition by the Government, resulting in protection risks such as eviction, lack of legal identification documents, and limited access to services.

### Mines and explosive remnants of war (ERW)

670,000 Afghans live within 500 meters of a minefield and an average of 42 people per month are killed or injured due to mines/ERW. A total of 75% of accidents result from ERW and 65% of all victims are children. The mine/ERW risk education programme seeks to reduce these unacceptable figures. In addition, clearance of mines/ERW will benefit almost 800,000 people. Work is focused in those communities where the highest numbers of accidents have occurred and where limitations due to mines/ERW have the most significant economic impact. In 2013, clearance will target 542 communities in 120 districts spread across 25 provinces.

### Children in emergencies

Children and adolescents in conflict or in displacement have limited access to education and basic services. In the absence of broad-scale emergency education, there are few opportunities providing protective environments for children. There is a pressing need to establish child safe spaces as well as referral pathways and service provision. Grave violations<sup>42</sup> of children's rights occur throughout the country. Approximately 100 children and adolescents are killed or maimed each month. Other grave violations include sexual violence and recruitment of under-18s into the ANSF. Appropriate referral pathways and response services for children used or recruited by armed forces and AGE are weak. The vulnerabilities of such children and risks of re-recruitment, trafficking, sexual violence and exploitation are increased. Finally, there is a significant gap in the provision of specialized and dedicated psycho-social counselling services for children affected by emergencies.

### Housing, land and property (HLP) issues

HLP is a significant protection need for IDPs, who mostly lack land tenure security, live in temporary shelter on government or private land, and are at risk of forced eviction. Landlessness and lack of access to land is a key obstacle to durable solutions. Insecurity in places of origin means property and land gets destroyed or illegally occupied, prompting secondary displacement, often to urban areas. These returnees and IDPs often end up in informal settlements, which lack basic services. Shelter assistance is critical for many affected communities but is frequently hampered by lack of legal documentation and lengthy and expensive processes. Access to justice sector mechanisms for resolving this and other legal disputes around property rights continue to be the focus of HLP actors.

<sup>41</sup> UNHCR IDP Monthly Report, September 2012.

<sup>42</sup> Afghanistan Monitoring and Reporting Mechanism (MRM) for grave violations affecting children in armed conflict.

Humanitarian Thresholds	Indicators
Conflict or natural disasters which results in loss of life, lack of access to basic services and/or life without dignity and which strains local capacities for response.	Number of women and men benefitting from mine action (# of people from clearance, # of people from mine/ERW risk education) (priority 1 and 2). # of IDP qualitative analytical reports (priority 1, 2 and 3).
IDP flow which overwhelms local coping mechanisms and local capacities for response.	Number of functioning referral and service mechanisms for GBV victims on regional and provincial level in emergency and humanitarian context (priority 1 and 2). Percentage of under-18 girls and boys in emergency locations accessing protective services and environments (priority 1, 2 and 3). Number of HLP cases of men and women at risk addressed (priority 1, 2 and 3). Number of advocacy initiatives/joint positions/sensitization initiatives forwarded or led by the protection cluster (priority 1, 2, and 3).

## WASH

Developmental WASH needs in Afghanistan are substantial. The NRVA 2011 mid-term results show that over 18 million people are in need of access to improved sanitation facilities and nearly 12.5 million people are in need of improved hygiene practices.

The WASH Cluster undertook a meta-analysis of existing information to map potential WASH vulnerability due to a range of factors, including the prevalence of diarrhoeal disease, access and use of improved water sources, and observations of hygiene and sanitation behaviour (refer to Mapping of Potential WASH Vulnerability by Province). This analysis identified twelve priority provinces (Bamyan, Daykundi, Badakhshan, Baghlan, Takhar, Samangan, Balkh, Sari Pul, Jawzjan, Faryab, Nuristan, and Panjsher) in need of emergency safe water interventions, which will require emergency rehabilitation and protection of drinking water sources. In addition to the aforementioned provinces, Hirat and Ghor are also considered highly vulnerable due high rates of conflict-induced displacement and natural disasters, and will receive emergency interventions for water source rehabilitation and protection. The vulnerability analysis also identified provinces that were particularly vulnerable due to low hygiene and sanitation coverage coupled with high incident rates of acute diarrhoeal disease in both 2011 and 2012. These 18 priority provinces (Bamyan, Daykundi, Samangan, Jawzjan, Faryab, Nuristan, Laghman, Kunar, Nangarhar, Kapisa, Paktya, Paktika, Farah, Uruzgan, Zabul, Nimroz, Hilmand, and Kandahar) were identified as priority provinces in need of emergency hygiene and sanitation interventions.

Humanitarian Thresholds	Indicators
Two times the provincial acute diarrhoeal disease incidence rate (cases per 1,000 people) of the previous year. Repeated annual occurrence in the same location. Incidence rate exceeds the national median incident rate of acute diarrhoeal disease.	Incidence of acute diarrhoeal disease (cases/outbreaks).
Usage of an improved water source drops below the national average of (i.e. 57% of households using an improving drinking water source). Displaced population exceeds 30% of the <i>in-situ</i> population and duration of displaced population exceeds 12 months. More than 40 households are using one water source.	Number of people using safe drinking water.
Observation of hand washing place (with soap and water) drops below national average of 42.6%.	Proportion of households practicing hand washing with soap and water.

## Logistics - aviation services (UNHAS)

As humanitarian conditions in Afghanistan have deteriorated, air transport remains an essential component of an effective humanitarian response. There are seven major air service providers that fly within the country, including commercial airlines, UNHAS, ICRC, UNAMA, and PACTEC.

Link to map: [Airline Passenger Service, November 2012](#)

Despite the seemingly wide array of service providers, the aviation needs of the humanitarian community are not fully met.<sup>43</sup> Central highlands provinces and the south are under-served, and in many of these areas road travel is made dangerous due to security and infrastructure risks. At times, medical or security evacuations are impossible due to the lack of dedicated, appropriate air assets.<sup>44</sup> Therefore there is a clear need to continue and reinforce the provision of air services to more than 200 agencies, NGOs and donor representatives in Afghanistan in support of humanitarian aid.

Humanitarian Thresholds	Indicators
Over large parts of the country road travel between project sites remains impossible or extremely risky.	65% aircraft occupancy rate
Aid workers requiring urgent medical care must be evacuated to Kabul and/or Dubai for treatment.	2,500 passengers moved per month
Medical evacuation (MEDEVAC) by air remains the only viable and reliable mode of travel.	10 MTs of light cargo moved
No domestic commercial air carriers in compliance with International Civil Aviation Organization (ICAO) standards.	100% response to medical and security evacuations
	25 locations flown to per month

<sup>43</sup> UNHAS Need Survey, 2012.

<sup>44</sup> For example, rotary craft capable of flying at high altitudes and landing without an airport.

# 4. THE 2013 COMMON HUMANITARIAN ACTION PLAN

## Planning scenario

### Drivers and forecast

- The security transition from the IMF to ANSF continues as planned. However, the effectiveness of this process is undermined by capacity constraints within ANSF and strained relations between IMF and IM owing to a growing insider threat. The resulting security vacuum leads to large tracts of rural areas falling under de facto AGE control.
- Peace negotiation efforts continue but are hampered by the fragmentation of AGEs and their preference to position themselves for the post-2014 scenario.
- The security situation remains volatile, with a steady escalation of the conflict and random violence. The environment is characterized by increased confrontation between local pro- and anti-Government armed groups and militias.
- The accelerated pace of IM and PRT withdrawal causes significant economic hardship at district and provincial levels.
- A decline in international aid and military spending leads to economic contraction, including in employment and household incomes, hampering short-term growth and economic stability.
- A reduction in international aid forces the Government to make difficult trade-offs between security and civilian spending with deeper cuts. Civilian programmes become a casualty of high insecurity and inadequate aid.<sup>45</sup>
- Afghans who have the means to relocate continue to move from rural to urban areas or leave the country, with adverse consequences on public-service delivery and governance.
- Continued cross-border shelling by Pakistan causes civilian casualties and cross-border displacement in the east.
- The Government and other groups focus on positioning themselves for the 2014 elections.
- Afghanistan remains in the lowest decile of the Human Development Index.

### Humanitarian implications

- Increased insecurity and military operations will likely trigger new and secondary displacements on a growing scale; increased civilian casualties; and human rights violations against civilians, including women and children. This will enlarge the caseload of extremely vulnerable people.
- Humanitarian programming will require a stronger emphasis and alignment around the four strategic objectives, namely to reinforce the protection of civilians; reduce morbidity and mortality; assist the displaced, returnees and host communities; and restore livelihoods for those most at risk. Humanitarian actors also need to scale up and prioritize

<sup>45</sup> International research institute for climate and society (IRI) [iri.columbia.edu/climate/forecasts/net](http://iri.columbia.edu/climate/forecasts/net).

the delivery of life-saving assistance to the most vulnerable people by sex and age, according to need.

- Humanitarian access will be increasingly impeded by conflict, military operations, shifting power bases and a greater number of local armed groups and militias, requiring a greater degree of adherence to the principles of neutrality, impartiality and independence.
- Rising underemployment/unemployment rates due to a shrinking economy and IM/PRT withdrawal adds to the caseload of extremely vulnerable individuals for humanitarian programmes.

### **Variables with potential to affect humanitarian needs:**

- ANSF's success or failure in assuming security leadership and dominance, determining whether their influence is countrywide or confined to Kabul and some major urban centres, leading to widespread inter-ethnic tensions, violence and conflict.
- Success or failure of the peace-negotiation process
- Any serious deterioration in the security situation leading to widespread collapse in governance structures at the district and provincial level, and an associated breakdown in the provision of basic services and suspension of development programmes.
- The degree to which a significant reduction in international financial assistance and employment gives rise to widespread economic hardship impacting on the quality of local governance and provision of basic services.
- Any increase in security incidents related to the preparatory work for the 2014 elections.
- Any further deterioration of humanitarian space arising from a multiplicity of locally armed groups, powerbrokers and foreign AGE mitigating against efforts to negotiate access.
- The degree to which AGE attempts to dictate programme implementation or enforce restrictions in the scope and scale of humanitarian actions.
- Extreme weather, severe hydro-meteorological or geo-tectonic activity in Afghanistan and/or the region.
- Any large-scale forced expulsion of undocumented Afghan migrants and refugees from Iran and/or Pakistan.

## **Humanitarian access overview**

The defining character of humanitarian aid is that it is neutral, independent and impartial. A key element of the term impartial is "proportionality", or that assistance will be afforded according to need, a principle firmly embedded in international humanitarian law. If the humanitarian need is equal or greater on one side of the conflict, humanitarian agencies should aim to ensure that assistance is provided in proportion to both sides.

### **Humanitarian presence related to humanitarian needs**

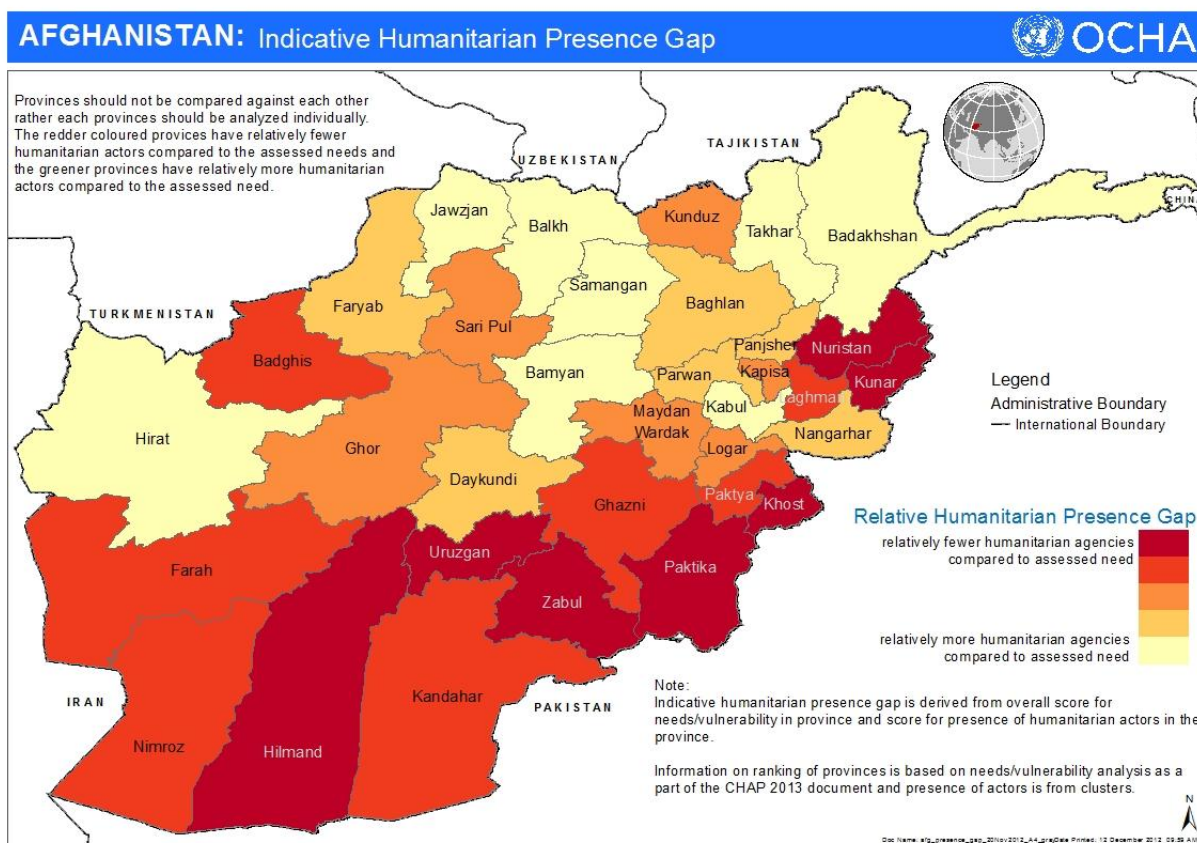
For this 2013 CHAP, the humanitarian community has developed a tool to analyse the humanitarian needs and vulnerabilities in Afghanistan (see table 4 on page 16). In addition, each cluster/sector and the Humanitarian Regional Teams (HRT) has collected information on humanitarian organizations working in their cluster/sector by province (see table 3 on page 14). Humanitarian actors were ranked on a scale of one to five, with a score of five indicating a higher number of actors.

Province	Overall score (needs analysis)	Humanitarian Actors	Gap
Zabul	3.2	1.0	-2.2
Nuristan	2.8	1.0	-1.8
Hilmand	3.8	2.0	-1.8
Paktika	2.8	1.0	-1.8
Kunar	3.7	2.0	-1.7
Uruzgan	3.4	2.0	-1.4
Khost	3.4	2.0	-1.4
Paktya	3.3	2.0	-1.3
Laghman	3.3	2.0	-1.3
Kandahar	4.2	3.0	-1.2
Nimroz	2.1	1.0	-1.1
Farah	3.1	2.0	-1.1
Badghis	3.1	2.0	-1.1
Ghazni	3.7	3.0	-0.7
Ghor	3.4	3.0	-0.4
Maydan Wardak	3.3	3.0	-0.3
Sari Pul	3.1	3.0	-0.1

Province	Overall score (needs analysis)	Humanitarian Actors	Gap
Logar	2.8	3.0	0.2
Kunduz	2.8	3.0	0.2
Kapisa	2.6	3.0	0.4
Parwan	3.4	4.0	0.6
Panjsher	2.3	3.0	0.7
Faryab	3.3	4.0	0.7
Daykundi	2.2	3.0	0.8
Baghlan	2.8	4.0	1.2
Nangarhar	3.8	5.0	1.2
Samangan	2.8	4.0	1.2
Takhar	2.7	4.0	1.3
Jawzjan	2.7	4.0	1.3
Hirat	3.5	5.0	1.5
Bamyan	2.3	4.0	1.7
Balkh	3.1	5.0	1.9
Badakhshan	3.0	5.0	2.0
Kabul	3.0	5.0	2.0

By comparing the presence of humanitarian actors to the needs,<sup>46</sup> a rough determination of provinces with gaps can be made. This analysis does not compare provinces against each other, but should be used to understand the needs versus the number of humanitarian agencies working in the provinces. A large number of actors does not necessarily mean all the needs are covered. It is expected that this analysis (both the needs and the number of actors) will be refined and decentralized to the district level in 2013 for a more comprehensive understanding of needs versus presence.



<sup>46</sup> As identified in the needs-and-vulnerability analysis on page 15 of this CHAP.

## I. Violence against humanitarian personnel and facilities

Humanitarians experience considerable difficulties in securing humanitarian access to priority need areas. Most significantly, the abilities to access people in need, conduct assessments, travel to programme areas, and monitor and evaluate programme activities are considered as constrained to a moderate to severe degree. The southern and south-eastern regions in particular present access constraints, which are assessed as severe. These constraints arise mainly from the ongoing active hostilities that interfere with humanitarian movement and consequently the implementation of humanitarian programmes. There are seasonal trends to these security incidents, with most incidents tending to occur during the spring and summer conflict peak, and dramatic increases often associated with Ramadan as well as key Islamic and public holidays.

The total number of security incidents against humanitarian workers decreased in 2012 compared with 2011, in line with the reduced level of security incidents countrywide.

Between January and September 2012, OCHA recorded 113 incidents of direct and indirect attacks/violence against humanitarian personnel, assets and facilities across 26 provinces.

Seven deaths and 13 injuries were recorded; one third of which were attributed to criminality and nearly two-thirds to AGE-related activities.

Direct use of violence occurred in approximately half of the total number of cases registered during the year, although direct efforts by the AGEs to inflict harm on humanitarians remained context-specific and led to only 10 out of the 20 casualties recorded.

Collateral damage and accidental IED strikes constitute the greatest risks to humanitarian staff and operations. These risks can be substantially reduced by avoiding proximity to security targets, maintaining appropriate travel hours and profiles, and installing effective anti-blast protection. Overall however, the likelihood of encountering such incidents has been assessed as moderate to low in all regions except for the south, where it is ranked as high.

Other notable threats to humanitarians include isolated direct/deliberate attack incidents of all types targeting and affecting humanitarians. This includes intentional or indiscriminate strikes, criminal activities, abduction and detention at illegal checkpoints. Notably, between January and September 2012, 24 abduction cases were registered. This is a considerable decrease compared with more than 144 cases that were registered during the same period in 2011.

### [Violence against humanitarian personnel, assets and facilities \(January – September 2012\)](#)

Humanitarian agencies are not deliberately targeted at a policy level by any party to the conflict, but a clearly articulated acceptance strategy continues to emerge as fundamental to the facilitation of access, and to the safety and security of humanitarian workers. Humanitarian agencies continue to deal with access constraints through increased reliance on national and local implementers, and joint or bilateral negotiations with non-state actors with the involvement of community elders or Shuras. However, these negotiation efforts are hampered by reports of the increased fragmentation of the AGEs in many areas.

## II. Physical environment: terrain and transport

### Terrain

The Hindu Kush dominates the Afghan topography. It is an extension of the Himalayan mountain range and accentuated by elevations in excess of 24,500 feet.. This rugged terrain, with steep

and narrow mountain passes and river valleys, presents an unrelentingly harsh environment for road transport. The typical Afghan climate means that mountainous areas will almost certainly be cut off by snow during the winter months; the Health Cluster estimates this affects 73 of the 400 districts.

### **Transport**

As a landlocked country, Afghanistan depends predominantly on ports in Pakistan and southern Iran for maritime import of its goods. A major border incident on the Pakistan- Afghanistan border led to border closure throughout the last quarter of 2011 and the first quarter of 2012. This caused a major constraint for humanitarians. Humanitarian goods were delayed and operational costs increased through accumulated demurrages and additional costs of redirected shipments.

In the past 10 years, the international community has made a huge investment in Afghanistan's 34,903km road network. However, aside from the main national arteries, provincial and district roads are in poor condition and road transport is expensive and slow. Although the physical road infrastructure has improved between the major cities, the frequency of accidents and the activities of criminal and armed groups mean that air transport is considered safer for passengers.

### **Airline passenger service**

The country has three international and 62 domestic airports. The humanitarian community can access all provinces using a combination of commercial, NGO (PACTEC), UN (UNAMA and UNHAS) and ICRC air services. However, full access is curtailed by gaps in services, service frequencies, emergency capacities and user affordability.

### **III. Mines and explosive remnants of war (ERW):**

As of the end of September 2012, Afghanistan's mine-action programme had identified 602.2 square kilometres, across 33 provinces and 244 districts, as contaminated, with 5,456 hazards earmarked for clearance. The presence of mines and ERW affects an estimated 1,814 rural and urban communities living in and around the contaminated areas in terms of their access to basic services. It also affects humanitarians' ability to access vulnerable people.

Link to map: [Contamination Status of Districts in Afghanistan](#)

Under the Ottawa Convention, Afghanistan aimed to destroy all known anti-personnel mine stockpiles by 2007; clear all emplaced AP mines by 2013; and provide mine-risk education and assist mine survivors. All AP mine stockpiles have been destroyed, but in March 2012 the GoA applied for a 10-year extension to clear emplaced AP mines. The Ottawa Convention does not cover Anti-Tank or ERW hazards.

## **The humanitarian strategy and strategic objectives**

The 2012 CAP for Afghanistan was marked by insufficient analysis and prioritization on which to base the CHAP and budget. Consequently, neither the process nor the final appeal document gained a high degree of credibility among partners, and it was poorly funded. More importantly, because of the weaknesses in needs assessment and prioritized response, the humanitarian community did not fully demonstrate accountability towards affected people informed by a gender perspective.



To remedy this situation, the CHAP 2013 highlights the importance of life-saving interventions to meet the most acute humanitarian needs across Afghanistan. A key innovation is the ranking of the provinces according to documented severity of needs. This ranking considers both the conflict and hazard exposure of the population. The emphasis is on life-saving assistance coupled with a resilience approach. Resilience cuts across all humanitarian programming and seeks to ensure vulnerable Afghan communities are more prepared and robust to face emergencies.

The overarching strategic objective is to reinforce the protection of civilians by responding more effectively to the needs of people affected by conflict and natural disasters. This objective brings together all clusters involved in service delivery, as basic services are commonly interrupted by conflict and natural disasters, as well as the Protection Cluster and its targeted interventions in the areas of child protection, mine action, GBV and housing, land and property.

Reducing mortality and morbidity has emerged as a second strategic objective, based on Afghanistan's low score across humanitarian indicators. It also unites key clusters such as food security and agriculture, health, nutrition, WASH and protection around a measurable and concrete objective.

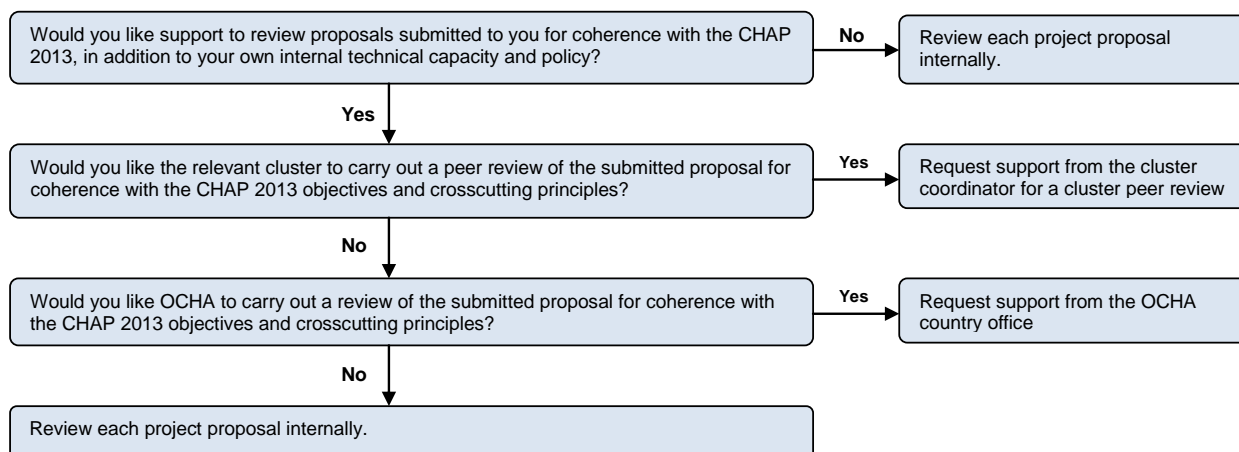
Similarly, assistance to displaced people, returnees and host communities is a strategic objective that all humanitarian sectors consider a high priority based on need, conflict-displacement trends and refugee return supported by the Solutions Strategy for Afghan Refugees.

The fourth and final strategic objective is restoring livelihoods for the most vulnerable people, which is a critical step towards boosting their food security and resilience.

This CHAP for Afghanistan focuses on a strategic plan. Unlike previous years, there is no overview provided in December 2012 of planned projects for 2013, which would otherwise be generated by the clusters as a one-off exercise (*de facto*, though guidance requires them to update as needed).

When donors receive project proposals during 2013, they may either request an initial alignment check by clusters, or donors may submit them to a quick cluster review through OCHA before making their funding decisions. Donors following this process will be assured that the reviewed projects can be registered by FTS as contributions to the CHAP in Afghanistan. This should provide a powerful incentive for humanitarian organizations and donors to apply the agreed humanitarian strategy consistently across the board.

**Outline schema for different options donors have to use the 2013 CHAP when reviewing project proposals submitted to them for funds**



Humanitarian organizations will ensure a CHAP alignment check before contacting donors with their project proposals. OCHA will assist with its dedicated inter-cluster expertise and other dedicated support to the clusters, including in information management. Clusters will assess the relevance of proposed projects, using the CHAP needs analysis, strategic objectives and sector response plans as a reference. This cluster-vetting process, which will include cross-cutting issues of environment, gender and resilience, will help donors ascertain if the proposed project supports the implementation of the common humanitarian strategy.

The 2013 approach encourages humanitarian partners to present projects that respond to anticipated and actual emergencies rather than the more static generation of project proposals once a year.

The estimated budget in this CHAP (\$471 million) is based on average costs per beneficiary for the delivery of humanitarian services, presented by cluster. It gives donors a broad indication of anticipated funding requirements in each sector.

While these are approximate costs, it is arguably more precise than past budgets. In 2012 and previous years, costing figures were generated by adding individual project proposals included in the CAP. The current needs approach brings closer proximity between estimated funding requirements and actual need (given the likelihood that past project coordination did not succeed in achieving a one-to-one relation with needs).

The cost estimates were generated by the individual clusters, each using their own methodology. The costs of specific planned activities were calculated based on cluster members' activity costs. These were then averaged<sup>47</sup> across the cluster to provide a \$ cost per activity. This cost includes all overheads and indirect costs associated with the action. For example, an emergency latrine will not only include the raw materials, but also labour, transportation, security costs, etc, and a total cost-per-activity has been identified. The process for calculating these approximate averages for each cluster follows this path: identify national caseload per cluster, identify specific cluster activities, produce costs per activity for the specific caseloads, then average these costs across all participating agencies in the cluster in 2013.

<sup>47</sup> Based on cluster practices in other countries including DRC, and informed by DFID value-for-money approaches for partners to humanitarian aid proposals.

Across the board, the costing process was informed by factors<sup>48</sup> including:

- Number of beneficiaries, as unit cost metrics is highly sensitive to numbers due to economies of scale.
- Phase of programme—reflecting start-up, continuation or winding-down.
- Level of transport and logistical costs—depending on the degree to which people are dispersed and fluid.
- Level of security required—high/medium/low depending on conflict profile of area.
- Coverage of population—reflecting the degree to which the interventions aim to serve the whole target population, including people difficult to reach.
- Procurement source and distribution channel—whether these were local or imported, and the degree to which local agencies would be used.

## Strategic objectives and indicators for 2013

### SO 1: Reinforce protection of civilians

Indicators	Target	Monitoring Method
Temporary static and mobile health units providing essential primary and maternal/neonatal health care, trauma stabilization and referral established in targeted conflict-affected districts.	90 temporary health units (70% including qualified female staff)	Health Cluster Quarterly Reports District level mapping of access to health services
Temporary health services for 100,000 IDPs and informal settlements allowing availability of one primary health care centre (PHC)/10,000 people.	10 health units established	Health Cluster Quarterly Reports
% of under-18 girls and boys in emergency locations accessing protective services and environments.	10% increase	CPiE Sub-cluster Reporting and Assessments

<sup>48</sup> Based on cluster practices in other countries including DRC, and informed by DFID value-for-money approaches for partners to humanitarian aid proposals.

**SO 2: Reduce mortality and morbidity**

Indicators	Target	Monitoring Method
Average population in need of humanitarian health intervention per functioning health facility	1 PHC / 10,000 population	National and Cluster Reports
Under-five boys and girls and pregnant or lactating women (PLW) admitted to intervention programmes and cured in line with Sphere Standards	271,255	Nutrition Cluster Quarterly Reports
Disease-specific CFR during outbreaks are within internationally agreed standards (disaggregated by age and sex)	CFR cholera <1% CFR measles <5%	HMIS and DEWS Reports

**SO 3: Assist and protect the displaced, returnees and host communities**

Indicators	Target	Monitoring Method
# of people benefitting from mine action (# of people from clearance, # of people from mine/ERW risk education)	1,210,30	Protection Cluster Quarterly Reports
% of IDPs in need assisted on time with appropriate transfers (cash and/or food) and livelihood support	180,061	FSAC Quarterly Reports
WASH response for the displaced and returnees in host communities	220,000 (170,000 without latrines, 50,000 with latrines)	WASH Cluster Quarterly Reports National coverage survey 2013

**SO 4: Restore livelihoods for the most vulnerable**

Indicator	Target	Monitoring Method
% of people in need assisted on time with productive asset support (seeds and/or fertilizer and/or livestock support; conditional transfers)	828,865	FSAC Cluster Quarterly Reports 2013 Impact Evaluation of FSAC Cluster Intervention

## Cross-Cutting Issues<sup>49</sup>: Environment, Gender and Resilience

The HCT in Afghanistan identified environment, gender and resilience as three cross-cutting issues humanitarian activity in 2013.

### The Environment

Supported by the UNEP, the Environment Marker is part of this year's CHAP. UNEP has taken proactive steps to mainstream environmental considerations into humanitarian action, building on recent experience in other countries. Afghanistan could sustain harm to the environment unless actions are taken to mitigate against negative environmental impacts of humanitarian programming. Environment concerns are already on the radar of relevant clusters dealing with sustainable water resources and water quality (WASH), health waste management (Health), and sustainable livelihoods opportunities such as work schemes that focus on reforestation and environmental rehabilitation (FSAC).

The Environment Marker framework is based on the AME process. UNEP has developed between three and five cluster-specific guidance messages for four clusters (FSAC, Health, Shelter-NFI, WASH and Mine Action) to include in their cluster response plans. These clusters have taken steps to improve natural resource management practices in water conservation, animal husbandry, environmental planning, and education and awareness. This has been pursued through community-based projects such as the National Solidarity Programme or the community-based mechanisms of shuras.

Food Security and Agriculture, Health, NFI, Shelter and WASH Clusters and the Mine Action Sub-cluster will pilot the Environment Marker, which will be implemented across individual projects submitted throughout 2013. These clusters were requested to: (1) assess their projects; (2) mitigate negative environmental impacts; and (3) enhance their projects where possible, with an emphasis on sustainable and resilience interventions. On projects to be submitted to donors, UNEP will provide technical support and guidance and ensure correct application of the Environment Marker.

### Gender

The IASC Gender Marker was introduced in 2012 to the Afghanistan CAP and resulted in significant achievements towards mainstreaming gender in proposal design (refer to table below). The IASC GenCap Adviser conducted a mid-year evaluation to verify the implementation of IASC gender marker codes. This included visits to Bamyan, Herat, Nangahar and Kabul Informal Settlements with over 30 sites visits, meetings and focus groups.

Overall progress on gender-equality programming in humanitarian response is ad hoc and limited. Few projects were strong on mainstreaming gender in practice, limited to those that specifically targeted vulnerable groups of women, boys and girls, such as education and health (e.g. the polio-eradication programme, which showed significant strengths on the collection of sex- and age-disaggregated and use of this information to improve vaccination targeting). The challenges cited were due to customary practices in the south and south-east on recruiting

<sup>49</sup> For information and guidance on implementation of these three cross-cutting issues please contact: Dominic Parker, Deputy Head of OCHA Office, E-mail: [parker@un.org](mailto:parker@un.org) Cell: +93 793 001 126.

women health workers at all levels, making it particularly difficult to provide health provision for women and girls. A few Afghan NGOs with long-standing experience of delivering health projects have developed strategies to slowly change entrenched gender attitudes in the Kabul Informal Settlements. Through awareness-raising activities and by building trust with Pashtun men, they were able to give permission for their women to receive family planning and contraception consultation from male doctors without the presence of a male companion.

Gender equality and equity issues continue to be an afterthought, as the omission of girls' and women's voice in needs assessments and project design presents a truncated view of communities' needs in humanitarian response. Women and girls are consistently not consulted and the consequences are costly to rectify, such as an inappropriately located water pump, limiting the time of day when women and girls can use it due to fear of harassment. Projects designed to address gender disparity and gaps, such as volunteer-led informal education and hygiene awareness, often use "learning circles", which can be reduced to a lecture style of teaching. This reinforces existing gender-role inequalities in the learning environment in favour of men and boys.

All partners showed strengths in community-based participation, and this can be a good entry point for building trust with humanitarian actors. However, community-based structures are predominantly male; even when women and girls are consulted their views and opinions are not considered in project design and implementation.

The trainings conducted in the regions showed not only the interest in improving gender equality, but also highlighted the challenges. The trainings were able to dispel the misconception that gender is only concerned with women and girls. The challenge was how to do a gender analysis without reducing gender to simply targeting female-headed households. Participants' understanding was also very weak on gender issues concerning boys and men in conflict locations and their needs for humanitarian aid and protection.

Many women in Herat, Kunduz and Mazar attended the gender trainings. However, no women attended trainings in the south-east, where agencies had no Afghan women staff due to customary practices, harassment in the workplace and attitudes of men not allowing women to work with men outside the family. In Kandahar, a two-day women-only workshop was conducted to encourage participation of women. Due to the fear of being recognized and being seen by men, some participants wore a burka throughout the workshop.

Two challenges are the weak capacity development of national partners and the lack of women staff at all levels and in rural and remote areas. "Gender" as a concept does not translate into Dari and Pashto, and community-level engagement is problematic because "gender and gender equality" is seen as a foreign import. To address these issues, a new Gender Framework has been developed with ACBAR to engage communities to work on meeting humanitarian aid and protection needs of vulnerable groups of women, girls, boys and men.

Gender is a cross-cutting theme in the CHAP 2013, and all clusters have included gender commitments in their cluster response plans. The Gender Marker is a self-assessment tool to measure progress and hold cluster members accountable. It is a requirement that all projects submitted to donors should mainstream gender (code 2a), and there should be a number of targeted actions (code 2b) that address disadvantage and special needs. All agencies should specify the IASC Gender Marker code on the proposal before submission to donors. They should also inform the relevant cluster of the project-selection criteria applied and state the self-assessed Gender Marker code for monitoring purposes.

It is recommended that donors advocate and hold agencies and clusters accountable on their gender mandates. These commitments should be implemented by ensuring all projects funded have a code 2a/2b on the Gender marker.

### Cluster Performance on the IASC Gender Marker<sup>50</sup> from CAP 2011 to 2012

Cluster	N/S	Code 0		Code 1		Code 2a		Code 2b		Total # Projects	
		2012	2011	2012	2011	2012	2011	2012	2011	2012	2011
CSS	6	5	1	3	5	0	3	0	0	8	15
Education	-	5	2	4	2	0	6	0	2	9	12
FSAC	-	6	4	4	19	0	16	0	0	14	39
Health	-	2	4	6	10	0	11	2	2	10	27
Multi-sector	-	2	0	6	1	1	0	0	0	9	1
Nutrition	-	13	1	1	0	0	7	5	4	16	12
Protection	-	4	0	1	4	0	2	4	4	9	10
Shelter and NFI	-	20	4	7	13	0	9	1	1	28	27
WASH	-	7	1	10	12	3	10	0	0	20	23
<b>Total</b>	<b>6</b>	<b>64</b>	<b>17</b>	<b>46</b>	<b>66</b>	<b>4</b>	<b>64</b>	<b>9</b>	<b>13</b>	<b>123</b>	<b>166</b>
	<b>(3%)</b>	<b>(52%)</b>	<b>(11%)</b>	<b>(37%)</b>	<b>(40%)</b>	<b>(3%)</b>	<b>(38%)</b>	<b>(8%)</b>	<b>(8%)</b>		

Note: Codes for CAP 2011 conducted through desk review

## Resilience

Resilience aims to generate self-sustaining, national processes encompassing the restoration of livelihoods, shelter, basic services and protection in humanitarian planning and action. The CHAP 2013 renews the resilience focus, to strengthen and develop a risk management approach in preparedness and response. Empowering and building capacity of local communities, both women and men, will assist them to withstand shocks from both natural disasters and conflict.

The four areas of humanitarian activities to strengthen and mainstream resilience for the CHAP 2013 for all clusters will focus on:

- strengthening the readiness of the humanitarian community to respond
- strengthening emergency response coordination capacity of the GoIRA
- strengthening of the response capacity of national NGOs
- strengthening of community-based disaster management

Humanitarian programmes of immediate and short-term interventions can be designed with resilience objectives in mind, to enable communities to resist future shocks and be future oriented on sustainability. These build infrastructure, livelihoods, knowledge and capacities of women and men to cope and manage future shocks – like drought and floods.

<sup>50</sup> 0: no signs that gender issues were considered in project design; 1: the project is designed to contribute in some limited way to gender equality; 2a: gender mainstreaming—the potential to contribute significantly to gender equality; 2b: targeted action—the project's principal purpose is to advance gender equality.

Projects mainstreaming cross cutting themes identified in the 2012 CHAP means that they should adhere to the principles of —Do No Harm, build back better, rebuild better services, promote gender equality/equity and the environment, and focus on the most vulnerable. Where applicable and as in the case of the national level, the local authorities should be in the lead and their capacity strengthened wherever possible.

## **Criteria for selection and prioritization of projects**

These criteria are proposed for selection and prioritization of projects by donors.

### **Selection Criteria**

The project must present activities clearly aimed at addressing the strategic priorities and cluster response plans outlined in the 2013 CHAP.

The project must present a clear target in specified operational areas and should not duplicate activities implemented by other organizations.

The implementing organization must have a recognized capacity to implement the project as determined by the cluster.

The project must be able to track and report on its outputs and outcomes within the 12-month time frame.

The project must be cost-effective vis-à-vis the number of affected people served and the needs to which the project intends to respond.

Wherever possible, projects shall include national NGOs and other national partners.

Projects should avoid repetition with previous projects; where such repetition is unavoidable, the proposing organization should justify why the needs persist and repetition of activities is required for another year.

The project includes cross-cutting issues (gender, environment and resilience) for both selection and prioritization purposes, unless their absence is clearly justified.



## Cluster response plans



### Education

<b>Cluster co-lead agencies</b>	UNITED NATIONS CHILDREN'S FUND (UNICEF) SAVE THE CHILDREN (SC)
<b>Government counterpart</b>	Ministry of Education
<b>Funds required</b>	\$15,104,240
<b>Contact information</b>	John Ekaju, Co-Cluster Coordinator, <a href="mailto:jekaju@unicef.org">jekaju@unicef.org</a> , Colin Alfred, Co- Cluster Coordinator, <a href="mailto:colin.alfred@savethechildren.org">colin.alfred@savethechildren.org</a>

### People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CHAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
No <u>access to formal and non-formal education</u> due to insecurity and closure of schools	2,400,000	1,600,000	4,000,000	420,000	280,000	700,000
No effective institutional capacity <u>on fragility, and education in emergencies</u>	61	401	462	31	200	231
No access to schools in <u>IDPs camps and returnees</u>			480,000	115,200	172,800	288,000
<b>Totals</b>	<b>2,400,010</b>	<b>1,600,452</b>	<b>4,480,462</b>	<b>715,205</b>	<b>453,030</b>	<b>988,231</b>

### Cluster objectives and output targets

**Cluster objective: 1** – To plan and expand access to basic education, training for youth in vocational skills, and protection through formal and non-formal modalities.

**(SO1)**

#### Output: Schools are made safer for teaching and learning (formal)

Output Indicator	2013 target
# formal schools receive emergency funding for SIPs (boundary walls for safety)	1,500
# events organized to advocate for the protection and reopening of schools, as schools provide a protective environment	1,500
# of schools reopened and provided with teaching learning materials for reopened schools	100

#### Output: education provision for children and youths (non-formal)

Output Indicator	2013 target
# of out-of-schools girls & boys participating (60% girls)	700,000
# of ALPs/CBEs classes implemented	22,230
# of teachers for the CBEs recruited	740
# Technical vocational classes established	450
# Teaching learning materials for ALCs/CBE and vocational classes distributed	700,000

**Cluster objective: 2** – To reinforce the institutional capacity of the MoE with current knowledge on fragility and resilience for effective implementation of education in emergencies.

**(SO1)**

**Output: Streamline policy and administrative system to meet EiE needs**

Output Indicator	2013 target
# National Policy strategy package on Education in Emergency developed, staff trained and strategy disseminated to provincial and district level.	232
An EMIS that integrates EiE at the provincial and district level	232
Strategy ToR for the ESU developed, and the ESU functions.	1

**Cluster objective: 3** – To support the schooling of displaced, returnees and host communities through multiple pathways to education (Community-based schools and alternative learning courses).

**(SO3)**

**Output: Returnee refugees integrated into education systems.**

Output Indicator	2013 target
# Returnee refugees who are integrated into schools	288,000
# of children and youth from the host community who attend the integrated schools	144,000
# Teaching learning materials distributed for IDPs and returnees	288,000

**Top-priority actions, beneficiaries, and locations**

Advocate for and support the reopening of schools; Protecting learners and teachers and making schools more secure; Teaching and learning materials for affected populations; Community-based Classes for IDPs; boundary walls and gender-sensitive WASH facilities; and community mobilization and advocacy through influential leaders (mullahs, traditional leaders, etc.) on the importance of education for boys and girls. IDPs, refugees, girls, boys, women and men, community leaders (mullahs, traditional leaders, etc.) and teachers. The Other beneficiaries are MoE officials at the PED and DED. The 17 conflict-prone and disaster-prone provinces will be targeted. They include: Zabul, Wardak, Uruzgan, Paktika, Paktia, Nuristan, Nimroz, Logar, Laghman, Kunar, Khost, Kandahar, Hilmand, Ghor, Ghazni, Farah and Badghis.

**How the cluster addresses its 2013 CHAP gender commitments**

The Education Cluster made gender commitments in the 2012 CAP. Sectoral assessments indicate that conflict continues to disproportionately affect girls' and women's access to education, further compounding gender and provincial disparities. Moreover, insecurity creates problems for education policy planning, and the recruitment of female teachers to insecure areas and those places affected by natural disasters. Lessons drawn from 2012 will be used in addressing gender in 2013. Specifically, education programme proposals in 2013 should comply with education INEE gender criteria so that affected populations have equal access to quality educational services with targeted support for ALCs and CBSs towards advancing gender equality in education. The Education Cluster will advocate for all partners to improve participation and representation of female beneficiaries in project design and activities.

## How the cluster addresses its 2013 CHAP environmental commitments

The Education Cluster will mainstream 'environmentally friendly' and accessible schooling by trying to include messages on environment so that relevant stakeholders understand how they can positively affect the environment. Initially, this will require 'demystification' and linkages back to schools' physical environments: tables, chairs, size of the room, aids (e.g. flipcharts, chalkboard etc.) as children are the ones who will most influence the environment in the future.

## Costing of the cluster response

<b>EDUCATION CLUSTER BUDGET/TARGETS AND BENEFICIARIES FOR 2013 CHAP</b>				
<b>Total of all Programme Needs</b>				
<b>Programme Priorities</b>	<b>Outputs</b>		<b>Target/ Quantity/ Unit Cost</b>	<b>Total Cost</b>
<b>Need 1: Expand access to basic education, training for youth in vocational and income generation skills, and protection</b>				
Provide school grants for SIP implementation	Formal schools receive emergency funding for SIPs (boundary walls for safety)	1,500	500	750,000
Mobilize 1,500 leaders/elders/influential people to reopen schools	Events organized to advocate for the protection and reopening of schools	1,500	300	450,000
Reopen schools	Schools reopened and provided with teaching learning materials for reopened schools	100	81	8,100
Establish classes for out-of-school children	Out-of-schools girls & boys participating (60% girls)	700,000	3	1,750,000
Identify affected insecure areas where ALP classes are needed	ALPs/CBEs classes implemented	22,230	3	66,690
Recruit teachers from the affected village	Teachers for the CBEs recruited	740	150	111,000
Identify affected insecure areas where and income generation and technical skills classes are needed	Technical vocational classes established	450	100	45,000
Distribute teaching learning materials for ALCs/CBE and vocational classes	Teaching learning materials for ALCs/CBE and Vocational classes distributed	700,000	2.5	1,750,000
<b>Sub-Total</b>				<b>4,930,790</b>
<b>Need 2: Reinforce the institutional capacity of the Ministry of Education on education in emergencies</b>				
National policy strategy package on EiE developed, staff trained and strategy disseminated to provincial and district level	National policy strategy package on EiE developed, staff trained and strategy disseminated to provincial and district level	232	1,500	348,000
EMIS system established at the Provincial and District Level	An EMIS that integrates EiE	232	2,000	464,000
Strategy to strengthen the management, coordination and resource mobilization function in the MoE	Strategy ToR for the ESU developed, and the ESU functions	10,000	1	10,000
<b>Sub Total</b>				<b>822,000</b>
<b>Need 3: Provision of education for the displaced, returnees and host communities</b>				
Returnee children, youth and adult	Returnee refugees who are integrated into schools	288,000	3	864,000
Provide student/class kits for IDPs and host communities	children and youth from the host community who attend the integrated schools	144,000	3	432,000
Provide teacher/class kits for IDPs and returnees	Teaching learning materials distributed for IDPs and returnees	288,000	2.5	720,000
<b>Sub-Total</b>				<b>2,016,000</b>
<b>Total of all programme needs</b>				<b>7,768,790</b>

<b>Need 4: Operational costs</b>	
Project materials, goods, services, personnel	3,545,545
Premises, communication, security	1,587,119
Travel, transportation	880,000
<b>Sub-Total</b>	<b>6,012,664</b>
M&E, assessments and studies (15%)	\$901,900
Overhead costs (7%)	420,886
<b>GRAND TOTAL BUDGET</b>	<b>15,104,240</b>

**Table of proposed coverage per location**

Rank	Geographic Location Cluster's Prioritized Provinces <i>(start with most vulnerable)</i>	EDUCATION		
			TOTAL:	
1	Zabul	ACTD, OHW, UNICEF, SC	TOTAL:	4
2	Wardak	CARE International, COAR, IRC, NAC, OECB, SCA, UNICEF	TOTAL:	7
3	Uruzgan	ACTD, AKF, Afghanistan Libre, SC, OHW, SCA, NCA, WCH	TOTAL:	8
4	Paktika	AKF, SC, SCA, UNICEF, IRC, Care International	TOTAL:	6
5	Paktia	ACTD, Care International, SC, IRC SCA, SHPOUL, UNICEF	TOTAL:	7
6	Nuristan	Care International, SC, SCA, IRC, UNICEF	TOTAL:	5
7	Nimroz	SC, SCA, OHW, UNICEF	TOTAL:	4
8	Logar	Care International, SC, SCA, IRC UNICEF	TOTAL:	5
9	Laghman	Care International, AKF, SCA, IRC, UNICEF.	TOTAL:	6
10	Kunar	Care International , SC, SCA, IRC, UNICEF	TOTAL:	5
11	Khost	Care International , SC, IRC, SCA, UNICEF	TOTAL:	5
12	Kandahar	ADA, Care International, COAR, Organization for Human Welfare (OHW), NCA, SC, UNICEF	TOTAL:	8
13	Hilmand	ADA, Care International, NCA, SCA, SC, UNICEF	TOTAL:	6
14	Ghor,	Care International, IRC, UNICEF	TOTAL:	3
15	Ghazni	AAE, Care International, HTAC, IRC, JACK UNICEF	TOTAL:	6
16	Farah	Coordination of Humanitarian aid (CHA), SC, SCA, IRC, UNICEF	TOTAL:	5
17	Badghis	IRC, UNICEF	TOTAL:	2



## Emergency Shelter and Non-Food Items

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)</b>
<b>Deputy cluster coordinating agency</b>	IOM
<b>Government counterpart</b>	MoRR/ANDMA
<b>Funds required</b>	\$20,021,000
<b>Contact information</b>	Migena Tane, Cluster Coordinator, tanemig@unhcr.org Tomislav Babic, Deputy Cluster Coordinator babicii@iom.int

### People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CHAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Conflict-induced IDPs	218,400	201,600	420,000	88,400	81,600	170,000
Natural disaster IDPs	130,000	120,000	250,000	41,600	38,400	80,000
Vulnerable population	15,600	14,400	30,000	5,200	4,800	10,000
<b>Totals</b>	<b>364,000</b>	<b>336,000</b>	<b>700,000</b>	<b>135,200</b>	<b>124,800</b>	<b>260,000</b>

Note: The figure above reflects individual population. For projection purposes the number of family members is estimated at 6 people.

### Cluster objectives and output targets

#### Cluster objective 1

Assist IDPs affected by armed conflict or natural disasters and populations living without adequate protection from harsh weather and no privacy for family life.

**(SO3)**

Output Indicator	2013 target
Affected people have adequate shelter, living materials to preserve their life, health and dignity	9,000
Natural disaster and conflict-induced IDPs, newly displaced and affected people in 2013 assessed and time taken from the initial survey to the delivery of assistance in days is reduced	Throughout AFG; items purchased timely and pre-positioned in the provincial capital of all regions
Number of families affected by natural disasters is supported to remain in the areas of origin.	10,000

#### Cluster objective 2

Assist natural disaster and conflict-induced IDPs and affected populations living without adequate heating, cooking and storage materials for family life.

**(SO3)**

Output Indicator	2013 target
Affected people have adequate heating/cooling to preserve their life, health and dignity	35,000
Natural disaster and conflict-induced IDPs, newly displaced and affected people in 2013 assessed and time taken from the initial survey to the delivery of assistance in days is reduced	Throughout AFG; items purchased timely and pre-positioned in the provincial capital of all regions
Number of families affected by natural disaster supported to remain in the	20,000

Output Indicator	2013 target
areas of origin	
<b>Cluster objective 3</b>	
Assist natural disaster and conflict-induced IDPs and populations without adequate shoes and clothing for winter.	(SO2)
Output Indicator	2013 target
Affected people have adequate clothing to preserve their life, health and dignity	40,000
Natural disaster and conflict-induced IDPs, newly displaced and affected people in 2013 assessed and time taken from the initial survey to the delivery of assistance in days is reduced	Throughout Afghanistan; items purchased timely and pre-positioned in the provincial capital of all regions

### Top-priority actions, beneficiaries, and locations

**Actions:** Following inter-agency assessments which takes place soon after notification of conflict and/or natural disaster displacement, and in close cooperation with the IDP Task Force, provide assistance (emergency shelter kit/NFI/clothes) to newly displaced families and to the hosting community.

**Beneficiaries:** IDPs as result of conflict, likewise IDPs as result of natural disaster, will be prioritized for humanitarian aid. Cluster members will target the highly-affected areas, especially where assessed needs are so acute that they risk secondary displacement.

**Locations:** The continued armed conflict in various provinces, the lack of long-term investments to address disasters caused by rain, flood, land slide, etc., in natural disaster-prone areas have indicated the needs in the top ten provinces to assess and identify locations for interventions.

### How the cluster addresses its 2013 CHAP gender commitments

The ES/NFI Cluster made gender commitments in 2012 CAP. Sectoral assessments indicate that the conflict continues to disproportionately affect girls and women’s access to basic commodities, further compounding gender and provincial disparities. Such regional differences and gender gaps are overcome with the standardized content of the assistance package providing equal opportunities among men/women; girls and boys. Lessons drawn from 2012 will be used in addressing gender in 2013 specifically enhancing regional cluster capacities on coordination, beneficiary selection, distribution and monitoring/evaluation, with particular attention to women involvement in all process. In coordination with other clusters (FSAC, WASH) the Cluster will contribute towards reducing morbidity due to harsh winter conditions among girls and boys less than 10 years of age.

### How the cluster addresses its 2013 CHAP environmental commitments

ES/NFI Cluster has agreed to a minimum NFI package and cold package which are in full compliance with the environmental markers, Given that the agreement has been reached only for the minimum requirement, as a cluster we are committed to advice all actors involved to respect the IASC standards if and when funding are made available:

To consult with the local population on the environmental aspects of the assistance provided.

To ensure that the local contractor selected for materials like stones, sand, wooden plates, etc. in shelter construction has a license to exercise the activity according to the law.

## Costing of the cluster response

<i>Cluster objective:</i>				
	<b>Affected population</b>	<b>Target population</b>	<b>Unit cost</b>	<b>Budget</b>
<b>Conflict-induced and natural disaster IDPs, along with host communities are provided with immediate assistance upon displacement, subject to assessment report</b>	Action a: Emergency shelter kits	19,000	109	2,071,000
	Action b:	50,000	52	2,600,000
	IDP monitoring, distribution costs	50,000	52	2,600,000
	Action c:	35,000	234	8,190,000
	NFIs distributed and prepositioned	35,000	234	8,190,000
		40,000	179	7,160,000
	Action d:			
	Cold packages	40,000	179	7,160,000
<b>Total budget</b>				<b>20,021,000</b>

Link to map: [Table of proposed coverage per location](#)



## Food Security and Agriculture

<b>Cluster lead agencies</b>	<b>FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS/ WORLD FOOD PROGRAMME (FAO / WFP)</b>
<b>Deputy cluster coordinating agency</b>	AFGHAN AID - NGO co-chair
<b>Government counterpart</b>	MAIL / ANDMA
<b>Funds required</b>	\$103,428,067 million
<b>Contact information</b>	Cyril Lekiefs [cyril.lekiefs@fao.org] – FSAC coordinator William Affif [william.affif@wfp.org] – WFP co-leads Francesco Del Re [francesco.delre@fao.org] – FAO co-leads Nicholas Hutchings [nhutchings@afghanaid.org.uk] – NGO co-chair

### People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CHAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
2013 Conflict-induced IDPs	104,000	96,000	200,000	83,200	76,800	160,000
2013 Natural disaster IDPs	13,040	12,036	25,076	10,432	9,629	20,061
IPC phase 3 population	334,252	308,540	642,792	334,252	308,540	642,792
People likely to be affected by harsh winter and spring floods	120,830	111,536	232,366	96,664	89,229	185,893
<b>Totals</b>	<b>572,122</b>	<b>528,112</b>	<b>1,100,234</b>	<b>524,548</b>	<b>484,198</b>	<b>1,008,746</b>

### Explanation of number of beneficiaries targeted

#### 2013 conflict-induced IDPs

From January to September 2012, UNHCR reported that 152,695 people have been internally displaced. These groups are extremely vulnerable to food insecurity because of the loss of traditional livelihoods, weak support networks and (often) compromised access to land and labour markets. In those areas with high concentrations of IDPs, there may also be significant negative food security impacts on host families and communities severely stretching their capacity to cater to the combined needs of displaced people and their own family members. Host communities continue to bear the largest burden of catering to IDPs more than government or humanitarian actors. (Source: UNHCR: Conflict-Induced IDPs in Afghanistan – interpretation of the data as of 31 May 2012). FSAC has taken into consideration UNHCR planned figures of conflict-induced IDPs for 2013. Looking at displacement trends from January 2009 until October 2012 projected figures of displacement for 2013 total 200,000. FSAC will target 80% of these.

#### 2013 Natural disasters IDPs

IOM reports that from January to September 2012, 25,076 people have been displaced due to natural disasters (floods, flash floods, earthquake, harsh winter, landslides, river bank erosion, etc.). We may expect that about 33,500 people will have been displaced in 2012 for the same reasons. According to FSAC, the numbers affected by these hazards in 2013 could be 20 – 30% lower than in 2012 (source: FSAC 2013 Response Planning Workshop, Park Star hotel, Kabul 11



October 2012). This translates to approximately 25,076 people. FSAC will try to reach 80% of the population group in need.

#### IPC phase 3 “crisis” population

Currently (October 23, 2012) estimated at 642,792 people. Households “in crisis” have the following or worse: food consumption gaps with high or above usual acute malnutrition OR are marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps. Characteristically, there are combinations of reasons why particular households end up “in crisis” in Afghanistan. Multiple livelihood and food security shocks (involving either natural disasters and / or conflict) reduce options for income and food access, reduce assets and increase the incidence of negative coping strategies. In provinces where the numbers of phase 3 populations are highest, the 2011 drought, a harsh winter in 2011/12 and widespread flooding have combined to push households into situations of acute food insecurity.

#### People likely to be affected by harsh winter and spring floods

IOM reports that in total **35,706** families (250,000 people) were severely affected, mainly by floods, harsh winter weather, landslides, avalanches, heavy rainfall and river bank erosion during 2012 (Source: IOM Humanitarian aid Programme Monthly Assistance Report – September 2012). Of these **9%** or 2,502 families (17,514 people) were displaced. Based on existing data and forecasts, the most likely scenario is for a **lower** caseload in 2013 than in 2012 for both harsh winter and floods. This reduced number will be in need of emergency food security assistance as they were this year. FSAC agencies that the numbers affected by these hazards could be 20 – 30% lower than last year (Source: FSAC 2013 Response Planning Workshop, Park Star hotel, Kabul 11 October 2012). This translates to approximately 232,366 people. FSAC plans to target 80% of the population group in need.

#### Gaps in information

No data available concerning host communities of IDPs. Although FSAC recognizes the need support host communities of IDPs, it could not access any figure and elaborate a proper planning.

Due to lack of evidences, IPC analysis could only cover 26 provinces out of 34. We are aware that uncovered provinces may also experience high food insecurity. Districts may also have a different phase classification than provinces. If evidences were not strong enough, we could not then report on the very specific situation of a district or a province. In some cases, we could conduct this in-depth analysis. The eight (8) provinces of Farah, Hilmand, Kabul, Kunduz, Panjsher, Parwan, Wardak and Zabul were not covered by the IPC analysis.

No data available on nomadic (Kuchi) people.

### **How the cluster response plan will contribute to the strategic objectives**

FSAC will contribute to the following strategic objectives:

Reduce mortality and morbidity (SO2): FSAC members provide life and livelihood saving assistance to populations known to be in need of emergency response, through general food distribution and cash/voucher transfers.

Assist and protect the displaced, returnees and host communities (SO3): FSAC members provide life and livelihood saving assistance to IDPs known in need of emergency response (conflict-

induced and /or displaced due to natural disaster), through food assistance and emergency livelihood support/ income generation activity (IGA).

Restore livelihoods for the most vulnerable (SO4): FSAC members support the livelihood recovery of populations recovering from shocks, through the livestock interventions (animal feed, vaccination, deworming, restocking, etc.) and distribution of agriculture inputs (seeds, tools, fertilizers) to support the recovery of agriculture production. In addition, interventions such as food for assets and food for work will also contribute to restoring the livelihoods through the reconstruction of assets destroyed by natural disasters.

FSAC is also going to contribute to the cross-cutting issue of emergency preparedness, though the following objective:

Strengthen the emergency preparedness of the FSAC, FSAC agencies and partners : FSAC will contribute towards this objective through a reinforced system of early warning for effective decision making at community and agency levels; through prepositioning of stocks of food, agriculture inputs, and veterinary equipment as well as through improved emergency preparedness planning in collaboration with national and district disaster management authorities and with the emergency preparedness sub-working group of the Humanitarian Country Team (HCT).

### **How the cluster addresses its 2013 CHAP gender commitments**

Within this overall picture given by the SFSA<sup>51</sup> and the IPC analysis there are some population groups which are at greater risk of acute food insecurity than the general population. The key groups include IDPs, refugee returnees, IDP returnees, families living in insecure areas, female headed households (particularly households headed by widows); households with disabled and aged members, and people living in currently insecure areas. Of particular concern are those households with multiple / overlapping risk characteristics – for example female or widow headed IDP households.

In 2012, FSAC will have conducted a study whose overall objective is to provide information that will help promote the development and implementation of gender equitable initiatives for food security that are culturally and regionally appropriate and responsive to the different needs and abilities of women, girls, boys and men and specific groups i.e. IDPs, returnees, etc. The two (2) following types of interventions will be given consideration through two (2) case studies:

Emergency food assistance through cash transfers in response to the past drought.

Protection of livelihoods through the distribution of farming inputs and small equipment to support quick resumption of productive activities for home gardening.

In February and October 2012, FSAC hosted a protection officer from the global food security cluster. Over the course of the two visits two introductory training workshops were held in Kabul and in Hirat – providing the cluster partners with a basic introduction to protection and specifically protection issues that relate to food security needs and responses. A list of actions to help in mainstreaming protection in food security, and integration of gender, age and disabilities, has been identified for 2013. It will also assist in enhancing the methodology for beneficiary targeting by identifying and supporting the most vulnerable populations and will thus enable needs based

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<sup>51</sup> FSAC Seasonal food security assessment.

interventions. Thus, it will ensure that protection, gender, age and disability are integrated in the actions under every strategic objective of the cluster. The final plan will be elaborated in late 2012.

### **How the cluster addresses its 2013 CHAP environmental commitments**

In order to promote the rehabilitation and protection on the environment in food security and agriculture responses in Afghanistan, FSAC will use the recommendations below, as drafted by UNEP, as quality criteria for the selection of food security projects in 2013:

Food and cash for work projects should incorporate simple environmental action plans developed with communities and local authorities. Activities can include environmental rehabilitation and natural resource management such as watershed management approaches including waste clean-up, village horticulture and tree planting activities.

Food and cash for assets projects should focus on sustainable livelihoods to build resilience, e.g. agro forestry and sustainably managed water for irrigation. Projects should incorporate techniques which improve food security and environmental sustainability and reduce vulnerability to disasters including hillside terracing, better storage and transmission of water and introduction/encouragement of hardy plants and tree stock adapted to tougher environmental conditions. Agro-based communities should be assisted with improved yielding plant varieties suited to the region, elevation, soil types and with multi-use functions in mind (fuel, fodder, food, and anchoring soil).

It is well recognized that the primary objective under the above interventions is to improve food security – however the above should be considered in light of mainstreaming environment and resilience in our work.

## Cluster objectives and output targets

### Cluster objective 1

To provide life and livelihood saving assistance to populations known to be in need of emergency response.

**(SO2)**

#### Output 1.1: Provide emergency food assistance through general food distribution (GFD), cash/voucher transfers to populations affected by natural disaster and / or conflict

Output indicator	2013 target
% of people in emergency need assisted on time with appropriate transfers (cash and/or food)	95% of 875,158
Breakdown 1: IPC phase 3 population	642,792
Breakdown 2: Natural disaster-affected people (exc. IDPs)	185,893

### Cluster objective 2

To provide life and livelihood saving assistance to populations known to be in need of emergency response

**(SO3)**

#### Output: Provide emergency food assistance through general food distribution (GFD) to populations affected by natural disaster and / or conflict

Output Indicator	2013 target
% of IDPs in need assisted on time with appropriate transfers (cash and/or food) and livelihood support	80% of 225,076
Breakdown 1: 2013 Conflict-induced IDPs	160,000
Breakdown 2: 2013 Natural disaster IDPs	20,061

### Cluster objective 3

To support livelihood recovery of populations recovering from shocks.

**(SO4)**

#### Output: Distribute animal feed and livestock to promote livestock recovery after natural or man-made disaster

#### Output: Distribute agriculture inputs to support recovery of crop production

Output Indicator	2013 target
% of people in need assisted on time with productive asset support (seeds and / or fertilizer and / or livestock support ; conditional transfers)	95 % of 875,158
Breakdown 1: IPC phase 3 population	642,792
Breakdown 2: Natural disaster affected people (exc. IDPs)	185,893

## Top-priority actions, beneficiaries, and locations

### Beneficiaries

IPC phase 3 populations, communities affected by the harsh winter and flooding, IDPs, deportees and host communities will need food security assistance throughout 2013, although the nature of that assistance will change as populations start to recover. The first priority will be to provide emergency assistance to save lives and livelihoods. This will be followed by different kinds of interventions designed to support livelihood recovery.

In support of this, it will be important and necessary to strengthen existing systems of emergency preparedness within and between local and international NGOs, UN agencies and government agencies concerned with supporting the food security needs of vulnerable groups. A recent analysis of preparedness carried out by FSAC members and validated in a national workshop<sup>52</sup> indicates a number of gaps in this regard. Deficiencies are notable in terms of geographical coverage, preparedness for particular types of hazard and also weaknesses in the various aspects of preparedness. Of particular concern is the weak coordination mechanism between government, national and international NGOs and UN agencies at local, regional and national levels, and a general weakness in contingency planning, the cluster will continue to support the emergency preparedness sub-working group of the HCT and ANDMA to address some of these concerns. Whilst some aspects of early warning are in place (for example FEWSNET and the Early Warning group of the FSAC) there are serious weaknesses in linkages between local, regional, provincial and national levels in terms of information gathering, monitoring and analysis.

### High-priority provinces according to vulnerable groups

As mentioned above, FSAC elaborated its plan for intervention based on available data concerning current caseloads (IPC, IDPs) and the very likelihood of hazards in 2013 (harsh winter, floods, avalanches, river bank erosion, etc.). Both the second version of the IPC map and IPC population table (herein after) has been a key to identify most vulnerable people in need for 2013. FSAC also considered vulnerability to disasters as a tool to rank priority geographic areas.

Conflict-induced IDPs: Hirat, Nangarhar, Hilmand, Kandahar, Ghor, Faryab, Uruzgan, Kunar, Zabul, Ghazni

Harsh winter (based on 2012 caseloads): Ghor; Daikundi; Bamyan; Sari Pul; Parwan; Baghlan; Kapisa; Wardak; Panjsher; Nuristan; Badakhshan; Takhar; Ghazni; Kabul (KIS).

Spring floods (based on 2012 caseloads): Balkh, Sari Pul, Faryab, Jawzjan, Samangan, Ghor, Badghis, Baghlan, Takhar, Badakhshan, Nangarhar, Laghman, Nuristan.

IPC phase 3 populations: Badakhshan, Nuristan, Ghor, Khost, Sari Pul.

Link to map: [Overview of Current Acute Food Insecurity Situation](#)

<sup>52</sup> FSAC 2013 response planning workshop, 11 October 2012, Park Star Hotel, Kabul

## AFGHANISTAN COMMON HUMANITARIAN ACTION PLAN 2013

FSAC - Estimated target populations								
2013 projections								
Date: 3-Nov- 2012								
No	Region	Provinces	Natural disaster IDPs	Natural disaster populations	IPC phase 3 populations	Conflict-induced IDPs	Total	Province ranking
1	Northeast	Badakhshan	2,884	9,442	286,968	47	299,341	1
2		Takhar	694	7,286	0	386	8,366	
3		Baghlan	95	7,101	0	149	7,345	
4		Kunduz	1,176	21,504	NO IPC data	606	23,286	14
5	North	Balkh	7,364	26,006	0	1,094	34,464	6
6		Jawzjan	1,663	2,526	0	3,043	7,232	
7		Sari Pul	358	12,936	49,110	1,719	64,123	4
8		Faryab	190	7,252	0	11,433	18,875	16
9		Samangan	45	1,546	17,050	99	18,740	17
10	West	Hirat	3,578	6,535	0	18,424	28,537	11
11		Badghis	0	5,942	0	7,390	13,332	
12		Farah	0	8,361	No IPC data	5,535	13,896	
13		Ghor	571	13,586	78,060	5,907	98,124	2
14	South	Kandahar	510	5,342	0	17,077	22,929	15
15		Hilmand	0	5,600	No IPC data	23,303	28,903	9
16		Nimroz	560	1,120	0	815	2,495	
17		Uruzgan	0	3,668	0	12,488	16,156	18
18		Zabul	0	5,163	No IPC data	4,911	10,074	
19	East	Nangarhar	342	1,837	0	12,618	14,797	
20		Nuristan	0	17	35,225	1,184	36,426	5
21		Laghman	0	1,904	29,351	1,099	32,354	7
22		Kunar	0	1,618	20,785	5,155	27,558	12
23	Central highlands	Bamyan	0	571	24,810	0	25,381	13
24		Daikundi	0	11,228	17,400	363	28,991	10
25	South east	Ghazni	0	4,362	0	4,621	8,983	
26		Khost	0	588	58,938	5,782	65,308	3
27		Paktya	0	3,825	25,095	439	29,359	8
28		Paktika	0	543	0	678	1,221	
29	Central	Kabul	0	3,478	No IPC data	2,824	6,302	
30		Kapisa	0	134	0	3,741	3,875	
31		Panjsher	0	1,921	No IPC data	74	1,995	
32		Parwan	0	683	No IPC data	694	1,377	
33		Logar	22	2,268	0	557	2,847	
34		Maydan Wardak	0	0	No IPC data	5,745	5,745	
<b>Total</b>			<b>20,061</b>	<b>185,893</b>	<b>642,792</b>	<b>160,000</b>	<b>1,008,746</b>	

## Costing of the cluster response

The costing analysis is based, as requested, on the available rough estimation done by a few FSAC members<sup>53</sup>, so the information available may not be accurate, but be closer. The agencies were bit reserved to share the cost related information as it may be shared at the wider forum. Based on the following parameters the cost per beneficiary were reviewed, analysed and estimated: procurement cost of inputs/ value of money transferred, logistical/ operational/ delivery cost staff cost, training cost etc, and time/ duration of interventions and making an average cost per beneficiary for each intervention.

Although the total number of target people is expected to reach 1,008,746 in 2013, some of them will benefit from both emergency and recovery supports. Totally, services will target 1,394,995 people.

Modality of response	Cost in \$	Unit cost in \$	Nb of recipients
Unconditional food transfer	54,569,124	84	649,632
Unconditional cash/voucher transfers	2,366,518	68	34,802
Conditional food transfer	2,372,571	28	84,735
Food for assets building	9,219,131	68	135,575
Cash/Voucher for assets	2,304,783	68	33,894
Food for training	5,185,761	68	76,261
Cash/Voucher for training	1,152,391	68	16,947
Agriculture input	12,855,459	59	217,889
Livestock input	7,626,120	70	108,945
Emergency livelihood support	4,176,208	115	36,315
FSAC coordination	1,600,000	-	-
<b>Total</b>	<b>103,428,067</b>	<b>74</b>	<b>1,394,995</b>

## Costing per Strategic objective

Strategic Objectives		2013 Conflict-induced IDPs [160,000]	2013 Natural disaster IDPs [20,061]	IPC phase 3 population [642,792]	People likely to be affected by harsh winter and spring floods [185,893]	Total in \$
		\$	\$	\$		
<b>SO2</b>	Reduce Mortality and Morbidity	9,030,720	1,132,283	36,280,466	10,492,173	56,935,642
<b>SO3</b>	Assist and protect the displaced, returnees and host communities	7,120,512	892,779	0	0	8,013,291
<b>SO4</b>	Restore livelihoods for most vulnerable	0	0	28,606,301	8,272,833.36	36,879,134
	FSAC coordination	-	-	-	-	1,600,000
<b>Total</b>		<b>16,151,232</b>	<b>2,025,062</b>	<b>64,886,767</b>	<b>18,765,006</b>	<b>103,428,067</b>

<sup>53</sup> ACTED, Save the Children Int., Oxfam GB, OHW, CoAR, WFP, FAO.

Table of proposed coverage per location

Rank	Geographic Location	FSAC		
	Cluster's Prioritized Provinces <i>(start with most vulnerable)</i>			
1	<b>Badakhshan</b>	ACTED, Concern Afghanistan, Focus Humanitarian aid, Mission East, NAC, Oxfam GB, SDRO, WFP, DACAAR, Afghanaid, ARCS, FAO, ICRC, MC, Oxfam	<b>TOTAL:</b>	<b>15</b>
2	<b>Ghor</b>	ACF, CRS, WFP, Afghanaid, ARCS, CHA, FAO, Madera, NPO/RRAA, RWDOA, STARS, WVA	<b>TOTAL:</b>	<b>12</b>
3	<b>Khost</b>	AREA, WADAN	<b>TOTAL:</b>	<b>2</b>
4	<b>Sari Pul</b>	ARCS, FAO, SOFAR, JDA, Save the Children, WFP, ZOA, DACAAR	<b>TOTAL:</b>	<b>8</b>
5	<b>Nuristan</b>	FAO, Madera, WFP	<b>TOTAL:</b>	<b>3</b>
6	<b>Balkh</b>	ACTED, CARE, JDA, People in Need, Save the Children, NPO/RRAA, WFP, Islamic Relief, DACAAR, ActionAid, ARCS, FAO, ICRC, Johanniter, NRC, SCA, SHA	<b>TOTAL:</b>	<b>17</b>
7	<b>Laghman</b>	FAO, ROP, Madera, WFP, DACAAR	<b>TOTAL:</b>	<b>5</b>
8	<b>Paktya</b>	ASR	<b>TOTAL:</b>	<b>1</b>
9	<b>Daykundi</b>	ACF, Caritas Germany/RORA, CoAR/NCA, Norwegian Church Aid, WFP, GWO, Oxfam, STARS	<b>TOTAL:</b>	<b>8</b>
10	<b>Hilmand</b>	WFP, MC, ROP	<b>TOTAL:</b>	<b>3</b>
11	<b>Hirat</b>	AHDAA, ARCS, BDN, CHA, CRDSA, CRS, INTERSOS, RAADA, WFP, DACAAR, FAO, HELP, JRS, NOP/RRAA, RWDOA, SPD, WASSA, WDOA	<b>TOTAL:</b>	<b>18</b>
12	<b>Kunar</b>	WFP, Madera, Relief International, Islamic Relief, DACAAR, FAO, ROP	<b>TOTAL:</b>	<b>7</b>
13	<b>Bamyan</b>	AAA, AKF, ARCS, CRS, FAO, GP, Medair, HELVETAS, Save the Children, Solidarités International, WFP, Islamic Relief	<b>TOTAL:</b>	<b>12</b>
14	<b>Kunduz</b>	ARCS, FAO, ICRC, MC, MC/CDP, ACTED, AREA, Focus Humanitarian aid, SDRO, Shelter for Life International, WFP	<b>TOTAL:</b>	<b>11</b>
15	<b>Kandahar</b>	ADA, ALO, CHA, HAPA, MC, ROP, VARA, WFP, FAO	<b>TOTAL:</b>	<b>9</b>
16	<b>Samangan</b>	ACF, BRAC, FAO, HELVETAS, JDA, People in Need, Solidarités International, SCA, ZCO, WFP, Afghanaid	<b>TOTAL:</b>	<b>11</b>
17	<b>Faryab</b>	ACTED, Caritas Germany/CHA, CHA, CoAR/NCA, INTERSOS, JDA, NCA, Save the Children, WFP, DACAAR, FAO, GEE, IAM, Idea New, NPO/RRAA, TearFund, UZAP, WHH	<b>TOTAL:</b>	<b>18</b>
18	<b>Uruzgan</b>	ANCC, NCA, Save the Children, WFP, ZOA, ROP	<b>TOTAL:</b>	<b>6</b>





**Health**

<b>Cluster lead agency</b>	WHO
<b>Deputy cluster coordinating agency</b>	MoPH/EPR (Dr Hamid Ahmad Zai)
<b>Government counterpart</b>	MoPH/ EPR
<b>Funds required</b>	\$16,913,808
<b>Contact information</b>	Dr. Maria Luiza Galer, Cluster Coordinator, <a href="mailto:galem@who.int">galem@who.int</a>

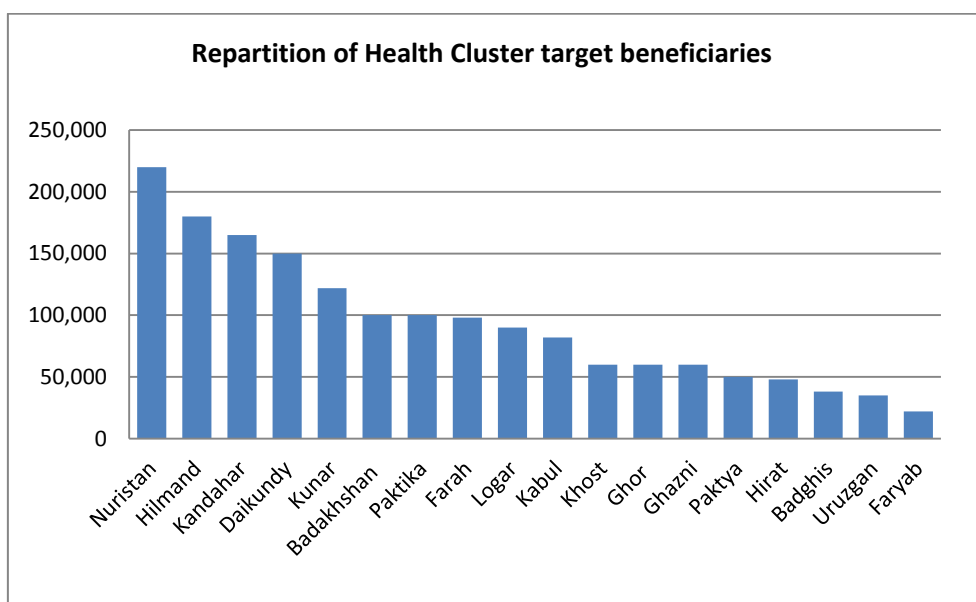
**People in need and target beneficiaries**

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CHAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
People affected by conflict	1,151,500	1,198,500	2,350,000	465,500	48,4500	950,000
Communities affected by natural disasters	127,400	132,600	260,000	3,920	4,080	80,000
People affected by outbreaks	58,800	61,200	300,000	58,800	61,200	120,000
IDPs, Informal settlements, returnees, etc	225,400	2,346,000	460,000	49,000	51,000	100,000
People in critical health situation due to lack of access to services and excessive vulnerability, and stigmatization				210,700	219,300	430,000
<b>Totals</b>	<b>1,563,100</b>	<b>1,626,900</b>	<b>3,190,000</b>	<b>82,3200</b>	<b>856,800</b>	<b>1,680,000</b>

**Cluster objectives and output targets**

**Cluster objective 1**

To ensure access to timely emergency health care services with a focus on **(SO1,2,4)** maternal and child health for communities affected by humanitarian situations (natural and manmade)

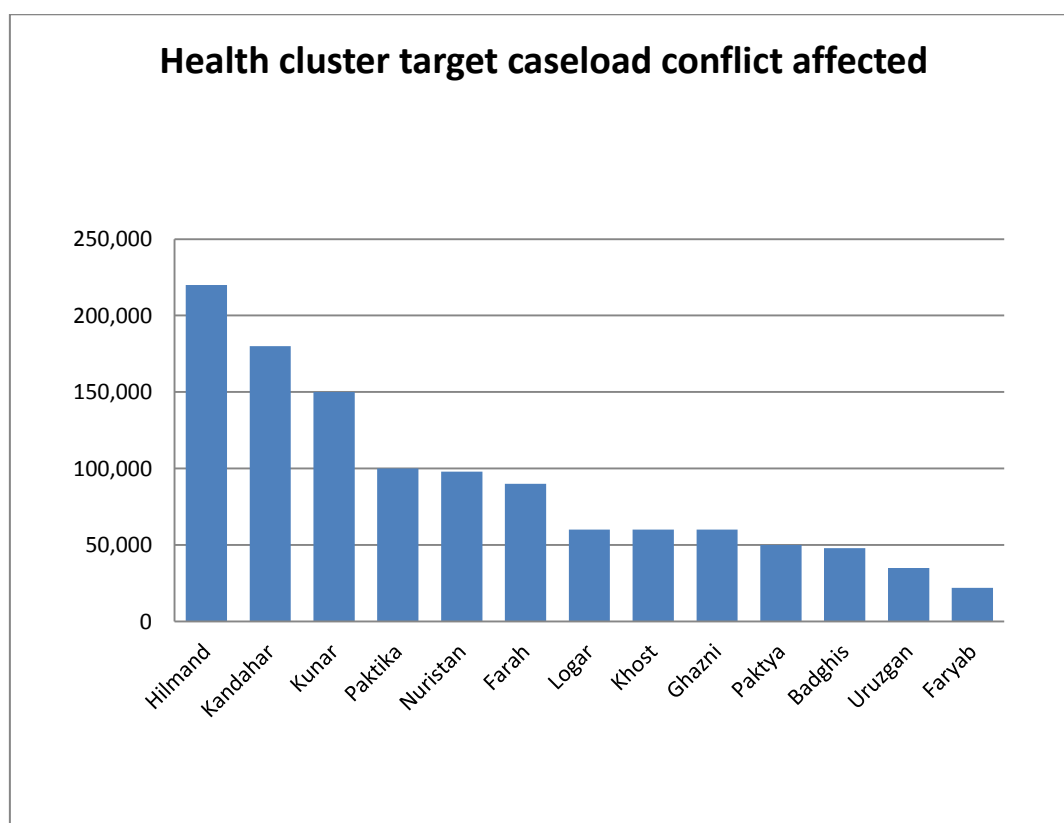


**Output: The health needs of 200,000 people affected by sudden onset emergencies (including outbreaks) that by pass local response capacity are addressed within 24 hours from notification**

Output Indicator	2013 target
Provincial, regional and national contingency plans for main hazards (including outbreaks) are revised.	Four national contingency plans
Prepositioning of medicines and medical supplies, designation of emergency response teams and risk communication.	Medical supplies (including supplies specific for MNHC) to cover the immediate needs of 200,000 people are prepositioned
Establishment and training of provincial emergency response teams.	68 teams established and trained (80% of them contain female medical staff)

**Output: Emergency health services to serve 950,000 conflict-affected people in areas not covered by public health services or other humanitarian actors (such as ICRC), including support for the treatment of civilian war victims**

Output Indicator	2013 target
Temporary static and mobile health units providing essential PHC, MNHC, trauma stabilization and referral established in targeted conflict- affected districts	90 temporary health units (with 70% containing qualified female medical staff)
Temporary health services for 100,000 IDPs and informal settlements allowing availability of one PHC/10,000 people	10 health units established
Number of emergency health facilities with Basic emergency Obstetric Care 500,000 population, by administrative unit	<b>&gt;= 4 BEmOC/500 000</b>
Supplies and operational support for six specialized trauma surgical centres is provided	4,000 major/medium complexity surgical interventions
The capacity of 30 provincial/district hospitals (18 provinces) to stabilize and treat trauma is strengthened	80 doctors and 80 surgical nurses are trained through a 3-week intensive session



**Output: Essential health needs of 430,000 people in critical health situation due to lack of access to services and additional excessive vulnerabilities are addressed**

Output Indicator	2013 target
Temporary static and mobile health units providing a standardized emergency health package are established in targeted areas	40 health units (i.e. 1/10,000 people)

**Cluster objective 2**

To strengthen the early warning mechanism and timely respond to outbreaks that surpasses the local response capacity across the country.

**(SO1,2,4)**

**Output: Community-based early warning established in 70 very high/high risk districts and are DEWS strengthened.**

Output Indicator	2013 target
Early warning focal points identified and trained in 78 targeted districts	780 community members trained
Communication SOP between community early warning focal points and health units defined and mechanism facilitated	80% of alarms reported within 24 hours
Strengthen existing DEWS at facility level	200 health staff trained in outbreak investigation
DEWS included in the package of all newly established temporary emergency static and mobile health units	100% of health units report weekly to DEWS
DEWS epidemiological bulletin produced and shared	1 report / week

**Output: More than 90% of outbreaks are timely and appropriately responded by health cluster partners**

Output Indicator	2013 target
Outbreak alerts are investigated and initial response started within 48 hours from the notification	100%
Case fatality rates during outbreaks are within internationally agreed standards	CFR cholera <1%; CFR measles <5%
Medicines and medical supplies provided for the treatment of people affected by outbreaks	100,000 patients treated
Containment and prevention measures implemented in high risk areas through Implementation of RED (Reach Each District) strategy and health awareness.	460,000 children vaccinated with three antigens Mass media and community awareness campaign has reached 400,000 people
Improved quality of outbreak response of all partners	240 health managers trained on relevant guidelines (four)

**Cluster objective 3**

To respond to the health needs of especially vulnerable groups in need of humanitarian aid (IDPs, refugees/returnees, informal settlements and host communities).

**(SO3)**

**Output: Access to emergency health services for 50,000 IDPs in camps/ camp-like settlements**

Output Indicators	2013 target
Integrated emergency PHC package (including MISP) and referral mechanism through mobile and static temporary clinics	One HF/10,000 people
Contingency maintained to respond to a sudden increase of IDPs	Supplies and operational costs for 30,000 people

**Output: Access to emergency health services for 50,000 IDPs living in host communities**

Output Indicator	2013 target
Supplies and operational support to the local HF's (primary and secondary level) operating in areas of displacements	5-8 HF supported

**How the cluster addresses its 2013 CHAP gender commitments**

Based on the results of different surveys and analyses of different large-scale health campaigns, it has been observed that there is a general under-reporting of females (compared to males) due to cultural and social practices. This has the potential to impact the planning of coverage and the capacity to provide equal access to health care for both females and males. In order to mitigate this challenge, project planning now includes 49% of the target population identified as female. Additionally, all health data regarding morbidity, mortality, outbreak reports, and vaccination campaigns is disaggregated by gender and age. The information acquired on the gender determinants of health-seeking behaviour will be used for future planning and the community awareness targeting of entire families.

The last mortality survey (Afghan Mortality Survey 2010) confirmed that difficult access to health services due to distance, harsh weather, lack of/unaffordable transportation, insecurity, need for Mahram (double out of pocket expenditures), and the lack of female medical staff disproportionately affects women, adolescent girls, and children's access to health, including reproductive health. More than 60% of the respondents mentioned these as the main reasons for not being able to seek health care. Moving health care closer to these communities, and ensuring the availability of female staff within emergency health teams will remove these barriers and lower the challenges faced by women and their families.

The lack of knowledgeable, skilled health workers who are mother and child-friendly, and are culturally sensitive, during humanitarian work widen the gap between health workers and communities. The WHO training on gender mainstreaming for all health partners (including MoPH) began in 2010 and will be continued in order to cover the newly included provinces in the plan.

**How the cluster addresses its 2013 CHAP environmental commitments**

Environmental consideration is extremely important in relation to the Health Sector and will include: the management of biological waste (solid and liquid) by health facilities and during vaccination campaigns, the transport and use of biological samples (for laboratory confirmation), and safe water supplies for health facilities. There are clear guidelines regarding all of these issues (developed by WHO and adopted by the MoPH), and the establishment of temporary emergency health units and implementation of public health interventions will actively apply these guidelines, ensuring that the necessary resources and knowledge are available. WHO will disseminate all necessary technical materials and conduct awareness sessions at regional level.

## Costing of the cluster response

\$16,913,808 (approx. \$9.5/affected person) for the implementation of the plan:

### Costing of Health Sector 2013 CHAP

Activity	# units	period	Unit Cost \$	\$ Cost
1 Supplies for response to acute onset emergencies (including outbreaks)				902,880
Inter-agency emergency health kit (basic)	300	1	800	240,000
Diarrhoeal diseases kit (complete)	32	1	8,250	264,000
Acute respiratory infection kit	200	1	780	156,000
Miscellaneous (outbreaks)	1	1	242,880	242,880
2 Support for treatment of conflict victims in specialized centres				2,868,000
Trauma kit (complete)	28	1	31,000	868,000
Operational costs	4	1	500,000	2,000,000
3 Strengthen the capacity of 30 hospitals for trauma treatment (trauma training)				380,700
Training of doctors and nurses	180	22	60	237,600
Module adaptation and trainers	9	2	7,950	143,100
4 Medical supplies for temporary emergency static and mobile health units				1,659,000
Inter-agency emergency health kit (basic)	1,500	1	800	1,200,000
Acute respiratory infection kit	50	1	780	39,000
Reproductive kits (modules 1,2,3)	50	1	4000	200000
Miscellaneous (outbreaks)	1	1	220,000	220,000
5 Implementation of RED strategy and vaccination in response to outbreaks	420,000	3	1	1,260,000
6 Establishment and running costs of temporary emergency mobile health units	60	12	6,700	482,4000
Establishment and running costs of temporary emergency static health units	80	12	3,200	3,072,000
7 Community early warning system in selected areas	78	36	60	185,328
Training of community focal points	78	36	50	140,400
Printing reporting materials	624	12	1	7,488
communication support	624	12	5	37,440
8 Health awareness and risk communication (kit)	78	1	3,850	300,300
9 Training on gender, emergency guidelines and outbreak investigation	260	24	90	561,600
10 Assessments district level	1	1	300,000	300,000
11 Cluster coordination and logistics costs (annual)				600,000
<b>Total</b>				<b>16,913,808</b>

**Table of proposed coverage per location**

Rank	Geographic location		Target population	Partners
	Province	Districts		
1	Nuristan	Du Ab, Nurgaram, Mandol, Wama, Waygal, Kamdesh	98,000	IMC, HADAAF, ARCS, WHO, UNICEF
1	Hilmand	Nad Ali, Dishu, Baghran, Nahri Saraj, Garmser, Washer	220,000	Emergency, BRAC, WHO, UNICEF, ARCS
1	Kandahar	Shah Wali Kot, Shorabank, Ghorak, Khakrez, Panjwayi, Maywand	150,000	Mercy Corps, AHDS, ARCS, WHO, UNICEF
1	Daykundi	Ishtarlay, Sangi Takht, Shahrستان, Gizab	100,000	PU-AMI, MOVE, ARCS, WHO, UNFPA
1	Kunar	Marawara, Dara I Oach, Shaygal Wa Shilitun, Chapa Dar, Sargani	90,000	PU-AMI, IMC, WHO
1	Badakhshan	Kuf Ab, Kuran Wa Murjan, Khwahan, Kohistan, Raghistan, Darayim	82,000	AKHS, Merlin, CAF, WHO, UNICEF, UNFPA
1	Paktika	Waza Khawa, Wor Mayi, Gayan, Barmal	60,000	IMC, ARCS, WHO, UNICEF
1	Farah	Bakwa, Khaki Safed	60,000	CHA, ARCS, WHO
1	Logar	Azra, Kharwar	22,000	MRCR, WHO
1	Kabul	District 5, 6, 8,9 (Informal settlements)	38,000	SHRDO, German Agroaction, TDH, WHO, UNICEF
2	Khost	Mando Zai, Spira	35,000	HN-TPO & AADA, ARCS
2	Ghor	Pasaband, Tulak, Lal Wa, Sarjangal	122,000	ACTD, WHO
2	Ghazni	Bagrami Shahid, Andar, Zana Khan, Nawa	180,000	AADA, SDO, BDN, Emergency, SHUHUDA, LEPCO, MoPH, SCA
2	Paktya	Jani Khail, Ali Khail	50,000	HN-TPO, ACTD
2	Hirat	Adrashkan, Injil	165,000	ARCS, NPO/RRAA, Ibne Sina, BDN, AIL, IAM
2	Badghis	Mugur	100,000	MOVE, WHO
2	Uruzgan	Shahidi Hassas, Khas Uruzgan	48,000	AHDS, WHO
2	Faryab	Kohistan, Pashtun Kot	60,000	ATA, AADA, SAF, ARCS, CAF, WHO, UNFPA
<b>Total</b>			<b>1,680,000</b>	



## Multi-sector assistance to refugees

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)</b>
<b>Deputy cluster coordinating agency</b>	IOM
<b>Government counterpart</b>	MoRR
<b>Funds required</b>	\$113,878,660
<b>Contact information</b>	Clare Askew, UNHCR (askew@unhcr.org)

### People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in CHAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
2013 potential refugee returnees	1,274,000	1,326,000	2,600,000	89,440	82,560	172,000
Refugees and asylum-seekers	3,900	3,600	7,500	3,900	3,600	7,500
Vulnerable refugee returnees from previous years	436,800	403,200	840,000	436,800	403,200	840,000
Vulnerable undocumented migrants	1,400,000	1,000,000	1,400,000	30,000	30,000	60,000
<b>Totals</b>	<b>3,114,700</b>	<b>2,732,800</b>	<b>4,847,500</b>	<b>560,140</b>	<b>519,360</b>	<b>1,149,500</b>

### Sector objectives and output targets

#### Multi-sector objective 1:

Support the voluntary return of up to 172,000 Afghan refugees from neighbouring countries through immediate protection and assistance as well as up to 60,000 vulnerable returning undocumented migrants.

**(SO3)**

**Output:** Up to 172,000 returning refugees and will be provided with a protection assessment to ensure the voluntary nature of return and immediate reintegration assistance. In addition, up to 60,000 vulnerable returning migrants will be screened and identified and provided necessary humanitarian and transportation assistance.

**Output indicator (2013 target):** Provision of voluntary repatriation grants to new voluntary repatriating refugees up to 172,000 returning refugees will be facilitated to return to Afghanistan with their protection and initial reintegration needs met and voluntariness of return verified. Up to 60,000 vulnerable returning migrants will be provided with assistance, including transportation, NFIs and other necessary assistance to safely travel from the border to their final destination.

#### Multi-sector

#### objective

**2**

Pursue protection and provide immediate assistance to the most vulnerable asylum-seekers, refugees, refugee returnees, people in a refugee-like situation as well as returning migrants.

**(SO3)**

Output Indicator	2013 target
Number of asylum-seekers, refugees, vulnerable returning migrants and people in a refugee-like situation who benefit from a protection and assistance assessment	1,149,500
Number of asylum-seekers, refugees, vulnerable returning migrants and people in a refugee-like situation who are provided with immediate assistance following arrival	300,000

### Multi-sector objective 3

In areas of high return, where returning refugees and returning migrants are measured to be significantly less able to sustainable reintegration due to disparity with the local population, undertake community-based interventions to improve absorption capacity (SO3)

#### Top-priority actions, beneficiaries, and locations

**Actions:** Facilitating and supporting voluntary repatriation as well as providing assistance to newly-arriving asylum-seekers, refugees, returning migrants and people in a refugee-like situation is the top priority in accordance with UNHCR and IOM’s respective mandate. In terms of sustainable reintegration, UNHCR and IOM will target identified high-return areas according to return statistics.

**Beneficiaries:** Returning refugees, asylum-seekers, refugees, returning migrants and people in a refugee-like situation are the mandate concern of UNHCR and IOM, and as such, will be prioritized for protection and assistance. For returning refugees and returning migrants, UNHCR and IOM will target high return areas, especially where needs assessment identify needs among returning refugees and their risk of secondary displacement.

**Locations:** For returning refugees, entry points are at the five encashment points for voluntary return assistance including in Kabul, Jalalabad, Kandahar and Hirat. For returning migrants, the entry points are Islam Qala, Zaranj, Torkham and Spin Boldak border points. Asylum-seekers, refugees and people in a refugee-like situation generally approach UNHCR through trusted interlocutors or directly. Border areas are the most significant place at risk for new arriving people who may be in a refugee-like situation. For returning refugees sustainable reintegration activities, UNHCR has identified the top ten provinces to assess and identify locations for interventions. IOM will identify places of origin related to returnee migrants.

#### How the sector addresses its 2013 CHAP gender commitments

UNHCR conducts an annual Age, Gender and Diversity Analysis in coordination with partners, including government officials. Through a series of focus groups and household interviews, efforts are made to better understand the different issues, needs and responses needed by all segments of the population, including school-age boys and girls, children under five (through both parents) as well as elderly men and women. The results identify the key concerns of each group, through which response plans are developed to address the issues. Returning refugees often have complex problems related to their long years in exile, where issues of gender may have been addressed through a different cultural response than may be found upon return. A key issue is related to access to education, particularly for girls. Education for girls is more culturally appropriate and expected in some countries of exile, and as such, many girls upon return are forbidden to attend school, including primary and secondary school. Efforts are made with local



schools to address physical and cultural issues, including ensuring access to classes by returning refugees, appropriate and culturally acceptable teachers from the local community as well as suitable and accessible languages of instruction. Through these efforts, some progress has been achieved. Nonetheless, this continues to be an area UNHCR is addressing throughout Afghanistan, with limited success. Other issues are access to national ID cards, which are often secured by the Head of Household, but not recognized by returning refugees as useful or necessary for women and children. UNHCR is supporting efforts by local authorities to ensure that applications for ID cards from returning refugee women and children are accepted and processed the same way as for all other Afghan citizens.

### Costing of the multi-sector response

<b>Multi-sector objective 1:</b> Voluntary Repatriation				
	<b>Action</b>	<b>Target population</b>	<b>Unit cost (in \$)</b>	<b>Budget</b>
		Cost		
<b>Returning refugees and returning migrants are provided with immediate return assistance upon arrival, including protection advice, demining information and counselling</b>	<u>Action a:</u> Voluntary repatriation grants	172,000	150	25,800,000
	<u>Action b:</u> Protection monitoring, coordination, mine risk education, counselling and encashment distribution costs	172,000	12	2,101,960
	<u>Action c:</u> Establishment or enhancement of reception facilities and transit centres in Spin Boldak/Kandahar for returning migrants	60,000	5	300,000
	<u>Action d:</u> Assistance to most vulnerable, including food and transport	60,000	156	12,382,700
	<u>Action e:</u> Legal advice and support	60,000	250	2,500,000
<b>Multi-sector objective 2:</b> Protection and assistance to asylum seekers, refugees and people in a refugee-like situation				
	Affected population	Target population	Unit cost	Budget
<b>Protection and immediate humanitarian aid are provided to people in need of international protection</b>	<u>Action a:</u> Protection assessments	Up to 7,500 people in need of international protection	67	500,000
	<u>Action b:</u> Immediate humanitarian aid	Up to 7,500 receive immediate humanitarian aid	133	1,000,000

**Multi-sector Objective 3:**

Returning refugees are supported to sustainable reintegration

	Affected population	Target population	Unit cost	Budget
	<u>Action a:</u> Community-based support to improved basic services	Up to 840,000 returning refugees and local community	24.73	30,794,000
<b>Protection and immediate humanitarian aid are provided to people in need of international protection</b>	<u>Action b:</u> Support to gain access to improved livelihood	Up to 60,000 returning refugees and local community	100 \$	6,000,000
	<u>Action c:</u> Shelter is provided to the most vulnerable homeless returning refugees	10,000	2,500	27,500,000
	<u>Action d:</u> Legal assistance is provided to support access to land tenure	10,000	500	5,000,000
<b>Total budget</b>				<b>113,878,660</b>

**Table of proposed coverage per location**

Rank	Geographic Location Cluster's Prioritized Provinces <i>(start with most vulnerable)</i>	MULTI-SECTOR		
			TOTAL:	
1	Kabul	UNHCR, WFP, UNICEF, UNMACCA, NRC, DRC, APA, DAWO, WSTA, ARCS	TOTAL:	10
2	Kandahar	UNHCR, WFP, HDS, HRDA, HAPA, OHW, ARCS	TOTAL:	7
3	Hirat	UNHCR, CHA, ARAA, CRDS, NPOR, VAR	TOTAL:	7
4	Nangarhar	UNHCR, UNODC, UNMACCA, WFP, DCG, AGHC, AHDRO, OMAR	TOTAL:	8
5	Kunduz	UNHCR, Mediothek, ACTED, Shafaq Reconstruction Organization	TOTAL:	4
6	Balkh	UNHCR, NRC, NPOR, Coordination of Humanitarian aid, Shafaq Reconstruction Organization	TOTAL:	5
7	Paktya	UNHCR, WFP, Agency for Consortium for Training, APWO, ACRU	TOTAL:	5
8	Farah	UNHCR, CHA, ARAA, CRDS, NPOR, VAR	TOTAL:	6
9	Baghlan	UNHCR, DRC, NPOR, CHA, Shafaq Reconstruction Organization	TOTAL:	5
10	Parwan	UNHCR, NRC, DRC, APA, DAWO, WSTA	TOTAL:	6

Link to map: [3W map for Multi-Sector](#)



## Nutrition

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>
<b>Deputy cluster coordinating agency</b>	Micronutrient Initiative
<b>Government counterpart</b>	Public Nutrition Department, MoPH
<b>Funds required</b>	\$34,515,522
<b>Contact information</b>	Basra Hassan, Cluster Coordinator , bhassan@unicef.org Mohammad Shinwari, Deputy Cluster Coordinator, ishinwari@micronutrient.org

### People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CHAP projects (end-year target)		
	Female	Male	Total	Female*	Male	Total
Conflict	1,153,301	1,200,374	2,353,675	340,792	103,848	115,126
Chronic food insecurity	1,635,155	1,701,896	3,337,050	278,009	87,203	156,129
Sudden onset crisis	171,500	178,500	350,000	52,123	16,948	20,070
<b>Totals</b>	<b>2,959,955</b>	<b>3,080,770</b>	<b>6,040,725</b>	<b>670,924</b>	<b>207,998</b>	<b>878,923</b>

\* Girls under five + PLW

### Cluster objectives and output targets

#### Cluster Objective 1

271,255 acutely malnourished under-five children and PLW receive appropriate and timely treatment through targeted nutrition intervention.

**(SO2)**

**Output: 271,255 under-five boys and girls and PLW admitted in intervention programmes and cured in line with SPHERE standards**

Output Indicator	2013 target
Under-five boys and girls and PLW admitted	271,255
# cured in line with SPHERE standards	>203,441 (75%)
Defaulter rate in line with SPHERE standards	<40,688 (15%)
Death rate in line with SPHERE standards	<3% for SAM and <10% for MAM children

#### Cluster objective 2

Prevention of under nutrition in children under five and PLW (IYCF, WASH and micronutrient supplementation)

**(SO2)**

**Output: 538,598 under-five boys and girls and PLW admitted and their communities are protected from further deterioration**

Output Indicator	2013 target
Under-five boys and girls and PLW received nutrition education and counselling on IYCF, WASH	538,598
Under-five boys and girls and PLW received micronutrient supplementation	538,598

**Cluster objective 3**

20,070 acutely malnourished under-five children and PLW receive appropriate and timely treatment through targeted nutrition interventions specially designed to assist communities affected by sudden onset crisis including displacement.

**(SO3)**

<b>Output Indicator</b>	<b>2013 target</b>
# Under-five boys and girls and PLW cured in line with SPHERE standards	>15,052 (75%)
Defaulter rate in line with SPHERE standards	<3,010 (15%)
Death rate in line with SPHERE standards	<3% for SAM and <10% for MAM children

**Cluster objective 4**

Prevention of under nutrition in children under five and PLW (IYCF, WASH and micronutrient supplementation)

**(SO3)**

**Output: 49,000 displaced IDPs and other communities affected by sudden onset crisis are protected from further deterioration**

<b>Output Indicator</b>	<b>2013 target</b>
# Under-five boys and girls and PLW received nutrition education and counselling on IYCF, WASH	49,000
# Under-five boys and girls and PLW received micronutrient supplementation	49,000

**Cluster objective 5**

Strengthening capacity of nutrition partners and government line ministry on appropriate response during emergencies and nutrition assessments to avoid unnecessary death and suffering.

**(SO4)**

**Output: 60 cluster members of six priority regions received training on SMART Methodology**

<b>Output Indicator</b>	<b>2013 target</b>
Cluster members trained per priority region on SMART	10
Provinces with repeat survey conducted	12 (50% of provinces)

A national nutrition survey with provincial level data will be conducted in 2013. The findings will assist to further prioritize needs per province in particular it will provide data for provinces where currently no information is available.

**Output: 60 cluster members of six priority regions received training on NiE**

<b>Output Indicator</b>	<b>2013 target</b>
Cluster members trained per priority region on NiE	10

### **Top-priority actions, beneficiaries, and locations**

Acute malnutrition is still a concern particularly in provinces affected by conflict, drought and chronic food insecurity. There are 449 OTP sites in 15 provinces and 318 SFP sites in 10 provinces which submit monthly CMAM data. From January to September of 2012 a total of 36,552 SAM children were admitted in OTPs (See figure OTP data trend). CMAM programmes are yet to reach some of the neediest provinces in the South and South-East. Although planning exists to begin working in some districts there, a lack of appropriate funding, assessments and beneficiary access have hampered progress. A recent capacity mapping exercise by the cluster indicated that knowledge by members on conducting nutrition assessments and effective programming is very limited, thus affecting capacity to monitor, analyse and respond in a timely and effective manner to the nutritional situation in the country. Therefore, as shown in the needs analysis the key cluster interventions are:

- Intervention programmes to treat acutely malnourished under-five children and PLW.
- Preventive measures that protect under-five children and PLW focusing on IYCF, WASH and Micronutrient supplementation.
- Building capacity of cluster members on SMART nutrition surveys and NiE to improve information gap.

### **How the cluster addresses its 2013 CHAP gender commitments**

The cluster target beneficiary calculation is based on the use of a gender lens showing 49% of the beneficiaries as female and the rest male, emphasizing that all groups of the vulnerable groups are considered based on needs.

In Afghanistan no significant differences have been identified through assessments between boys and girls in the acute malnutrition rates, but children between 6-23 months are more at risk of becoming acutely malnourished since this is the stage at which complementary foods are normally introduced. However as in many other countries, more boys are found to be stunted than girls, though not statistically significant. Intervention programme data will be disaggregated by age and sex. Cluster will ensure its members understand the Gender Marker Coding to ensure gender is mainstreamed in the all the activities.

Due to physiological differences and their role in the upbringing of children the cluster will support women during their pregnancy and lactation and provide extra assistance so as to ensure their nutritional needs are being met. During training and capacity-building of fathers, other male and female relatives will be equally considered to receive nutrition education on IYCF, WASH and micronutrients. Female participation is a requirement to conduct nutrition assessments and will be fully supported and encouraged for all trainings and capacity-building activities.

### **How the cluster addresses its 2013 CHAP environmental commitments**

The protection, promotion and support of breast feeding will support the environment by reducing environmental waste of ready-to-use packaging, bottles and cleaning detergents used to clean while at the same time improving the optimum modality of IYCF.

**Costing of the cluster response** **TABLE REQUESTED**

CHAP 2013 - Costing of Nutrition Cluster Response

Key cost item	Type	Cost per benef/Unit	Total Beneficiary /unit	Total cost USD	Comment
Treatment of SAM U5 children	Newly established program*	\$120	15,426	\$1,851,120	
	Existing program*	\$100	19,755	\$1,975,500	
Treatment of MAM U5 children	Newly established program*	\$36	70,773	\$2,547,828	
	Existing sites*	\$36	50,059	\$1,802,124	
Acutely Malnourished PLW	Pregnant/lactating	159	135,312	\$21,514,608	For 2.5 beneficiary according to WFP
Micronutrient Powder ( MNP)	Children 6- 23 months (6% of target population)	\$6	251,828	\$1,510,968	\$3 X 2 (60 sachets twice in a year including distribution)
Micronutrient Tablets	Pregnant/Lactating	\$7	335,770	\$2,350,390	\$7 for the whole 9 months
Infant & Young Child Feeding in Emergency (IYCF/E) and WASH)	Children 6 - 23 months (6% of target population)	\$3	251,828	\$755,484	
SMART Survey & Training	Cluster Members training and conduction of nutrition surveys	\$12,000	12	\$144,000	
Nutrition in Emergency Trainings (NiE) training per region	NiE trainings for cluster members	\$6,000	6	\$36,000	6 regions
Nutrition in Emergency (NiE) per province	NiE trainings for cluster members	\$2,500	11	\$27,500	11 priority province
<b>TOTAL COST</b>				<b>\$34,515,522</b>	

Note:

*Newly established program:*

Beneficiaries from priority provinces which are running OTP or SFP programs

*Existing program:*

Beneficiaries from priority provinces in which no OTP or SFP programs

**Table of proposed coverage per location**

Rank	Geographic Location Cluster's Prioritized Provinces (start with most vulnerable)	NUTRITION		
1	Paktia	ACTD, HN-TPO, Oxfam-Novib, WFP	TOTAL:	4
2	Uruzgan	AHDS, Cordaid, CAF, Save the Children, WFP	TOTAL:	5
3	Kandahar	AHDS, Cordaid, Tdh, UNICEF, WHO, WFP	TOTAL:	6
4	Khost	HN-TPO, ADAA, WFP	TOTAL:	3
5	Paktika	IMC, WHO, UNICEF, WFP	TOTAL:	4
6	Ghazni	BDN, ADAA, WFP	TOTAL:	3
7	Zabul	IbnSina, WFP	TOTAL:	2
8	Hilmand	ACTD, BRAC, IbnSina, Emergency, UNICEF, ARCS, WFP	TOTAL:	7
9	Nimroz	BRAC	TOTAL:	1
10	Sari Pul	ACTD, Oxfam Novib, SC, SCA, WFP	TOTAL:	5
11	Faryab	Oxfam Novib, SAF, SC, WFP	TOTAL:	4
12	Takhar	CAF, WFP	TOTAL:	2
13	Badakhshan	AKDN, CAF, Medair, Merlin, WFP	TOTAL:	5
14	Kunar	PU-AMI, IMC	TOTAL:	2
15	Laghman	HN-TPO, SCA, WFP	TOTAL:	3
16	Samangan	ACTD, SCA, WFP	TOTAL:	3
17	Nuristan	IMC, UNICEF, WHO, WFP	TOTAL:	4
18	Ghor	ACTD, WFP	TOTAL:	2
19	Badghis	MOVE, ACTD, WFP	TOTAL:	3
20	Bamyan	AADA, AKF, Save the Children, WFP	TOTAL:	4
21	Daykundi	BDN, WFP	TOTAL:	2
22	Kabul	ACF, NEI, Tdh, WFP	TOTAL:	4

**LINK TO MAP MISSING**



## Protection

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)</b>
<b>Deputy cluster coordinating agency</b>	NRC
<b>Sub-clusters</b>	Gender-Based Violence Sub-Cluster (UNFPA/Oxfam GB), Child Protection in Emergencies Sub-Cluster (UNICEF/Child Fund Afghanistan)
<b>Task force</b>	Housing Land and Property Task Force (UNHCR/NRC)
<b>Thematic issues</b>	Protection of Civilians Working Group (UNHCR), Mine Action (UNMAS/MCCA) and Internally Displaced Persons (UNHCR/IOM)
<b>Funds required</b>	\$111,839,755
<b>Contact information</b>	Gwendoline Mensah, mensahg@unhcr.org Samira Rafiq, samira.rafiq@afg.nrc.no

### People in need and target beneficiaries

The Protection Cluster covers a wide range of beneficiaries who are affected populations in need of protection interventions. Interventions vary – in some cases there is direct service provision, while in other interventions take the form of situation-based advocacy and awareness raising. The aim of these varied interventions is to trigger responses from a wide range of stake-holders including other clusters. Accordingly, the Cluster considers that number of people in need to be the same as the beneficiaries to be targeted in the cluster response; thus explaining the relatively high number of beneficiaries targeted. In relation to mine-affected communities however, the number of people in need is much higher than targeted beneficiaries and the Protection Cluster actors do not have the means to respond to all mine-affected communities in 2013.<sup>54</sup>

Category of People in Need	Number of People in Need				
	Male**	Female**	Boys	Girls	Total
Conflict-induced IDPs	322,985	327,015	145,600	137,800	650,000
Natural disaster induced IDPs	12,040	15,960	5,840	7,740	28,000
Communities affected by natural disasters	168,000	232,000	83,420	110,580	400,000
Civilians in conflict zones (Limited access to services)*	N/A	N/A	N/A	N/A	5,400,000
Victims of trafficking	160	240	N/A	N/A	400
IDP returnees (conflict)	10,200	9,800	2,680	2,420	20,000
IDP returnees (natural disasters)	N/A	N/A	N/A	N/A	N/A
Mine- and ERW-affected individuals***	5,997,653	5,762,451	N/A	N/A	11,760,104
<b>Totals</b>					<b>18,258,504</b>

<sup>54</sup> The Government of Afghanistan has submitted a 10 year extension request to the Ottawa AP mine Ban Treaty which will clear Afghanistan of mines by 2023. At which point, all people in need classified as mine and ERW individuals will be covered as targeted beneficiaries. Refer p.34 of this document for further information on mines and ERW.



Category of People in Need	Beneficiaries Targeted in Cluster's CHAP Projects (end-year target)				
	Male**	Female**	Boys	Girls	Total
Conflict-induced IDPs	322,985	327,015	145,600	137,800	650,000
Natural disaster induced IDPs	12,040	15,960	5,840	7,740	28,000
Communities affected by natural disasters	168,000	232,000	83,420	110,580	400,000
Civilians in conflict zones (Limited access to services)*	N/A	N/A	N/A	N/A	5,400,000
Victims of trafficking	160	240	N/A	N/A	400
IDP returnees (conflict)	10,200	9,800	2,680	2,420	20,000
IDP returnees (natural disasters)	N/A	N/A	N/A	N/A	N/A
Mine and ERW affected individuals ***	617,257	593,051	N/A	N/A	1,210,308
<b>Totals</b>					<b>7,708,708</b>

\*This is an estimate that has been carried over from the CAP of 2012. It includes those populations in conflict and insecure zones who are unable to and/or denied access to basic services such as food, water, health, education etc. These populations may also include IDPs and mine and natural disaster-affected communities.

\*\*\*This includes IDPs/returnees and communities affected by natural disasters and civilians in conflict zones.

\*\*This represents the total IDP population of male and female including boys and girls.

### Cluster objectives and output targets

1. Strengthen protection of civilians from conflict and related violence

(SO1)

2. Increase access of affected populations to humanitarian aid and services, with special emphasis on vulnerable groups

(SO1,3)

3. Advocate and sensitize on the needs and concerns of the affected populations and enable early warning system development

(SO1,3)

**CLUSTER INDICATORS**

<b>Output Indicator</b>	<b>Cluster priority</b>	<b>2013 target</b>
# of people benefitting from mine action (# of people from clearance, # of people from M/ERW RE)	1 and 2	1,210,308 individuals
# of IDP qualitative analysis reports	1, 2 and 3	12 reports
# of functioning referral and service mechanisms for GBV victims on regional and provincial level in emergency and humanitarian context	1 and 2	5 provinces
% of under 18s in emergency locations accessing protective services and environments	1, 2 and 3	10% increase
# of HLP cases of men and women at risk addressed	1, 2 and 3	2,000 individuals
# of advocacy initiatives/joint positions/sensitization initiatives forwarded or led by the Protection Cluster	1, 2 and 3	4 positions/initiatives

**Top-priority actions, beneficiaries, and locations****Actions**

The cluster members will focus on situation of civilians who are affected by widespread threats resulting from conflict, violence, and coercion. This includes, addressing concerns such as child recruitment or use by armed forces or groups, killing or maiming of children, GBV, attacks against schools, occupation of clinics, forced displacements and exposure to Mines/ERWs. Another priority is enhancing the access by populations, and their hosting communities, especially vulnerable groups, through direct protection and assistance response or advocacy with other clusters.

The Protection Cluster will work closely with other clusters to undertake mainstreaming of protection considerations thereby enhancing responses following a do no harm and rights based approach. It will coordinate closely with the MRM task force in Afghanistan and the Education and Health Sectors to monitor and report on the six grave violations against children, including attacks against schools and hospitals, pursuant to UN Security Council Resolutions 1612 (2005), 1882 (2009) and 1998 (2011). It will also through information sharing and advocacy with key actors seek to enhance response.

Lastly, the Protection Cluster members individually or through group arrangements, such as the Protection of Civilians Working Group, will advocate and sensitize on issues related to the situation of affected populations i.e. IDPs, civilian populations in conflict zones, and other populations affected by conflict and natural disasters. The Cluster will also work to act as an 'early warning' information and reaction system when displacement occurs or conflict or natural disaster arise at the regional level through its sub-national set up of eight regional Protection Clusters/Working Groups. It will also link closely with child protection, GBV actors and also with the four regional IDP task forces co-chaired by the MoRR and UNHCR (north, west, east and south) and mine action actors across the country. Currently, over 220 NGOs (both international and national) and Afghan Independent Human Rights Commission, UN agencies, Departments of Refugees and Repatriation form a network of protection actors across the country (Refer to Map of coverage of Protection Cluster actors below). Focus will be on increasing the capacity of local community and national actors to take the lead on early warning in case of an emergency. In the course of 2013, a concerted effort will be made in order to transition the clusters to greater national ownership.

## **Beneficiaries**

IDPs, civilian populations in conflict zones, and other populations affected by conflict and natural disasters with special emphasis on the following vulnerable groups: female/child headed households, widows, unaccompanied or separated minors, under-18s at risk of recruitment or use, under-18s recruited or used by armed forces or groups, under-18s released by armed forces or armed groups, exploited children, S/GBV survivors, people with disabilities, unaccompanied women and elderly people, victims of torture, ethnic minorities, evictees, landless refugee returnees and IDPs.

## **Locations**

Conflict and natural disaster-affected areas where APC members are present and have capacity to respond and conscious efforts will be made to develop 'protection networks' to reach remote and inaccessible locations for information sharing, referral of cases and response where possible. Furthermore, issues related to IDPs in urban areas and in host communities will be examined further.

## **Monitoring and evaluation**

The Cluster has incorporated indicators measuring programme progress and these will be reported against every three months. Also, there will be regular tracking of cluster response through the monthly meetings of the cluster both at the national and regional level and a work-plan will be developed. Periodic field visits by cluster coordinators also ensure effective monitoring and evaluation oversight.

## **How the cluster addresses its 2013 CHAP gender commitments**

In 2012 all projects submitted under the Protection Cluster ranked more than one and four projects out of 10 ranked 2A on the gender marker. However, due to underfunding most projects were not implemented. Sensitizations such as trainings related to gender issues have been undertaken with cluster members own funding. This includes, protection mainstreaming trainings the cluster undertook in 2012, with the FSAC and the Health Cluster.

In 2013, the Protection Cluster will continue with protection mainstreaming and training by individual cluster agencies which includes a gender component. The cluster will ensure that cluster agencies will systematically collect sex and age disaggregated data on affected populations. It must be noted that conflict and natural disaster affect women and men, boys and girls in different ways and often result in changes in gender roles and power dynamics. Appropriate collection of disaggregated data enables the Protection Cluster to undertake targeted interventions for men and women, boys and girls.

By definition, child protection interventions integrate responses that are appropriate and essential to for under-18s. Boys and Girls have different protection needs in emergencies; child and adolescent response delivery should be appropriate and gender sensitive. Under-18s affected by conflict and disaster are at increased risk of GBV. Integrating gender and GBV perspectives and activities is especially critical in the context of Afghanistan, where there is weak or non-existent dialogue on issues relating to gender and sexual violence.

The APC members will be encouraged to undertake regular monitoring through age and gender specific Focus Group Discussions to gather information on the overall protection environment, including safety and security, and on the situation of affected communities, with a particular focus on vulnerable individuals. The different needs of women, men, girls and boys will also be

analysed in needs assessments and incorporated in the range of advocacy efforts and capacity-building activities undertaken by the cluster and its members in 2013.

### How the cluster addresses its 2013 CHAP environmental commitments

The Protection Cluster undertakes to incorporate environmental resilience issues in responses to natural disaster displacement and also in relation conflict-affected IDPs especially, in pursuance of IDPs durable solutions. Environmental considerations in relation to IDPs will also be incorporated into the draft national IDP policy currently being developed. The issues related to the environment will also be referred to in the work of Mine Action actors when assessing the impact of mines on communities.

### Costing of the cluster response

#	Activities	Target Population	Unit Cost (\$)	Total Cost (\$)
<b>Afghanistan Protection Cluster (APC) Coordination</b>				
1	National Protection Cluster Coordination	PC Coordination Team	3	300,000
2	Regional Protection Cluster Coordination	Regional Coordinators	8	150,000
<b>Total Cost</b>				<b>450,000</b>
<b>CPIE (Child Protection in Emergency) Sub-Cluster</b>				
1	Protection Monitoring	30,000	10	300,000
2	Co-ordination			250,000
3	Training	13,000	50	650,000
4	Psychosocial services	3,600	97	350,000
5	Strengthening of child protection pathways and systems in the event of emergency including reunification and reintegration services	3,200	262	840,000
<b>Total Cost</b>				<b>2,390,000</b>
<b>GBV (Gender Based Violence) Sub-Cluster</b>				
1	Establishment of referral mechanism and coordinated multi-sectoral response to GBV prevention and response	Affected Population	n/a	4,500,000
2	SGBV services and response	Affected Population	n/a	341,640
3	Training & capacity-building of health services providers on GBV prevention and response	Affected Population	n/a	3,000,000
4	Advocacy and communication activities	Affected Population	n/a	2,500,000
5	Protection services to victims of human trafficking	400	2,048.50	819,400
6	Awareness raising on human trafficking (by IOM & NGOs)	General Public	n/a	109,200
<b>Total Cost</b>				<b>11,270,240</b>
<b>HLP (Housing, Land &amp; Property) Task Force</b>				
1	Legal assistance, awareness raising, community sensitization and advocacy on HLP issues with a focus on marginalized and vulnerable populations	500,000 IDPs, refugee returnees and host communities	n/a	3,000,000
2	Dedicated support staff at national level	HLP focal point and TF in the field and national level	12	75,962
<b>Total Cost</b>				<b>3,075,962</b>

AFGHANISTAN COMMON HUMANITARIAN ACTION PLAN 2013

<b>Internal Displacement</b>				
<b>Natural Disaster:</b>				
1	<b>Protection Monitoring</b>			
	Natural disaster-induced IDPs	28,000	4.77	133,560
	Natural disaster-affected population	400,000	4.77	1,908,000
2	<b>Co-ordination</b>			
	Natural disaster-induced IDPs	28,000	1.43	40,040
	Natural disaster-affected population	400,000	1.43	572,000
3	<b>Training</b>			
	Capacity-building for NGOs and MoLSAMD/DoLSAMD on the protection of victims of human trafficking	Workers of NGOs/DoLSAMD/MoLSAMD working for VoTs	n/a	81,900
4	<b>Assessments</b>			
	Natural disaster-induced IDPs	28,000	3.34	93,520
	Natural disaster-affected population	400,000	3.34	1,336,000
<b>Total Cost</b>				<b>4,165,020</b>
<b>Conflict-induced IDPs:</b>				
1	Protection monitoring	200,000	2.50	500,000
2	Advocacy & communication	500,000	0.30	150,000
3	Information management (PMT)/Assessment & surveys	200,000	15	3,000,000
4	Training & capacity-building	80	2,503.18	200,254
5	Durable solution monitoring (Return)	20,000	34.16	683,279
6	Services for people with specific needs (vulnerable ind.)	50,000	20	1,000,000
7	Legal services	100,000	23	2,300,000
<b>Total Cost</b>				<b>7,833,533</b>
<b>Mine Action</b>				
1	Advocacy for people with disabilities	800,000	0.33	265,000
2	Protection monitoring (Mine/ERW Risk Education)	984,703	2	2,150,000
3	Anti personal mine removal	211,203	167	35,200,000
4	Anti-tank mine removal	7,739	4,406	34,100,000
5	Battlefield removal	6,663	180	1,200,000
6	Explosive ordnance destruction (EOD) and survey	225,605	16	3,500,000
7	Coordination activities of mine action Ips (Mine/ERW Clearance, risk education and victim assistance)	2,010,308	3	6,030,924
<b>Total Cost</b>				<b>82,445,924</b>
<b>Grand Total APC Budget 2013</b>				<b>111,630,679</b>
<b>Explanation of Unit Cost:</b> The further details related to unit cost and any other aspect of the budget contact the protection cluster coordinator.				

Link to map: [3W for Afghanistan Protection Cluster \(APC\) – Number of Actors by District, October 2012](#)



## Water, Sanitation and Hygiene

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>
<b>Deputy cluster coordinating agency</b>	Organization of Humanitarian Welfare (OHW)
<b>Government counterpart</b>	Ministry of Rural Rehabilitation and Development (MRRD)
<b>Funds required</b>	\$26,000,000
<b>Contact information</b>	Cluster Coordinator: Abdul Samay Saquib, <a href="mailto:ssaquib@unicef.org">ssaquib@unicef.org</a> , +93798507652 Deputy Cluster Coordinator: Recently elected OHW, DCC to be nominated by the NGO and agree on ToR

### People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CHAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
No access to safe drinking water	1,142,000	1,188,000	2,330,000	450,000	470,000	920,000
No access to improved sanitation facilities	872,000	908,000	1,780,000	150,000	160,000	310,000
Poor hygiene and sanitation behaviour	554,000	576,000	1,130,000	135,000	145,000	282,000
The displaced, returnees and host communities	-	-	-	105,000	115,000	220,000
<b>Totals</b>	<b>2,568,000</b>	<b>2,672,000</b>	<b>5,240,000</b>	<b>840,000</b>	<b>890,000</b>	<b>1,732,000</b>

### How the cluster addresses its 2013 CHAP gender commitments

In 2012, the WASH Cluster demonstrated its gender commitment through the delivery of projects that acknowledged and responded to gender-specific challenges in Afghanistan. The WASH partners reported on achievements disaggregated by age and gender, detailing the beneficiaries as girls, boys, women and men reached with WASH interventions.

In 2013, the partners will be provided with additional training and guidance on gender sensitive project planning, design, implementation, monitoring and reporting. The projects will be prepared by the partners based on the gender guidance and ratings indicated in the WASH gender guidance note. Gender issues relating to existing inequalities and cultural norms are to be specifically addressed. In particular, the needs of women and girls are to be given special consideration due to their vulnerability in situations of conflict and displacement, which further challenges the need for privacy, security, and access in the provision of WASH services. The WASH Cluster agency programmes are developed and implemented with clear gender analysis and with involvement of women, as well as men, in all aspects of programme design.

### How the cluster addresses its 2013 CHAP environmental commitments

Ground water monitoring, sustainable extraction of ground water, safe disposal of excreta and solid waste, and engagement of communities in regards to environmental issues are existing activities and considerations within the WASH Sector approach. The focus of these actions are long term and developmental, but are equally relevant within the emergency response. The

WASH Cluster will continue with the monitoring of environmental commitments during emergencies; projects will be reviewed through the introduction of a checklist based on agreed environmental standards; further awareness creation and training on environmental issues, e.g. deforestation and guidance on environmental risk and contextually appropriate mitigation measures.

### Cluster objectives and output targets

As mentioned above, the cluster interventions will contribute either directly or indirectly to all four strategic objectives. However, the proposed interventions will contribute mainly to strategic objectives 2 and 3.

#### Cluster Objective 1

Contribute to the reduction of morbidity and mortality, and build the resilience of Afghanistan's most vulnerable people, through targeted WASH interventions designed to reach around 1.5 million people.

**(SO2)**

#### Output: Safe drinking water to 920,000 people

Output Indicator	Quantity	2013 target
Rehabilitation of strategic water points (SWP)	30	45,000
Rehabilitation/repair of large pipe schemes	25	75,000
Rehabilitation of small spring fed pipe schemes	50	55,000
Rehabilitation of hand pumps (repair only)	2,500	195,000
Construction of new wells (fitted with a hand pump)	2,000	390,000
Rehabilitation/protection of kanda	500	65,000
Distribution of household water treatment units	2,000	65,000
Installation of a small community (solar powered) desalination units (reverse osmosis treatment)	10	30,000
<b>Total (Individuals)</b>		<b>920,000</b>

Output: Hygiene and sanitation promotion reaching to 592,000 people

Output Indicator	2013 target
Hygiene promotion (hygiene kits, training of community workers, orientations, media, house-to-house visits, etc)	282,000
Sanitation promotion (demonstration latrines, community approaches to total sanitation including CLTS, advocacy and training)	310,000
<b>Total (Individuals)</b>	<b>592,000</b>

**Cluster Objective 2**

Assist more than 220,000 displaced, returnees, deportees and host communities through timely and sustainable WASH interventions.

**(SO3)**

**Output: 170,000 IDPs, returnees, deportees in host communities**

<b>Output Indicator</b>	<b>2013 target</b>
WASH for the displaced, returnees in host communities (no latrine construction)	170,000

**Output: 50,000 IDPs, returnees, deportees in settlements and in case of CAMPS**

<b>Output Indicator</b>	<b>2013 target</b>
WASH for the displaced, returnees in settlements and in case of camps (with latrine construction)	50,000

**Top-priority actions, beneficiaries, and locations:**

The estimated caseloads and basis for the humanitarian ‘population in need’ and the proposed ‘beneficiary targets’ based on vulnerable populations within the priority provinces are provided in the table below:

<b>Humanitarian Need</b>	<b>Humanitarian Target</b>
<b>Access to safe drinking water</b>	
<b><u>2,330,000 people</u></b>	<b><u>920,000 people</u></b>
The provincial maximum of: 1) the proportion of the population below the national average of households using an improved water source OR 2) the proportion of the population that exceeds the maximum ratio of families to water points or has relied on water trucking	The proportion of the population (only within the priority provinces) that exceeds the maximum ratio of families to water points and has relied on water trucking.
<b>Access to improved sanitation facilities</b>	
<b><u>1,780,000 people</u></b>	<b><u>310,000 people</u></b>
In provinces where the 2011 incident rate of ADD exceeded the national median incident rate, the proportion of the population corresponding to open defecation rates in excess of 10%	The proportion of the population (only within the priority provinces) corresponding to open defaecation rates in excess of 25%
<b>Improved hygiene and sanitation behaviour</b>	
<b><u>1,130,000 people</u></b>	<b><u>282,000 people</u></b>
In provinces where the 2011 incident rate of ADD exceeded the national median incident rate, the proportion of the population need to achieve 85% coverage of basic hand washing practice	The proportion of the population (within the priority provinces) corresponding to the incident rate of acute diarrhoeal disease in excess of the national median incident rate

As indicated in the need analysis, the key cluster interventions and response in 2013 will focus on rehabilitation, repair and maintenance of the existing water supply facilities with new construction only in exceptional cases. The cluster interventions will be accompanied with a strong component of hygiene and sanitation promotion along with water quality monitoring and testing, and comprehensive monitoring and evaluation.

There are common provinces among the 12 vulnerable focus provinces in need for safe drinking water and 18 vulnerable focus provinces in need for sanitation and hygiene promotion that will receive the WASH package. In other provinces where already safe drinking provided, hygiene and sanitation promotion will be tailored into the existing water interventions and vice versa.



The data on the IDPs and IDP returnees need to be collected by the regional clusters and reported to the national level. This also relies on information sharing by the IDP taskforce.

Link to map: [WASH Vulnerability Analysis CHAP 2013](#)

### Costing of the cluster response

Key cost item	\$ Cost per beneficiary	Total Cost \$
Need 1 - Emergency safe drinking water interventions	7.0	6,470,000
Need 2 - Emergency hygiene and sanitation promotion	8.8	5,220,000
Need 3 - Full WASH package for IDPs, returnees and host communities	41.9	9,210,000
<b>Total - Needs</b>		<b>20,900,000</b>
M&E, surveys, assessments and studies	2.0	3,420,000
Overheads		1,680,000
<b>Total – Overall</b>		<b>26,000,000</b>

Table of proposed coverage per location

Rank	Geographic Location Cluster's Prioritized Provinces <i>(start with most vulnerable)</i>	WASH		
			TOTAL:	
1	Badakhshan	Afghan Aid, DACAAR, Oxfam-GB, IFRC, SCA	TOTAL:	5
2	Balkh	DACAAR, UNICEF, PIN, ACTD, IFRC, NPO/RRAA, OHW, SCA	TOTAL:	8
3	Takhar	DACAAR, UNICEF, IFRC, SCA	TOTAL:	4
4	Samangan	Afghan Aid, ACF, ACTD, IFRC, PIN, SCA, UNICEF, Solidarités, Helvetas Swiss Intercooperation	TOTAL:	9
5	Panjsher	IFRC, UNICEF	TOTAL:	2
6	Nuristan	IFRC, UNICEF	TOTAL:	2
7	Baghlan	IFRC, UNICEF, SCA, Helvetas Swiss Intercooperation	TOTAL:	4
8	Jawzjan	IFRC, UNICEF, WHH, ZOA	TOTAL:	4
9	Bamyan	Medair, IFRC, UNICEF, NPO/RRAA, OHW, SCA, Solidarités, Caritas Germany, Helvetas Swiss Intercooperation	TOTAL:	9
10	Daykundi	IFRC, MRRD, UNICEF, NPO/RRAA, OHW, Oxfam-GB, ACF, Caritas Germany/RCDC, UMCOR, Solidarités	TOTAL:	10
11	Faryab	NCA, IFRC, UNICEF, DACAAR, NPO/RRAA, Caritas Germany	TOTAL:	6
12	Sari Pul	ACTD, SCA, IFRC, UNICEF, DACAAR	TOTAL:	5
13	Nangarhar	ACTD, DACAAR, IFRC, UNICEF, NPO/RRAA, PIN, SCA	TOTAL:	7
14	Kunar	DACAAR, IFRC, UNICEF, NPO/RRAA, SCA	TOTAL:	5
15	Farah	IFRC, UNICEF	TOTAL:	2
16	Laghman	DACAAR, IFRC, UNICEF, SCA	TOTAL:	4
17	Paktya	ACTD, IFRC, UNICEF, PIN	TOTAL:	4
18	Nimroz	IFRC, UNICEF, OHW, Relief International	TOTAL:	4
19	Uruzgan	ACTD, IFRC, OHW, UNICEF, NPO/RRAA, NERU	TOTAL:	6
20	Paktika	IFRC, UNICEF, SCA	TOTAL:	3
21	Hilmand	ACTD, OHW, IFRC, UNICEF	TOTAL:	4
22	Zabul	ACTD, OHW, IFRC, UNICEF	TOTAL:	4
23	Kapisa	IFRC, UNICEF	TOTAL:	2
24	Kandahar	ACTD, OHW, IFRC, UNICEF, Tearfund	TOTAL:	5

Note: Database on the existing 3Ws and capacity mapping survey dated 2012



## Coordination (OCHA) and aviation services (UNHAS)

<b>Cluster lead agencies</b>	<b>WORLD FOOD PROGRAMME (WFP) OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)</b>
<b>Funds required</b>	\$29,762,477
<b>Contact information</b>	Jared Komwono, Chief, UNHAS, <a href="mailto:jared.komwono@wfp.org">jared.komwono@wfp.org</a> Aidan O'Leary, Head of Office, OCHA, <a href="mailto:oleary@un.org">oleary@un.org</a>

### People in need and target beneficiaries

Category of people in need	Beneficiaries targeted in cluster's CHAP projects (end-year target)
	Total
UN, NGO, donor passengers	30,000
<b>Totals</b>	<b>30,000</b>

### Cluster objectives and output targets

#### Cluster objective 1

Provision of safe, efficient passenger air services to 200 UN agencies, NGOs and donor entities in Afghanistan.

#### Output: passengers and cargo flown to destinations

Output Indicators	2013 target
Number of passengers moved in 2013	30,000 (2,500/month)
Number of hours flown	30,000 hours (annual)
Cargo moved to field destinations	10 MT

#### Cluster objective 2

To mobilize and coordinate timely and appropriate humanitarian aid in response to assessed needs.

#### Output: Expand humanitarian coordination structures and reinforce emergency funding mechanisms to improve the timely, evidence-based and targeted delivery of emergency assistance

Output Indicators	2013 target
Number of functional humanitarian coordination mechanisms in place at the national, regional and provincial levels	Coordination mechanisms established at all levels
Consolidated humanitarian funding mechanisms reinforced	ERF is 100% funded
Number and quality information products (including maps) produced	100

### Top-priority actions, beneficiaries, and locations

#### Actions

The sector aims to enable rapid emergency response, reducing costs and improving the operational environment, and improving coordination. This is done by providing quality information to humanitarian actors to inform their response, facilitating safe and timely access to populations in need, and decentralizing coordination structures.

Focus will be placed on improving overall emergency capacity, timely analysis and reporting on the humanitarian situation by strengthening existing coordination mechanisms such as the HCT

(including the Emergency Preparedness Sub-Working Group), HRT/ Provincial Humanitarian Teams (PHT) and field coordination, CMCoord, and Inter-Cluster Coordination, as well as further decentralizing coordination by establishing PHTs throughout Afghanistan and expanding OCHA's presence to cover minimum two provinces per region for improved outreach to key stakeholders, including beneficiary populations. Proposed locations for additional satellite coordination offices include Balkh, Nangarhar and Kunar, Badghis, Ghor and possibly Farah, Uruzgan and Nimroz, Ghazni and Khost.

The sector supports humanitarian actors by facilitating contingency planning, assessments, analysis and response, to ensure their efforts are complementary and based on quality information and analysis. Improving the quality and timeliness of needs assessments and humanitarian reporting through increasing the technical capacity of partners, enhancing existing assessment tools, and providing leadership on humanitarian assessments where required continues to be a core objective of the sector. The sector will also stress correct information management, including the collection, mapping, analysis and dissemination of reliable data to ensure all humanitarian actors are aware of developments in the country. This includes timely and reliable information on emerging humanitarian issues as well as on security and access constraints.

Through OCHA CMCoord (Civil-Military Coordination), the sector will maintain close liaison/advocacy with International Military Forces (IMF) from the HQs level down, in order to de-conflict issues of concern to humanitarians in a timely manner, shape and influence IM policy, ensure that IM respect the humanitarian space and do not get inappropriately involved in response to humanitarian needs arising from conflict/natural disaster. In line with the recently adopted OCHA Policy Instruction on OCHA's Role and Responsibilities in Humanitarian Civil-Military Coordination, OCHA will ensure that all OCHA staff integrates the CMCoord function into their daily work. This process will deliver enhanced, decentralized CMCoord at operational level benefitting all humanitarians and, through capacity development of the national staff, will facilitate more meaningful dialogue with ANSF at all levels. In line with their leading security role, CMCoord will establish and facilitate a Principals-level Quarterly Forum with ANSF, with a supporting technical liaison structure, in order to discuss and advocate for matters of humanitarian concern.

A key priority of the Sector is to improve overall targeted and needs-based humanitarian funding in Afghanistan. Through reinforcement of pooled fund management capacity, and bolstering the clusters in funding decisions through the 2013 CHAP process, efforts will be made to secure sufficient funding, including for air transportation, that is targeted and needs based, and prioritizes assistance towards the most acutely affected populations.

Humanitarian air services will provide humanitarian staff with the appropriate, tailored services in order to allow them to safely, efficiently reach their destinations. Through coordination with other air services, both private and agency-based (for example PACTEC) humanitarian passengers will have a flexible air travel schedule allowing for maximization of time at field locations. Stronger field presence by the humanitarian community will result in improved assessment and programming quality, and efficient movement of personnel and goods will result in enhanced abilities to respond to quick-onset natural disaster as well as, possibly, conflict-related displacement. Additional flights are considered for Nili, Taluqan, Chaghcharan, Lashkar Gah, Khost, Zaranj, Qala-e-Naw, Panjab, Sari Pul, Baghlan, Pule-Khumri, Gardiz and Aybak, in addition to already scheduled flights. UNHAS will ensure that the correct air assets are contracted in good time for 2013 operations (one Dash 8, one Beechcraft, 1M-8T helicopter).

**Beneficiaries:** OCHA and UNHAS will provide overall humanitarian coordination and air transport (respectively) support to approximately 30,000 staff working for national and international NGOs, the United Nations system, the Red Cross and Red Crescent Movement as well as embassy and institutional donor/government staff who are charged with programmatic and financial oversight of programming. With approximately 2,500 passengers per month, UNHAS will also provide support to evacuees who due to security or medical reasons must move with short-term notice. All appropriate humanitarian staff as vetted by the Afghanistan UNHAS Board of Directors.

**Locations:**<sup>55</sup>

CURRENT FLIGHT LOCATIONS	Current No. of weekly flights	Proposed no. of weekly flights
Fayzabad	3	3
Kunduz	3	3
Maymana	2	1
Mazar-e-Sharif	3	3
Hirat	3	3
Farah	1	1
Kandahar	3	3
Bamyan	3	3
Jalalabad	5	2
Islamabad	5	2
Tirin Kot	2	2
<b>B. NEW FLIGHT LOCATIONS</b>		
Gardiz	None	1
Khost	None	1
Taluqan	None	2
Pul-e Khumri	None	2
Nili/Daikundi	None	2
Aybak	None	2
Panjab	None	2
Chaghcharan	None	2
Qala-e Naw	None	2
Zaraj	None	1
Lashkar Gah	None	1
Sari Pul	None	2

**Costing of the cluster response**<sup>56</sup>

Budget Item	Cost
<u>Cluster objective 1</u>	
Direct Operating Costs	14,594,100
Staff & Support Costs	2,940,925
Indirect Support Costs	1,227,452
Sub-total	18,762,477
<u>Cluster objective 2</u>	
Coordination	11,000,000
Sub-total	11,000,000
<b>TOTAL COSTS</b>	<b>29,762,477</b>

<sup>55</sup> Pending WFP internal review and viability assessments.

<sup>56</sup> UNHAS Needs Survey, October 2012.

# ANNEX I: NEEDS ASSESSMENT REFERENCE LIST



## Coordination and aviation services (UNHAS, OCHA)

### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Common Services (UNHAS)	National	WFP	July 2012	Consultancy: Operational Review
Common Services (UNHAS)	National	WFP and OCHA	Oct 2012	UNHAS Needs Survey



## Education

Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information

### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Education	Countrywide	MoE Planning Department Assessments	September 2011	Global Partnership for Education
Education	Countrywide	Education	June 2012	Joint Education Sector Review (EJSR) 2012

### CURRENT GAPS IN INFORMATION

Cluster/sector	Geographic areas and population groups	Subject
Education	Countrywide	Assessment of communication gaps and will be done in collaboration with NGOs.
Education	Countrywide	Mobilization of communities to support Education.

**PLANNED NEEDS ASSESSMENTS FOR 2013**

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Education	Countrywide	MoE-ACER	January-March 2012/2013	National Asst. Programme to Support the M&E of the Education System
Education	Countrywide	MoE- ECC partners	January 2013	Funding Gaps for the Education Sector



**Emergency Shelter / NFI**

**Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information**

**EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012**

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
ES/NFI	Throughout Afghanistan	IOM	October 2012	Natural disaster displacement database/maps
ES/NFI	Throughout Afghanistan	UNHCR	Monthly report	Conflict-induced displacement historical data and maps
ES/NFI	Throughout Afghanistan	NRC,FAO/WFP, ACF	2012	Surveys and assessments conducted by Inter-Cluster Agencies
ES/NFI	Throughout Afghanistan	UNHCR/IOM	2009- 2012	Trend analysis on historical data

**CURRENT GAPS IN INFORMATION**

Cluster/sector	Geographic areas and population groups	Subject
ES/NFI	Throughout Afghanistan	Population movement – IDP Monitoring
ES/NFI	Throughout Afghanistan	Monitoring of humanitarian aid impact and exploring better ways to meet the needs

**PLANNED NEEDS ASSESSMENTS FOR 2013**

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
ES/NFI	Throughout Afghanistan	IOM	Monthly report	Natural disaster displacement database/maps
ES/NFI	Throughout Afghanistan	UNHCR	Monthly report	Conflict-Induced displacement data and maps



## Food Security and Agriculture

### Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information

#### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Food Security and Agriculture	58 vulnerable districts within 22 most vulnerable provinces	FSAC members	Jul. 2012	Seasonal food security assessment
Food Security and Agriculture	26 provinces	IPC WG	Oct. 2012	IPC brief report
Food security and Agriculture	All country	FSAC	Oct. 2012	FSAC 2013 response planning workshop
Protection	All country	UNCR	Monthly	UNHCR monthly report
Non-food items	All country	IOM	Monthly	HAP data

#### CURRENT GAPS IN INFORMATION

Cluster/sector	Geographic areas and population groups	Subject
Protection	All country	Host communities for IDPs
Food Security and Agriculture	All country	Intra household food (in-)security (gender, age, etc.)

#### PLANNED NEEDS ASSESSMENTS FOR 2013

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Food Security and Agriculture	Sentinel sites distributed country wide	FSAC	Each quarter	Surveillance system for food security
Food Security and Agriculture	All country (sample)	FSAC	Jul. 2013	Seasonal Food Security Assessment
Food security and Agriculture	All country (sample)	FSAC	Apr. 2013	Qualitative review of FSAC intervention





## Health

### Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information

#### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Health	National; region wide	USAID, WHO, MoPH, UNICEF	2010 (published 2012)	Afghanistan Mortality Survey
Multi-sector	National coverage; region wide	CSO & UNICEF	2010 (published 2012)	Multi-indicator cluster survey
Food Security and Agriculture	58 vulnerable districts within 22 most vulnerable provinces	FSAC members	July 2012	Seasonal food security assessment
Health	National	Health Cluster	2012	Health resources availability (HFs functionality/district)
Health	National	DEWS & WHO	2012	Country Epidemiological profile
Health	Badakhshan, Daykundi, Faryab, Bamyan	AADA, MERLIN WHO, UNFPA	2011-2012	Detailed mapping of population access to health services.

#### CURRENT GAPS IN INFORMATION

Cluster/Sector	Geographic areas and population groups	Subject
Health	Southern, Eastern and South Eastern region	Detailed mapping of the access to health services of conflict-affected communities and needs
Health	Country wide; provincial/district level	Maternal and child mortality rates

#### PLANNED NEEDS ASSESSMENTS FOR 2013

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Health	National/provincial level	MoPH, WHO, UNICEF	2013	Vaccination coverage
Multi sector	National	CSO & WFP	2013	National risk and vulnerability assessment
Health	Kandahar, Hilmand, Paktika, Nuristan (district level)	AHDS, HAPAA, Emergency, IMC, WHO	2013	District level mapping of access to health services


**Multi-Sector**
**Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information**
**EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012**

<b>Cluster/sector</b>	<b>Geographic areas and population groups targeted</b>	<b>Lead agency and partners</b>	<b>Date</b>	<b>Subject</b>
Multi-Sector	22 locations surveyed in high-return areas, including Kabul, Parwan, Nangarhar, Hirat, Kandahar and Balkh	UNOPS/OSDR	May-September 2012	Baseline survey in 22 high-return areas
Multi-Sector	22 High-return areas in Afghanistan	ILO	August-October 2012	Opportunity/livelihood mapping in 22 high return areas
Multi-Sector	Evicted families from Pakistan's FATA Province	HRT Jalalabad	2011	Needs assessment of evictees from FATA

**CURRENT GAPS IN INFORMATION**

<b>Cluster/sector</b>	<b>Geographic areas and population groups</b>	<b>Subject</b>
Multi-Sector	Throughout Afghanistan	Impact of shelter on sustainable reintegration of returning refugees (2009-2011)
Multi-Sector	High return areas, and from five encashment centres	Returning refugee monitoring longitudinally over a 12 month period

**PLANNED NEEDS ASSESSMENTS FOR 2013**

<b>Cluster/sector</b>	<b>Geographic areas and population groups targeted</b>	<b>Lead agency and partners</b>	<b>Date</b>	<b>Subject</b>
Multi-Sector	High return areas, and from five encashment centres	UNHCR	January 2013	Returning refugee monitoring longitudinally over a 12 month period
Multi-Sector	Areas of high return and surrounding areas	UNHCR, UNOPS	March 2013	Impact analysis of 2012 community-based activities



## Nutrition

### Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information

#### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Nutrition	Jawzjan and Bamyan	Save the Children	April/May, 2012	Nutrition Survey
Nutrition	Uruzgan	CAF/AHDS	February, 2012	Nutrition Survey
Nutrition	Nangarhar and Laghman	HN-TPO	May, 2012	Nutrition Survey
Nutrition	Kunar	PU-AMI	July, 2012	Nutrition Survey

#### CURRENT GAPS IN INFORMATION

Cluster/sector	Geographic areas and population groups	Subject
Nutrition	National coverage	National nutrition survey
Nutrition	Baseline surveys at province level	Small-scale nutrition survey

#### PLANNED NEEDS ASSESSMENTS FOR 2013

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Nutrition	National coverage	MoPH/UNICEF	Mar-Apr, 2013	SMART nutrition survey
Nutrition	Baseline surveys for programmatic reasons	Implementing NGOs	TBD	SMART nutrition survey



## Protection

### Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information

#### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Protection	Countrywide/IDPs (conflict)	UNHCR and MoRR and IDP task forces	Monthly	Monthly statistical summary of conflict-induced internal displacement
Protection	Countrywide/ IDPs (conflict)	UNHCR	July 2012	Conflict- induced- IDPs in Afghanistan interpretation of data

AFGHANISTAN COMMON HUMANITARIAN ACTION PLAN 2013

<b>Cluster/sector</b>	<b>Geographic areas and population groups targeted</b>	<b>Lead agency and partners</b>	<b>Date</b>	<b>Subject</b>
Protection	Countrywide /IDP and affected populations (natural disasters)	IOM and ANDMA and IDP task forces	Monthly	Monthly Progress Report (monthly rapid assessments of Natural Disasters (IDPs and affected populations)
Protection	Kabul, Hirat, Jalalabad and Kunduz /Victims of Human Trafficking (VoTs)	IOM	Monthly	Counter-trafficking unit monthly statistics on assisted VoTs through four shelters
Protection	Country wide/all communities	UNMAS/MACCA	May 2012	Mine and ERW impact free community survey (MEIFCS) – assessment of mine/ERW contamination in all Afghan communities (ongoing to April 2014)
Protection	Countrywide	UN-led monitoring and reporting mechanism on children and armed conflict	July 2012	UN SG Annual CAAC 11th World Wide Report
Protection	Countrywide	UNAMA and OHCHR	July 2012	Protection of civilians mid-year report
Protection	Bamyan, Kabul and Nangarhar	UNFPA	Sept 2012	Assessment of services provided to GBV victims by state and non-state actors in three pilot areas
Protection	Northern, Central, Western and Eastern Regions	NRC	Jan-Sept 2012	ICLA data set

**CURRENT GAPS IN INFORMATION**

<b>Cluster/sector</b>	<b>Geographic areas and population groups</b>	<b>Subject</b>
Protection/GBV	Countrywide	Nationwide, provincial data on prevalence and types of GBV
Protection/CPIE	Countrywide	Emergency child protection needs country wide
Protection/HLP	Countrywide	Impact of landlessness and lack of access to land to the reintegration of returnees and IDPs, particularly vulnerable groups, including women. Obstacles to land tenure security, including LAS occupancy by vulnerable IDPs. Legal and policy constraints to the promotion of land and property rights for returnees and IDPs.
Protection/Mine Action	Country wide, all communities to be surveyed	MEIFCS – to confirm extent of mine/ERW contamination in communities not completed prior to Dec 2012.
Protection /POC	Countrywide	Situation of populations in zones of conflict and insecurity in accessible areas.
Protection /IDPs	Countrywide	Displacement data in inaccessible areas, data on secondary movements, durable solutions being pursued by IDPs, role of host communities as protective networks for displaced .

**PLANNED NEEDS ASSESSMENTS FOR 2013**

<b>Cluster/sector</b>	<b>Geographic areas and population groups targeted</b>	<b>Lead agency and partners</b>	<b>Date</b>	<b>Subject</b>
Protection/CPIE	Countrywide	UNICEF and sub-cluster members	2013	CPIE Rapid Needs Assessment
Protection	Countrywide	CIVIC /Afghan Development Association	Oct. 2012	Survey of Afghan Compensation and victim assistance programmes, October 2012
Protection	TBD	NRC	2013	Profiling of children and youth IDPs and returnees in urban settings
Protection	TBD	NRC	2013	GBV and displacement
Protection	Countrywide	NRC	2013	Strengthening displaced women's HLP rights
Protection	Faryab, Hirat, Kabul, Kandahar, Nangarhar	NRC	Nov 2012	IDP study

AFGHANISTAN COMMON HUMANITARIAN ACTION PLAN 2013

<b>Cluster/sector</b>	<b>Geographic areas and population groups targeted</b>	<b>Lead agency and partners</b>	<b>Date</b>	<b>Subject</b>
Protection	Countrywide / All communities	AREU/USIP	2013	Research on land rights in Afghanistan, 10 years after the Bonn Conference
Protection	Gardiz, Nangarhar, Kunar Hilmand, Kandahar, Khost / all communities affected by conflict and insecurity	OFS	Dec 2012	Taliban Intimidation Study
Protection	Western Region of Afghanistan / all communities affected by conflict and natural disasters	UNHCR/ AIHRC and western region protection cluster	Nov 2012	Western Region Protection Overview
Protection	Countrywide /IDPs	UNHCR	Jan 2013	IDP Qualitative report (June-December 2012)- examining numbers, trends and protection concerns of IDPs
Protection	Countrywide / civilians affected by conflict and related violence	UNAMA	Jan 2013	Annual Protection of Civilians Report (Jan-Dec 2012)
Protection	Nangarhar and Kabul / IDP communities	DRC	Dec 2012	Research on protection issues related to conflict, disaster and displacement in the Central and Eastern Regions of Afghanistan
Protection	Country wide / all communities	UNMAS/MACCA	Jan 2013 – March 2014	Mine and ERW impact free community survey (MEIFCS) – to confirm extent of mine/ERW contamination
Protection	Eastern Afghanistan	UNHCR/NRC and HLP Task Force	Dec 2012	Mapping of HLP Issues in Eastern Afghanistan



## Water, Sanitation and Hygiene (WASH)

### Existing and planned assessments or surveys (national, regional, provincial), and identification of gaps in assessment information

#### EVIDENCE BASE: EXISTING NEEDS ASSESSMENTS IN 2012

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Subject
Multi-Sector	National coverage (region-wise)	CSO and UNICEF	July 2012	Multi-Indicator Cluster Survey
WASH	Badghis, Baghlan, Balkh, Faryab, Jawzjan, & Takhar	MRRD and UNICEF	October 2012	Water Point Functionality Survey
Nutrition	Badakhshan, Balkh, Faryab, Jawzjan, Sari Pul & Kunduz (13 districts in total)	Nutrition Cluster	Ongoing	Sentinel sites to ascertain acute malnutrition
Food Security and Agriculture	22 Provinces, 58 Districts	FSAC members	July 2012	Emergency food security and livelihood assessment

#### CURRENT GAPS IN INFORMATION

Cluster/sector	Geographic areas and population groups	Subject
WASH	National coverage	Rates and underlying causes of non-functional of water points
WASH	National coverage	Provincial-wise coverage of access to improved water sources and sanitation facilities

#### PLANNED NEEDS ASSESSMENTS FOR 2013

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Subject
Multi-Clusters	National coverage	CSO & WFP	2013	National Risk and Vulnerability Assessment
Multi-Sector	Balkh, Samangan, Bamyan, Daykundi, Ghor, Kabul, Paktya	Solidarités, Medair, ACF and PIN	2013 Ongoing	Sentinel site surveillance for early detection of disasters

# ANNEX II: DONOR RESPONSE TO THE 2012 APPEAL

## Table II: Requirements and funding per cluster

Consolidated Appeal for Afghanistan 2012  
as of 15 November 2012

Cluster	Original requirements	Revised requirements	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
COORDINATION	15,299,289	15,194,988	58,242	5,818,224	5,876,466	9,318,522	39%	-
EDUCATION	18,208,484	20,867,803	-	6,076,734	6,076,734	14,791,069	29%	-
EMERGENCY SHELTER	27,626,271	28,280,274	-	10,999,366	10,999,366	17,280,908	39%	-
EMERGENCY TELECOMMUNICATIONS	748,955	200,000	-	-	-	200,000	0%	-
FOOD SECURITY AND AGRICULTURE	123,427,218	114,714,978	-	63,659,028	63,659,028	51,055,950	55%	-
HEALTH	15,202,354	32,857,092	-	8,704,359	8,704,359	24,152,733	26%	-
LOGISTICS	21,970,768	21,970,768	-	14,510,849	14,510,849	7,459,919	66%	-
MULTI-SECTOR	122,248,551	122,248,551	-	50,711,601	50,711,601	71,536,950	41%	-
NUTRITION	50,060,806	49,740,332	-	25,645,009	25,645,009	24,095,323	52%	-
PROTECTION	16,160,651	16,050,444	-	11,200,984	11,200,984	4,849,460	70%	-
WATER, SANITATION AND HYGIENE	26,187,287	26,426,092	-	14,995,217	14,995,217	11,430,875	57%	-
CLUSTER NOT YET SPECIFIED	-	-	3,149,001	(1,742,950)	1,406,051	n/a	n/a	-
<b>Grand Total</b>	<b>437,140,634</b>	<b>448,551,322</b>	<b>3,207,243</b>	<b>210,578,421</b>	<b>213,785,664</b>	<b>234,765,658</b>	<b>48%</b>	<b>-</b>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](https://fts.unocha.org)).



## Table III: Requirements and funding per priority level

Consolidated Appeal for Afghanistan 2012  
as of 15 November 2012

Priority	Original requirements	Revised requirements	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D=B-C	E=C/B	F
A. HIGH	366,800,965	384,712,646	187,174,149	197,538,497	49%	-
B. MEDIUM	68,512,968	61,509,326	24,946,139	36,563,187	41%	-
C. LOW	1,826,701	2,070,025	-	2,070,025	0%	-
NOT SPECIFIED	-	259,325	1,665,376	n/a	n/a	-
<b>Grand Total</b>	<b>437,140,634</b>	<b>448,551,322</b>	<b>213,785,664</b>	<b>234,765,658</b>	<b>48%</b>	<b>-</b>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## Table IV: Requirements and funding per organisation

Consolidated Appeal for Afghanistan 2012  
as of 15 November 2012

Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
AADA	366,467	366,467	-	-	-	366,467	0%	-
ACF	3,234,144	3,234,144	-	1,611,605	1,611,605	1,622,539	50%	-
ACT-Afghanistan	888,864	888,864	-	-	-	888,864	0%	-
ACTD	1,708,450	1,708,450	-	-	-	1,708,450	0%	-
ACTED	4,035,610	5,331,083	-	-	-	5,331,083	0%	-
ActionAid	830,076	830,076	-	-	-	830,076	0%	-
ADEO [Afghanistan]	200,000	513,000	-	313,000	313,000	200,000	61%	-
Afghanaid	5,799,162	2,245,799	-	800,982	800,982	1,444,817	36%	-
AGDO	128,506	394,507	-	266,001	266,001	128,506	67%	-
AKDN	1,125,203	1,125,203	-	-	-	1,125,203	0%	-
AMRAN	425,500	-	-	-	-	-	0%	-
ASDO	194,847	194,847	-	-	-	194,847	0%	-
CAF	342,741	342,741	-	-	-	342,741	0%	-
CARE International	2,851,836	894,979	-	1,427,246	1,427,246	(532,267)	100%	-
CESVI	350,000	350,000	-	-	-	350,000	0%	-
Chr. Aid	929,519	929,519	-	-	-	929,519	0%	-
Chr. Aid-UK	-	274,000	-	-	-	274,000	0%	-
CoAR	1,707,382	1,450,474	-	-	-	1,450,474	0%	-
DHSA	671,810	671,810	-	-	-	671,810	0%	-
DRC	-	345,003	-	622,823	622,823	(277,820)	100%	-
DWHH	986,720	1,230,044	-	-	-	1,230,044	0%	-
EDGAO	411,000	411,000	-	-	-	411,000	0%	-
EMERGENCY	3,226,680	3,226,680	-	187,470	187,470	3,039,210	6%	-

## AFGHANISTAN COMMON HUMANITARIAN ACTION PLAN 2013

Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
ERF (OCHA)	-	-	3,149,001	(1,742,950)	1,406,051	n/a	n/a	-
FAO	32,892,714	32,892,714	-	13,248,489	13,248,489	19,644,225	40%	-
HAPA	292,000	292,000	-	-	-	292,000	0%	-
HAWCA	228,340	228,340	-	-	-	228,340	0%	-
HealthNet TPO	590,832	590,832	-	-	-	590,832	0%	-
HSDO	652,167	652,167	-	-	-	652,167	0%	-
iMMAP	593,244	593,244	-	593,244	593,244	-	100%	-
IOM	19,955,339	19,955,339	-	14,436,038	14,436,038	5,519,301	72%	-
JUH	1,013,000	1,013,000	-	-	-	1,013,000	0%	-
KSRO	-	299,103	-	299,103	299,103	-	100%	-
LSO	197,361	197,361	-	-	-	197,361	0%	-
MEDAIR	4,008,973	4,570,655	-	1,829,233	1,829,233	2,741,422	40%	-
Mercy Malaysia	105,805	105,805	-	-	-	105,805	0%	-
MERLIN	440,063	440,063	-	-	-	440,063	0%	-
MRAA	112,770	-	-	-	-	-	0%	-
MRCA	200,900	401,800	-	-	-	401,800	0%	-
NERU	233,290	233,290	-	-	-	233,290	0%	-
NPO-RRAA	-	59,325	-	59,325	59,325	-	100%	-
NRC	11,914,356	14,207,594	-	10,215,411	10,215,411	3,992,183	72%	-
NRDOAW	575,000	575,000	-	-	-	575,000	0%	-
OCHA	11,188,198	11,201,397	58,242	3,189,311	3,247,553	7,953,844	29%	-
OHW	724,000	378,714	-	-	-	378,714	0%	-
ORCD	1,855,579	2,463,643	-	-	-	2,463,643	0%	-
OXFAM GB	5,978,418	5,978,418	-	1,272,689	1,272,689	4,705,729	21%	-
OXFAM Netherlands (NOVIB)	7,406,575	7,406,575	-	2,043,800	2,043,800	5,362,775	28%	-
PIN	4,743,228	4,743,228	-	2,176,037	2,176,037	2,567,191	46%	-
SC	8,162,927	6,162,995	-	3,118,882	3,118,882	3,044,113	51%	-
SHERDO	178,057	178,057	-	-	-	178,057	0%	-
SHPOUL	1,435,125	1,252,934	-	-	-	1,252,934	0%	-
SHRDO	660,234	478,642	-	-	-	478,642	0%	-
Solidarités	1,232,962	1,232,962	-	1,232,962	1,232,962	-	100%	-
SRP	137,354	137,354	-	-	-	137,354	0%	-
TEARFUND	5,017,275	1,278,407	-	2,014,342	2,014,342	(735,935)	100%	-
UNFPA	698,360	698,360	-	-	-	698,360	0%	-
UNHCR	139,569,070	139,569,070	-	53,990,749	53,990,749	85,578,321	39%	-
UNICEF	31,624,316	44,974,316	-	28,251,875	28,251,875	16,722,441	63%	-
WEDHA	189,700	189,700	-	-	-	189,700	0%	-
WFP	107,085,504	106,536,549	-	64,883,906	64,883,906	41,652,643	61%	-
WHO	4,833,081	9,423,679	-	4,236,848	4,236,848	5,186,831	45%	-
<b>Grand Total:</b>	<b>437,140,634</b>	<b>448,551,322</b>	<b>3,207,243</b>	<b>210,578,421</b>	<b>213,785,664</b>	<b>234,765,658</b>	<b>48%</b>	<b>-</b>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](https://fts.unocha.org)).

**Table V: Total funding per donor to projects listed in the Appeal**

Consolidated Appeal for Afghanistan 2012 as of 15 November 2012			
Donor	Funding	% of Grand Total	Uncommitted pledges
	(\$)	(%)	(\$)
Japan	65,287,997	31%	-
United States	26,830,015	13%	-
European Commission	19,562,854	9%	-
Australia	16,003,437	7%	-
Germany	14,315,508	7%	-
Norway	11,301,368	5%	-
Central Emergency Response Fund (CERF)	9,995,396	5%	-
Sweden	6,825,280	3%	-
Various (details not yet provided)	6,671,135	3%	-
Denmark	6,197,812	3%	-
Netherlands	5,714,285	3%	-
United Kingdom	4,908,530	2%	-
Belgium	4,055,422	2%	-
Canada	3,972,624	2%	-
Italy	3,913,175	2%	-
Carry-over (donors not specified)	3,207,243	2%	-
Finland	2,010,724	1%	-
Private (individuals & organisations)	1,990,789	1%	-
Switzerland	544,070	0%	-
Allocation of unearmarked funds by UN agencies	458,000	0%	-
Hungary	20,000	0%	-
<b>Grand Total</b>	<b>213,785,664</b>	<b>100%</b>	<b>-</b>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## Table VI: Non-Appeal funding per IASC standard sector

Other Humanitarian Funding to Afghanistan 2012  
as of 15 November 2012

Sector	Funding	% of Grand Total	Uncommitted pledges
	(\$)	(%)	(\$)
AGRICULTURE	824,284	0%	-
COORDINATION AND SUPPORT SERVICES	11,762,096	4%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	4,787,940	2%	-
FOOD	67,697,363	25%	-
HEALTH	9,957,544	4%	-
MINE ACTION	32,401,559	12%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	6,324,743	2%	-
SAFETY AND SECURITY OF STAFF AND OPERATIONS	2,422,572	1%	-
SHELTER AND NON-FOOD ITEMS	1,195,950	0%	-
WATER AND SANITATION	2,386,929	1%	-
SECTOR NOT YET SPECIFIED	130,925,746	48%	-
<b>Grand Total</b>	<b>270,686,726</b>	<b>100%</b>	<b>-</b>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table VII: Total 2012 humanitarian funding per donor**

Afghanistan 2012 as of 15 November 2012			
Donor	Funding (\$)	% of Grand Total (%)	Uncommitted pledges (\$)
United States	142,358,457	29%	-
Japan	108,102,999	22%	-
European Commission	39,906,099	8%	-
Norway	26,529,738	5%	-
United Kingdom	26,074,159	5%	-
Germany	24,184,124	5%	-
Australia	21,428,550	4%	-
Denmark	16,088,029	3%	-
Sweden	12,180,734	3%	-
Central Emergency Response Fund (CERF)	9,995,396	2%	-
Italy	8,299,181	2%	-
Canada	7,067,143	1%	-
Various (details not yet provided)	6,671,135	1%	-
Netherlands	5,714,285	1%	-
Finland	4,992,275	1%	-
Ireland	4,317,150	1%	-
Switzerland	4,080,523	1%	-
Belgium	4,055,422	1%	-
Carry-over (donors not specified)	3,207,243	1%	-
Russian Federation	2,732,737	1%	-
France	2,424,929	1%	-
Private (individuals & organisations)	1,990,789	0%	-
Luxembourg	643,501	0%	-
Allocation of unearmarked funds by UN agencies	458,000	0%	-
Poland	299,491	0%	-
Czech Republic	257,622	0%	-
Austria	226,240	0%	-
Oman	100,000	0%	-
Croatia	40,000	0%	-
Estonia	25,439	0%	-
Hungary	20,000	0%	-
Afghanistan	1,000	0%	-
<b>Grand Total</b>	<b>484,472,390</b>	<b>100%</b>	<b>-</b>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](https://fts.unocha.org)).

# ANNEX III: ACRONYMS AND ABBREVIATIONS

3W	Who does What Where
AA	ActionAid
AADA	Agency for Assistance and Development of Afghanistan
AAE	Aid Afghanistan for Education
ABR	Afghan Bureau for Reconstruction
ACBAR	Agency Coordinating Body for Afghan Relief
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACRU	Afghan Community Rehabilitation Unit
ACTD	Afghanistan Center for Training and Development
ACTED	Agence d'Aide à la Coopération Technique Et au Développement ( <i>Agency for Technical Cooperation and Development</i> )
ADA	Afghan Development Association
ADAA	Agriculture Development Association for Afghanistan
ADD	Acute diarrhoeal disease
ADEO	Afghanistan Development and Educational Organization
ADRA	Adventist Development and Relief Agency
AFG	Afghanistan
AGE	anti-government elements
AHDS	Afghan Health and Development Services
AHTP	Afghanische Hilfe und Training Program (Afghan Aid and Training Program)
AIHRC	Afghan Independent Human Rights Committee
AIL	Afghan Institute of Learning
AKDN	Aga Khan Development Network
AKF	Aga Khan Foundation
AKFA	Aga Khan Foundation Afghanistan
AKHS	Aga Khan Health Services
ALC	Abundant Life Church
ALCs	accelerated learning centres
ALO	Afghanistan Liberation Organization
ALPs	Afghanistan Local Police
AME	assess, mitigate and enhance
AMI	<i>Aide Médicale Internationale</i> (International Medical Aid)
AMRAN	Afghan Mobile Reconstruction Association
ANA	Afghan National Army
ANC	antenatal care
ANCC	Afghanistan National Reconstruction Coordination
ANDMA	Afghanistan National Disaster Management Authority
ANSF	Afghan National Security Forces
AOG	armed opposition group
AP	anti-personnel
APA	Afghanistan Peace Association

APC	Afghanistan Protection Cluster
ARAA	Ansari Rehabilitation Association for Afghanistan
ARC	American Refugee Council
ARCS	Afghan Red Cross Society
ARD	Agency for Rehabilitation and Development
ARECA	Agency for Rehabilitation and Energy Conservation in Afghanistan
ARI	acute respiratory infection
ART	antiretroviral therapy or treatment
ARV	antiretroviral (drugs)
ASDHA	Association for Human Rights in Afghanistan
ATA	Afghan Transitional Authority
AWD	acute watery diarrhoea
BASICS	Basic Support for Institutionalising Child Survival
BCPR	(UNDP) Bureau for Crisis Prevention and Recovery
BDN	basic development needs
BEmOC	basic emergency obstetric care
BEmONC	basic emergency obstetric and neonatal care
BERO	Bureau of Environment and Rehabilitation Organization
BPHS	basic package of health services
BRAC	Bangladesh Rural Advancement Committee
BSFP	blanket supplementary feeding program
CAF	Care of Afghan Families
CAFOD	Catholic Agency for Overseas Development
CAP	consolidated appeal or consolidated appeal process
CARE	Cooperative for Assistance and Relief Everywhere
CARITAS Germany	International Conference of Catholic Churches -Germany
CBE	community-based education
CBO	community-based organization
CBSs	community-based schools
CCA	<i>Cooperation Centre für Afghanistan</i> (Cooperation Centre for Afghanistan)
CCCM	camp coordination and camp management
CDC	(US) Centers for Disease Control and Prevention
CEmONC	comprehensive emergency obstetric and neonatal care
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i> (Cooperation and Development)
CFR	case fatality ratio
CFSA	Crop and Food Supply Assessment
CFSAM	Crop and Food Security Assessment Mission
CFSS	Comprehensive Food Security Survey
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CfW	cash-for-work
CHA	Coordination of Humanitarian Aid
CHAP	common humanitarian action plan
CHF	Common Humanitarian Fund
CHL	central highlands

Chr Aid	Christian Aid
CHW	community health worker
CHW	child health week
CIC	Children in Crisis
CIDA	Canadian International Development Agency
CMAM	community-based management of (severe) acute malnutrition
CMCoord	Civil-Military Coordination
CMR	crude mortality rate
CoAR	Coordination of Afghan Relief
Concern	Concern Worldwide
COOPI	Cooperazione Internazionale (International Cooperation)
CORDAID	Catholic Organization for Relief and Development Aid
COSV	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario ( <i>Coordinating Committee for International Voluntary Service</i> )
CP	child protection
CP	contingency plan
CPAN	Child Protection Action Network
CPIE	Child Protection in Emergency (sub-Cluster)
CR	central region
CRS	Catholic Relief Services
CSO	Central Statistics Office
CWS	Church World Service
CWS-PA	Church World Service - Pakistan/Afghanistan
DACAAR	Danish Committee for Aid to Afghan Refugees
DCC	Deputy Cluster Coordinator
DDMC	District Disaster Management Committee
DDR	disarmament, demobilization and reintegration
DEWS	Disease Early Warning System
DFID-UK	Department for International Development – United Kingdom
DHS	Demographic and Health Survey
DHSA	Development and Humanitarian Services for Afghanistan
DoE	Department of Education
DoPH	Department of Public Health
DoRR	Department of Refugees and Repatriation
DRC	Danish Refugee Council
DRM	disaster risk management
DRR	disaster risk reduction
DRR	Disarmament, Demobilization and Reintegration
DT	demining team
DTP	diphtheria-pertussis-tetanus
DWHH	Deutsche Welthungerhilfe e.V. (German Agro Action)
EC	European Commission
ECCE	Early Childhood and Care Education
ECD	early childhood development
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection <a href="http://ec.europa.eu/echo">ec.europa.eu/echo</a>



EFSA	Emergency Food Security Assessment
EIE	Education in Emergencies
EMDH	<i>Enfants du Monde – Droits de l'Homme</i> (Children of the World - Human Rights)
EMIS	Education Management Information System
EmONC	emergency obstetric and neonatal care
EMOP	Emergency Operation (WFP)
EOD	explosive ordnance destruction
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness and Response
ER	early recovery
ER	eastern region
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
ERN	Early recovery network
ERU	Emergency Response Unit
ERW	explosive remnants of war
ES/NFI	Emergency Shelter/Non-food items
ESU	[definition not provided]
ETC	emergency telecommunications
EVI	extremely vulnerable individual
FAO	Food and Agriculture Organization of the United Nations
FCS	food consumption score
FEWSNET	Famine Early Warning Systems Network
FFA	food for assets
FFC	food for cash
FFE	food for education
FFR	food for recovery
FFT	food for training
FFW	food for work
FOCUS	Focus Humanitarian Aid
FSAC	Food Security and Agriculture Cluster
FSL	Food Security and Livelihood
FTS	Financial Tracking Service
GAA	<i>Welthungerhilfe</i> (German Agro Action)
GAALO	[definition not provided]
GAM	global acute malnutrition
GBV	gender-based violence
GBV SC	Gender-based Violence Sub-Cluster
GCMU	Grants and Contracts Management Unit
GDP	gross domestic product
GFD	general food distribution
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Association for International Collaboration)
GNA	(ECHO) Global Needs Assessment
GNI	gross national income
GoA	Government of Afghanistan

GPE	Global Partnership of Education
GRR	Global Rights Report
HAGAR	Hagar Afghanistan
HALO Trust	Hazardous Areas Life-Support Organization
HAPA	humanitarian action for people of Afghanistan
HAWCA	Humanitarian aid for Women and Children of Afghanistan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HDO	Hazrat Sultan Development Organization
HDR	Human Development Report
HealthNet TPO	Healthnet International and Transcultural Psychosocial Organization
HELVETAS	Swiss Intercooperation
HEWAD	HEWAD Reconstruction, Health and Humanitarian aid Committee
HHI	Harvard Humanitarian Initiative
HHSP	Home Healthcare Service Providers
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HLP	housing, land and property
HMIS	Health management information systems
HNI	HealthNet International
HR	human rights
HRDB	Human Resources Development Board
HRT	Humanitarian Regional Team
HRW	Human Rights Watch
HSDO	Health and Social Development Organization
IACP	Inter-agency contingency plan
IASC	Inter-Agency Standing Committee
ICAO	International Civil Aviation Organization
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IEC	information, education, and communication
IED	improvised explosive device
IEHK	Inter-agency emergency health kit
IFRC	International Federation of Red Cross and Red Crescent Societies
IGAs	income-generating activities
ILO	International Labour Organization
IM	international military
IMAM	integrated management of acute malnutrition
IMC-UK	International Medical Corps - United Kingdom
IMCI	international management of childhood illness
IMF	International Military Forces
IMF	International Monetary Fund
iMMAP	Information Management and Mine Action Programmes
INEE	Inter-Agency Network for Education in Emergencies
INTERSOS	Humanitarian Organization for Emergency
IOM	International Organization for Migration
IP	implementing partner

IPC	Integrated Food Security and Humanitarian Phase Classification
IR	Islamic Relief
IRC	International Rescue Committee
IRD	International Relief and Development
IRI	International research institute
IRIN	Integrated Regional Information Networks
IRW	Islamic Relief Worldwide
ISAF	International Security Assistance Force
ISDR	International Strategy for Disaster Reduction
IT	information technology
IYCF	infant and young-child feeding
JEN	Japanese Emergency NGO
JMP	Joint Monitoring Plan
Johanniter	<i>Johanniter Unfallhilfe e. V.</i>
JRS	Jesuit Refugee Service
Kcal	kilo calorie
KIS	Kabul informal settlements
km	kilometre
LEG	local education group
LSO	Labour Spring Organization
MACCA	Mine Action Coordination Centre of Afghanistan
MADERA	<i>Mission d'Aide au Développement des Economies Rurales en Afghanistan</i> (Aid Mission to the Development of Rural Economies)
MAM	moderate acute malnutrition
MAPA	Mine Action Programme of Afghanistan
MDG	Millenium Development Goal
MDM	<i>Médecins Du Monde</i> (Doctors of the World)
MEDEVAC	medical evacuation
MEIFCS	Mine and ERW impact free community survey
MERLIN	Medical Emergency Relief International
MI	Micronutrient Initiative
MICS	multiple indicator cluster survey
MISP	Minimum Initial Service Package
MM	<i>Medica Mondiale</i>
MMR	maternal mortality rate
MNHC	Maternal and Neonatal Health Care
MoE	Ministry of Education
MoPH	Ministry of Public Health
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoRR	Ministry of Refugees and Repatriation
MoTCA	Ministry of Transport and Civil Aviation
MOVE	Move Welfare Organization
MRCA	Medical Services Corporation International
MRRD	Ministry of Rural Rehabilitation and Development
MRE	mine risk education

MRM	Monitoring and Reporting mechanism
MSC	Medical Services Corporation International
MSEE	Minimum Standards for Education in Emergencies
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MSH	Management Sciences for Health
MT	metric ton
MTDO	Marshal Training and Development Organization
MUAC	mid-upper-arm circumference
MYR	mid-year review
NCA	Norwegian Church Aid
NDMC	National Disaster Management Committee
NER	North-eastern region
NESP	National Education Strategy Paper
NFE	non-formal education
NFI	non-food item(s)
NGO	non-governmental organization(s)
NiE	Nutrition in Emergency
NR	northern region
NRC	Norwegian Refugee Council
NRDOAW	Nawayee Rehabilitation and Development Organization for Afghan Women
NRVA	National Risk and Vulnerability Assessment
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organization for Effective Communication Builders
OECD	Organisation for Economic Cooperation and Development
OFDA	(US) Office of Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
OHW	Organization for Human Welfare
OIC	Organization of the Islamic Conference
OPS	Online Planning / Projects System
ORS	oral rehydration salt
OSI	Open Society Institute
OTCD	Organization of Technical Cooperation for Community Development
OTP	outpatient therapeutic programme(s)
OXFAM	Oxford Committee for Famine Relief
OXFAM - GB	Oxfam Great Britain
OXFAM Novib	<i>Nederlandse Organisatie voor Internationale Bijstand</i> (Oxfam Netherlands)
PACTEC	PACTEC International
PDE	Preventive Drug Education
PDMC	Provincial Disaster Management Committees
PEC	Provincial Education and Culture
PED	Provincial Education and Department
PGF	pro-government forces
PEP	post-exposure prophylaxis
PHC	primary health care

PHT	provincial humanitarian teams
PIN	people in need
PLW	pregnant and lactating women
PLWHA	people living with HIV/AIDS
PMTCT	prevention of/preventing mother-to-child transmission
PoC	protection of civilians
PoR	proof of registration
PPVR	population profiling, verification and response
PRRO	Protracted Relief and Recovery Operation (WFP)
PRT	Provincial Reconstruction Team
PU AMI	<i>Première Urgence Aide Médicale Internationale</i>
PWG	Protection Working Group
RAADA	Rehabilitation Association and Agricultural Development for Afghanistan
RCDC	Ray Construction Development Company
RC/HC	Resident Coordinator / Humanitarian Coordinator
RED	Reach Each District
RI	Refugees International
RI	Relief International
RRAA	Rural Rehabilitation Association for Afghanistan
RRD	Rura Rehabilitation and Development
RSD	refugee status determination
RUF	ready-to-use food
RUTF	ready-to-use therapeutic food(s)
RWDOA	Rehabilitation and Welfare Development Organization for Afghanistan
SAAD	sex- and age-disaggregated data
SAF	Securing Afghanistan's Future
SAM	severe acute malnutrition
SC	Save the Children
SC	sub-cluster
SCA	Swedish Committee for Afghanistan
SCEG	Security Council Expert Group on Protection of Civilians
SER	South-eastern region
SERVE	Serving Emergency Relief and Vocational Enterprises
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SHA	Swiss Humanitarian Aid Unit
SHRDO	Serve Health Relief and Development Organization
SHUHUDA	Shuhada Organization
SIDA	Swedish International Development Agency
SMART	Specific, measurable, accurate, realistic and time-bound (referring to objectives)
SMART	Standardized Monitoring and Assessment of Relief and Transitions (referring to a survey)
sq	square
SR	southern region
SRP	Afghanistan Soldier Readiness Processing
STD	sexually transmitted disease
STI	sexually transmitted infection

SWP	strategic water points
TCN	third-country national
TBD	to be determined
TDH	<i>Terre Des Hommes</i>
TED	National Core Trainers
TF	Task Force
TLM	teaching and learning material
ToR	Terms of Reference
Trocaire	Catholic Agency for World Development
TVET	Technical and vocational education and training
U5	under five
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNAIDS	UN Joint United Nations Programme on HIV/AIDS
UNAMA	United Nations Assistance Mission in Afghanistan
UNCT	United Nations Country Team
UNDAC	United Nations Disaster Assessment and Coordination
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nile Initiative and Development Organization
UNIFEM	United Nations Development Fund for Women
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
UNSC	United Nations Security Council
UNSG	United Nations Secretary-General
USA	United States of America
USAID	United States Agency for International Development
USD	United States dollars
UXO	unexploded ordnance
V/C	vulnerability and crisis
VAM	vulnerability assessment mapping
WASH	water, sanitation and hygiene
WB	World Bank
WFP	World Food Programme (Programme Alimentaire Mondial)
WG	working group
WHO	World Health Organization (Organisation Mondiale de la Santé)
WR	Western region

WSPA	World Society for the Protection of Animals
WV	World Vision
WVI	World Vision International
ZCO	Zafar Cooperation Organization
ZOA	ZOA Refugee Care

# ANNEX IV: MAPS

- Afghanistan Population Overview
- Overview of observed security incidents for all the categories monitored 1 September 2011 – 24 September 2012
- Overview of local (civilian) population targeted in security incidents for the period 1 September 2011 – 24 September 2012
- Violence against humanitarian personnel, assets and facilities (January – September 2012)
- Afghanistan estimated conflict-induced IDP population by district of displacement – 31 August 2012
- Transportation Overview (Transportation and Terrain Access, Transportation Network and Airline Passenger Service)
- Afghanistan Natural Hazards (Extreme Winter, Earthquake and Flood)
- Afghanistan Land use
- 2012 and 2011 SMART Nutrition Survey Results
- Mapping of Potential WASH Vulnerability by Province (Meta Analysis), WASH Cluster 2012
- WASH Beneficiary Targets CHAP 2013
- Overview of Current Acute Food Insecurity Situation (IPC map), 1 October 2012
- Afghanistan Disease Outbreaks by District, 2009 – August 2012
- Afghanistan: Health Cluster District Vulnerability Ranking, October 2012
- 3W for Afghanistan Health Cluster, October 2012
- 3W for Afghanistan Protection Cluster (APC) – Number of Actors by District, October 2012
- 3W for Afghanistan Nutrition Cluster, October 2012
- 3W for Afghanistan WASH Cluster, October 2012
- 3W for Afghanistan FSAC, October 2012
- 3W for Afghanistan ES/NFI Cluster, October 2012
- 3W for Afghanistan Multi-Sector, October 2012



# ANNEX V: ENVIRONMENT

## MARKER CODES

Environment Marker	Description
<p>Each humanitarian project should identify its potential impact on the environment following guidance provided in the “key environmental messages for integration into the CHAP by cluster”, and address it in a manner which is tailored to Afghanistan.</p>	
<p><b>Environment marker A</b></p> <p>Positive environmental impact of project</p>	<p>Environmental conditions will be actively improved by the project. The project will fully or significantly address and improve the environment in Afghanistan. No negative impacts on the environment are expected from the project.</p>
<p><b>Environment marker B</b></p> <p>No or low environmental impact of project</p>	<p>The environment will experience little or no impact from the project. Neither a positive, nor a negative environmental impact is expected from the project.</p>
<p><b>Environment marker C</b></p> <p>Medium negative environmental impact is expected from the project</p> <p>Cross Cutting messages for all clusters has been used for assessment and mitigation</p>	<p>The project contains environmentally detrimental components and will require further assessment, mitigation and enhancement measures.</p> <p>These projects should carry out a short assessment to determine their likely impact on the environment, and develop mitigation measures by using the cross cutting messages for all clusters Guidance which has been provided by UNEP.</p>
<p><b>Environment marker D</b></p> <p>Major negative environmental impact is expected from the project</p> <p>An Environmental and Social Screening Assessment has been completed or a Community Environmental Action Plan (CEAP) has been undertaken based on the completion of a Rapid Environmental Assessment (REA).</p>	<p>The project will have a major negative environmental impact.</p> <p>For these projects either:</p> <p>(1 ) An Environmental and Social Screening Assessment will be completed, or;</p> <p>(2) A Rapid Environmental Assessment (REA) will be undertaken, followed by the development of a Community Environmental Action Plan (CEAP) with the affected community. Guidance on these tools may be found in the references below.</p>
Mitigation Measure	Description
N / A	This is for A and B projects. Assessment and mitigation of impact is not needed for these projects.
Applies Sector Guidance	This is for C projects. C projects can mitigate their impact by using the sector guidance.
Environmental and Social Screening Assessment	This is for D projects. D projects can assess and mitigate their major impact using one (or more) of the three options
Environmental and Social Screening Assessment	Environmental and Social Screening Assessment
Community Environmental Action Plan (CEAP)	Rapid Environmental Assessment Community Environmental Action Plan (CEAP) CEAPs include follow up action planning.
None	This is possible for C and D projects. These are projects with negative impacts that should be mitigate their environmental impacts, but for which no action is taken.

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