

2018 - 21

HUMANITARIAN RESPONSE PLAN

— JANUARY 2018 - DECEMBER 2021 —

DEC 2017



AFGHANISTAN

TOTAL POPULATION

34.5M

PEOPLE IN NEED

3.3M

PEOPLE TARGETED

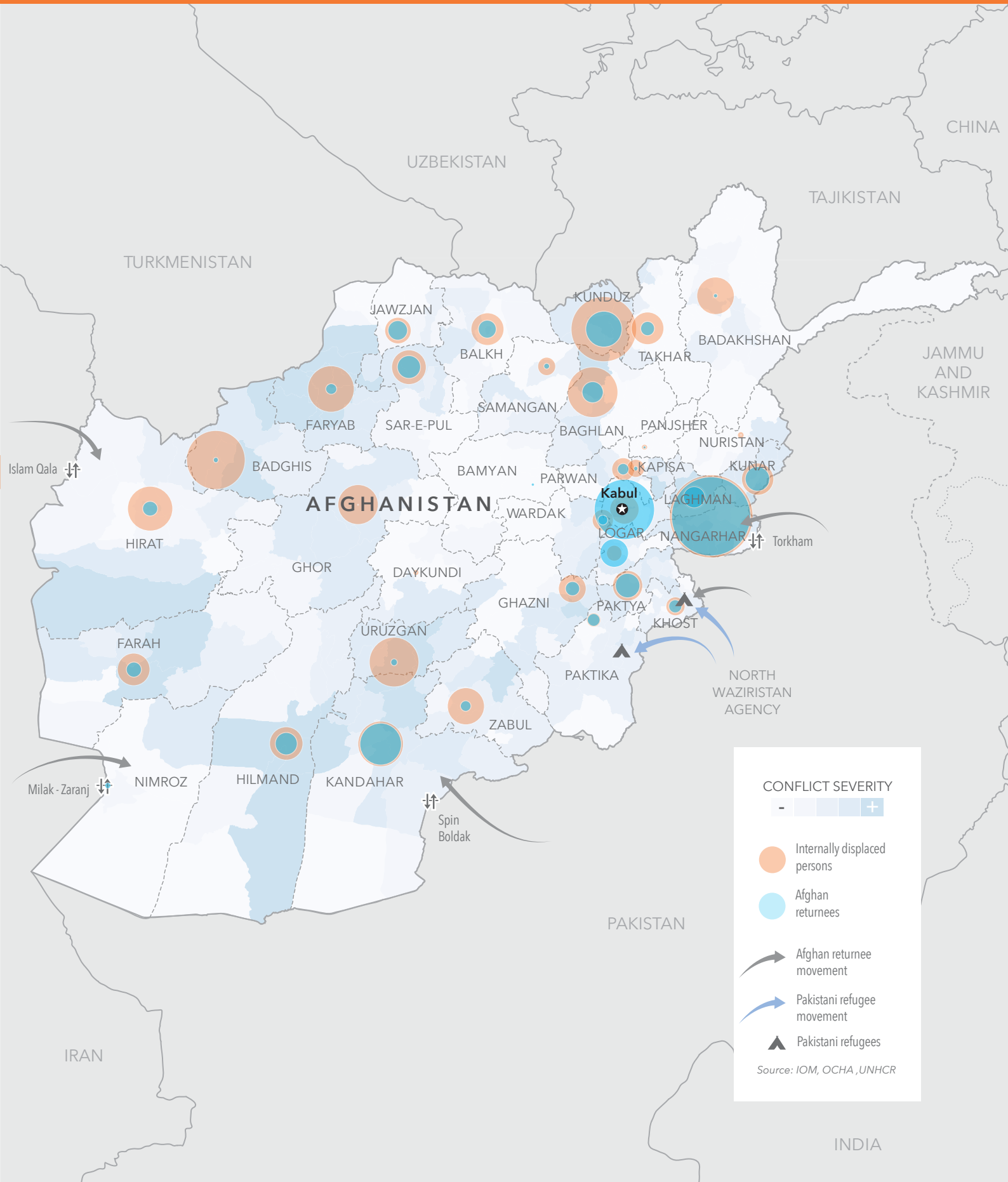
2.8M

REQUIREMENTS (US\$)

430M

HUMANITARIAN PARTNERS

153



CONFLICT SEVERITY

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

- Orange circle: Internally displaced persons
- Light blue circle: Afghan returnees
- Black arrow: Afghan returnee movement
- Blue arrow: Pakistani refugee movement
- Black triangle: Pakistani refugees

Source: IOM, OCHA, UNHCR

TABLE OF CONTENTS

Foreword by the Humanitarian Coordinator	04
--	----

PART I: COUNTRY STRATEGY

Overview of the crisis	06
The humanitarian response plan at a glance	09
Strategic objectives	10
Response strategy	12
Integrated response	15
Operational capacity	21
Response monitoring	23
Summary of needs, targets & requirements	24

PART II: OPERATIONAL RESPONSE PLANS

Education in emergencies	26
Emergency shelter & non-food items	28
Food security & agriculture	30
Health	32
Nutrition	34
Protection	36
Water, sanitation & hygiene	38
Multipurpose cash assistance	40
Refugee chapter	41

PART III: ANNEXES

Logframe	44
Participating organisations by sector	53
Planning figures: Projected assistance required	54
Planning figures: People to receive aid	55
Acronyms	56
References	57
What if? ... we fail to respond	58
Guide to giving	59

FOREWORD BY

THE HUMANITARIAN
COORDINATOR

Kabul, 1 December 2017

When I arrived in Kabul in March 2017, I was introduced to a country that could be explained by different narratives. On the one hand, Afghanistan was reeling from the highest levels of internal displacement ever recorded and the highest number of civilian casualties ever documented; on the other hand, I found a country to which over one million Afghans had just returned, with an economy growing for the first time in years, and an increasingly technocratic government focused on a development agenda to carry the country forward.

In 2017, fighting forced 360,000 Afghans from their homes. Eighty-one percent of displaced people were severely food insecure, 26 percent lacked adequate drinking water and 24 percent lived in overcrowded households. In the fourth quarter of 2017, conflict continued with armed clashes at a high and air strikes up by 56 percent when compared to the same period the previous year. Children and women comprised two-thirds of the victims, yet the combatants were almost all men. Too often parties to the conflict failed to distinguish between combatants and civilians. Indeed, conflict inflicted a horrific toll on the civilian population: almost 100 people were killed each day while trauma cases averaged 6,700 a month, leaving many with life-changing disabilities.

2017 saw a sharp reduction in the number of people returning to Afghanistan, with some 500,000 coming back to re-establish their lives and livelihoods here. The number of arrivals depended largely on the status of the welcome afforded to Afghans in Iran and Pakistan, and UN and NGO colleagues in Islamabad, Kabul and Tehran were increasingly in touch on this issue. People's return (or not) to their homeland also depended on the extent to which security reigned and opportunities existed inside Afghanistan. Amongst returnees, thousands of families were left with little choice but to occupy the vast and growing number of informal and sub-standard settlements peppered across Afghanistan's urban landscape. The conditions in these informal settlements ranged from sub-standard to dire, and much remained to be done by government and development partners, alike.

Sustainable peace remains the central hope of all Afghans I have met, but might remain elusive in 2018. Increased pressure on the parties to conflict to talk might not necessarily draw them closer together, and at the same time political competition is expected to rise as the country nears elections, both parliamentary and, as 2019 dawns, presidential.

When planning for 2017 we showed that 9.3 million people needed aid. Perhaps as many as two-thirds of these people, however, demonstrated requirements that existed because of years of insecurity or poverty. Stunting, for example, did not arise because of combat in a village during one month or a sudden-onset natural disaster. For 2018, UN agencies and non-governmental organisations refined the definition of need and agreed to help, under the humanitarian umbrella, people who have survived recent conflict, are currently on the move or have just weathered the forces of nature. As such, we hold that 3.3 million people will require humanitarian aid in 2018, including some 2.4 million because of war. In addition, 8.7 million people are in need because of chronic issues such as long-standing insecurity, poverty or climate change. These needs are to be supported via development, namely the Afghan National Peace and Development Framework which is supported by donor commitments of US\$ 3.8 billion each year up to 2021 and, in the case of the United Nations, the 'One UN – One Programme: 2018 – 2021'.

The decision to move to a multi-year Humanitarian Response Plan – the first of its kind for Afghanistan – hinges on the reality that humanitarian programming will be required here for some time, and in parallel to the considerable development cooperation and progress underway. At the same time, there have been many conversations outside and inside Afghanistan about linking humanitarian aid and development; the trick is to do it. In this regard, I welcome the addition of key donors and the World Bank to the humanitarian forum of NGOs and UN agencies. A closer connection with the Afghan authorities, especially engaged in agriculture, education and health, will also be a hallmark of our 'new way of working'. Further, where aid agencies give people cash so that they can overcome a sudden displacement or the return home, this could serve as a platform for state-based social protection.

This plan speaks to the comparative advantage of different organisations and reflects aid agencies' candid assessment of capacity; and, in line with the World Humanitarian Summit and the Grand Bargain we remain committed to grounding our appeal in evidence and operational capacity to deliver. Further, over the course of 2018, we do not intend to meet the needs of all 3.3 million people who require humanitarian aid; there is a responsibility which government readily accepts in Afghanistan. As such, NGOs and UN agencies aim to help 2.8 million people in the areas that are the hardest to reach, based on the principles of humanity, impartiality and neutrality, in particular where the state may not be present or able to work. In addition to the provision of emergency relief to alleviate suffering, together with the Office of the High Commissioner for Human Rights and its thorough work to protect civilians, aid agencies will do all they can to prevent harm from occurring and to uphold people's rights.

In sum, what NGOs and UN agencies aim to achieve in the first twelve months is realistic, responsible and achievable. As 2018 progresses, we will monitor and adjust the plan as necessary. For example, were there to be a sudden spike in the number of returnees, we will revise the financial requirements.

The opposite is also true: if for any reason people need less help than we currently foresee, we will inform the donor community that fewer resources are required for the humanitarian cause. I trust that the economically rich countries will support us to help Afghans most in need in a timely manner. In this regard, I now call on the international donor community to provide NGOs and UN agencies \$430 million so that we can provide the people of this country the best humanitarian aid and protection they require, on time in 2018.

In closing, as we collectively seek to mitigate the devastating impact of the conflict on Afghanistan's most vulnerable, I look forward to working with everyone to ensure that humanitarian aid effectively reaches those who need it most, and complements longer-term activities that help enable the population to develop and prosper.



Toby Lanzer
Humanitarian Coordinator

OVERVIEW

THE CRISIS

As the conflict strikes larger parts of the country, 3.3 million people are now in need of humanitarian assistance. The years ahead could see a continued or increased contest for control of the country as political competition intensifies in the run up to parliamentary and presidential elections.

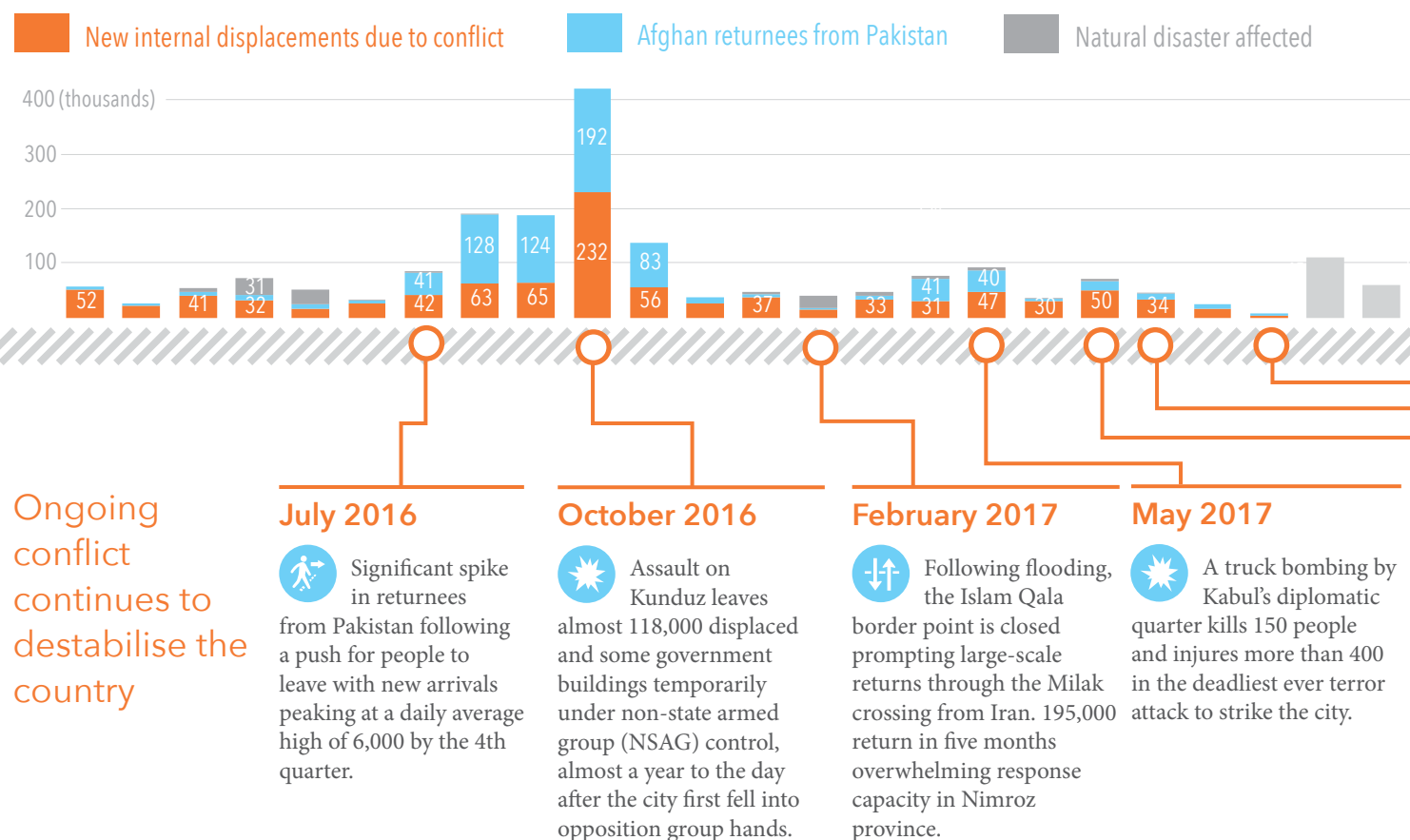
Armed Conflict

Afghanistan continues to face immense humanitarian, social and political challenges. In 2017, ongoing conflict has displaced as many as 360,000 people from their homes and resulted in 8,019 civilian casualties - two thirds of these women and children.¹ The intensification of the conflict, combined with a surge in sectarian violence, has led to extremely high numbers of war wounded on both sides of the conflict.² Between January and September 2017, health partners reported more than 69,013 trauma cases – a 21 percent increase on those recorded at the same time in 2016.

Violations of international and human rights law are commonplace. Deliberate attacks on civilians and civilian objects, including aid workers and schools and medical facilities, are frequently reported as well as the persistent use of indiscriminate and often disproportionate tactics, such as suicide and pressure-plate improvised explosive devices (PPIEDs). Civilian casualties occurring as a result of ground fighting and aerial strikes raised concerns regarding the possible indiscriminate use of indirect and/or explosive weapons in civilian-populated areas, and the failure of parties to constantly take precautions to protect civilians from harm during all operations. The impact on the Afghan people has

06

CRISISTIMELINE



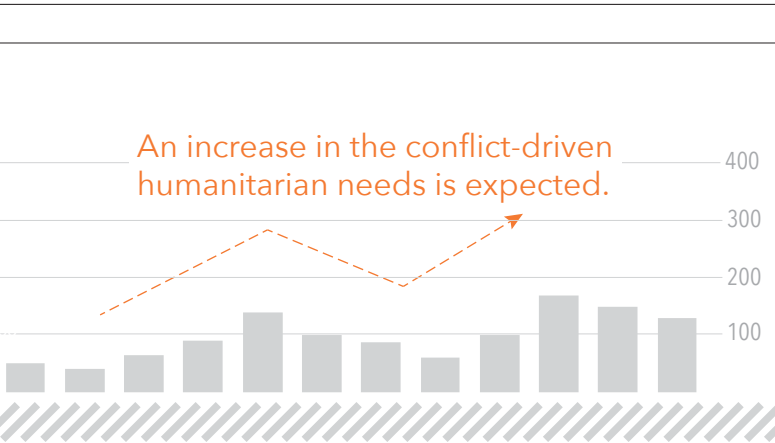
been relentless as they continue to use mobility as a coping mechanism to manage a range of conflict, protection and livelihoods risks. A recent protection study highlighted that 93 percent of displaced Afghans fled their homes due to conflict in 2017 – a 17 percent increase compared to 2012.³

Internal and Cross Border Population Movements

Continued displacement has had an impact on the demographic composition of large parts of the country. In some areas, particularly those where the Islamic State of Khorasan (ISK) is present, people have taken it upon themselves to pre-emptively leave before being forced to do so. Conversely others, particularly those in around provincial capitals such as Jalalabad, have experienced rapid growth. Today, just under one million displaced people live in informal settlements in Nangarhar province – more than double from the 429,000 present only seven months ago.⁴ Of these, 64 percent are under the age of 18 and will require jobs and livelihoods opportunities in the coming years.⁵ Overall,

provincial capitals across Afghanistan now host more than 54 percent of IDPs, further compounding the pressure on over-stretched services and infrastructure, and increasing competition for resources between incoming and host communities.

While 2017 has seen a significant decline in the numbers of people returning from Pakistan with 151,000 arriving in the first ten months of the year compared to more than 525,000 in 2016, flows depend on the status of bilateral relations and domestic political dynamics. Moreover, with the limited ability of both population groups to return home or to their ancestral places of origin, thousands of internally displaced persons (IDP) and returnee families have been left with little choice but to occupy the vast and growing number of informal settlements which now populate Afghanistan’s urban landscape. The conditions in these informal settlements need to be urgently addressed. Some 81 percent of displaced populations are severely food insecure, 26 percent do not have adequate drinking water and 24 percent live in overcrowded households.⁶



July 2017

 NSAGs force the closure of 40 health facilities in Laghman province, depriving 500,000 people from access to essential services.

August 2017

 The UN states that Afghanistan is no longer in a post-conflict situation, but a country undergoing active conflict.

October 2017

 The ICRC announce the downsizing of their presence in the Northern region following three major security incidents against their staff.

DISPLACEMENTS DUE TO CONFLICT

	JAN-OCT 2017	PROJECTED for 2018
	360,000	450,000*

NATURAL DISASTER AFFECTED

	AT OCT 2017	PROJECTED for 2018
	51,000	230,000

UNDOCUMENTED AFGHAN RETURNEES

	JAN-OCT 2017	PROJECTED for 2018
	489,000**	500,000***

REFUGEE RETURNEES

	JAN-OCT 2017	PROJECTED for 2018
	57,000	200,000

* Includes new displacements and people displaced for 6 to 24 months
 ** 95,000 from Pakistan and 394,000 from Iran
 *** 100,000 from Pakistan and 400,000 from Iran. 20% of returnees from Iran (80,000) are considered vulnerable

Of additional concern are the 394,000 undocumented returnees who have arrived from Iran during 2017.⁷ In contrast to undocumented returns from Pakistan, the Iranian caseload contains thousands of special needs cases, including single females, unaccompanied migrant children, emergency medical cases, and a high numbers of deportees. Only 5 to 7 percent of undocumented returns arriving from Iran have received humanitarian assistance, against a projected caseload in need of 20 to 30 percent of the total number who arrive.

Chronic Needs

After four decades of conflict, there are huge economic and development challenges in the country. Approximately 39 percent of the population live below the poverty line,⁸ an estimated 10 million people have limited or no access to essential health services,⁹ and as many as 3.5 million children are out of school.¹⁰ Infant mortality rates are among the highest in the world¹¹ and Afghanistan remains one of only two countries globally in which polio is endemic.¹²

Largely due to a lack of, or limited access to, sustainable job opportunities, 1.9 million people are severely food insecure;¹³ and 40 percent of children under the age of five are stunted.

Humanitarian aid cannot remedy this. However, development can and the international community has pledged \$3.8 billion a year for support from 2016 until 2021 to tackle structural and chronic development challenges.

Outlook for 2018 and Beyond

In the absence of a political solution to the conflict, widespread hostilities are likely to persist throughout 2018. Quite how this will impact population movements is unclear, however possible flashpoints include the arrival of US reinforcements (both human and material) related to the new US South Asia policy – which has already started – and the 2018 parliamentary elections. In this context, it is expected that the Afghan people will continue to pay a heavy price with any fighting.

2018-2021* HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Save lives in the areas of highest need

STRATEGIC OBJECTIVE 2



Reduce protection violations and increase respect for International Humanitarian Law

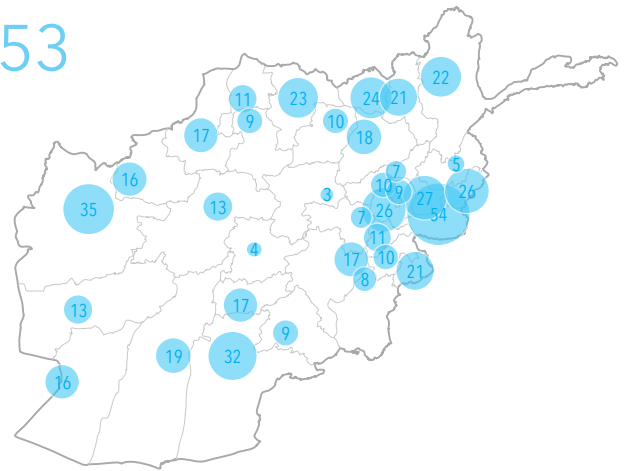
STRATEGIC OBJECTIVE 3



People struck by sudden onset crises get the help they need, on time

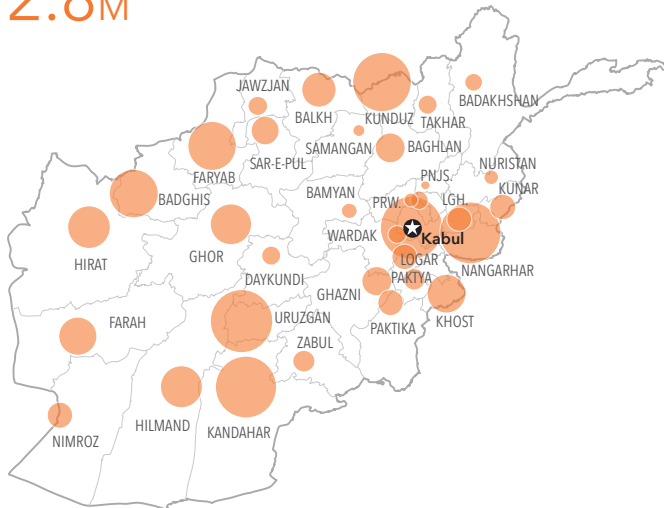
OPERATIONAL PRESENCE: AN OVERVIEW OF NUMBER OF PARTNERS

153



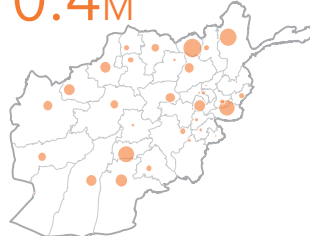
PEOPLE TO RECEIVE HUMANITARIAN ASSISTANCE

2.8M



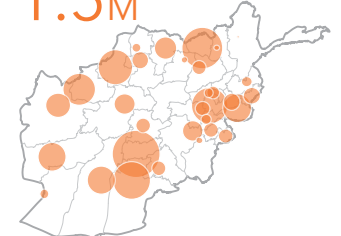
CONFLICT DISPLACED

0.4M



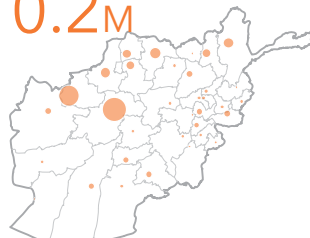
CONFLICT AFFECTED

1.5M



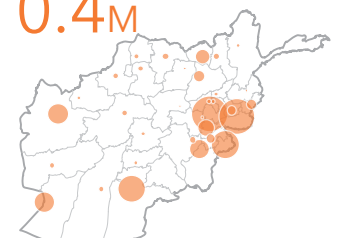
NATURAL DISASTER AFFECTED

0.2M



RETURNEES

0.4M



PEOPLE IN NEED



3.3M

PEOPLE TO RECEIVE AID



2.8M

TOTAL REQUIREMENTS (US\$)



\$430M

*Figures included in this HRP reflect year one (2018) only, and will be updated on an annual basis following a comprehensive needs identification process.

STRATEGIC

OBJECTIVES

Over the next four years' humanitarian partners will save lives and protect people affected by intensified conflict, natural disasters and cross-border population movement. Partners will promote the safety, dignity and equitable access of affected people to humanitarian aid. They will also seek more efficient and effective collaboration with development partners, in particular those part of the 'One UN - One Programme', and link short and long-term development programming.

10



1

Save lives in the areas of highest need

Increasing conflict is exposing greater numbers of people to injury across Afghanistan. Over the course of the next four years, aid agencies' primary objective will remain the provision of immediate and effective assistance which prevents loss of life.



2

Reduce protection violations and increase respect for International Humanitarian Law

All efforts will be made to prevent and mitigate protection risks, and respond to protection needs by creating a protective environment in which international humanitarian law (IHL) and international human rights law (IHRL) and assistance is promoted, and assistance is provided in a principled and dignified manner to all populations in need, equally.



3

People struck by sudden onset crises get the help they need, on time

Humanitarian actors are committed to improving the timeliness of response to new emergencies through collective preparedness investments. This includes identifying gaps that need to be addressed, enhanced data collection to population mobility trends, and improvements to the evidentiary base upon which humanitarian needs are analysed.

These strategic objectives are firmly focused on providing timely and life-saving assistance to people directly affected by crisis, and the change that this brings about in their lives as a result. Assistance will be delivered to affected populations in a manner consonant with the principles of neutrality and impartiality, and thus irrespective of status or political control.

In targeting assistance to only those experiencing the most acute needs because of specific crisis, this plan acknowledges that many people living in chronic poverty, with limited access

to essential services, and who were previously incorporated within annual appeals, will no longer be extended similar support by humanitarian agencies. Measures have been taken elsewhere for greater investment from development actors, the Government of Afghanistan, and donors to deliver sustainable actions and durable solutions to address the root causes of vulnerability. Building community resilience, reducing the risk and impact of disasters, and improving government-led preparedness and response will help reduce the need for humanitarian assistance in the long-term.

RESPONSE

STRATEGY

The 2018 – 2021 response plan prioritises humanitarian action to prevent loss of life in the areas of highest need, where conflict is typically the most intense. It reflects efforts to better distinguish between acute humanitarian needs arising from a sudden shock, and chronic needs generated from years of underdevelopment and poverty. Planned to dovetail with the One UN – One Programme for development, it allows for better signposting to the Afghan government and development partners' those people for whom sustainable solutions are more appropriate.

Why a multi-year humanitarian response plan for Afghanistan?

The international community has been delivering humanitarian assistance to people affected by conflict and natural disasters in Afghanistan for decades, providing an essential lifeline to millions. Material and protection assistance has been distributed in the form of in-kind goods (such as food, emergency shelter and non food items [NFI]) as well as cash to IDPs, returnees, people affected by climatic shock, and (since 2014) refugees from Pakistan. This has reduced mortality and morbidity, limited preventable deaths and restricted further displacement abroad. At the same time, humanitarian assistance has been extended to people affected by chronic development challenges and limited access to essential services. While this has prevented development indicators, which are already among the worst in the world from declining further, it has failed to address the underlying causes associated with these, such as a chronically under-funded public health system, and created an over-reliance on humanitarian services as a consequence.

In light of donors' commitment to provide Afghanistan \$3.8 billion per year up to 2021, and following the elaboration of a 'One UN – One Programme' to replace the United Nations Development Assistance Framework (UNDAF), it is intended that development partners will be better placed to address the chronic needs exhibited by a significant proportion of the Afghan people, whilst humanitarian actors will prioritise saving lives in areas affected by conflict and natural disaster where government and state-funded institutions are unable or unwilling to respond.

Scope & Priorities

The decision to move to a multi-year 2018-2021 HRP is also supported by the recognition that both acute humanitarian and chronic needs co-exist in Afghanistan, and that in a context of worsening violence, where significant development assistance has already been committed to continue financing the state, humanitarian action must remain focused on preventing loss of life and reducing suffering caused by the conflict. Year-on-year rises in armed clashes have meant security incidents throughout 2017 are the highest since reporting began in 2007.¹⁴ The state now exerts full control over about 57 percent of the territory in which the Afghan population live,¹⁵ while the Afghan national defence and security forces (ANDSF) and coalition forces' escalating campaign in the eastern region to defeat the Islamic State of Khorasan has led to a 200 percent increase in the numbers of internally displaced over the same period last year.¹⁶ With new actors stepping in to support government-led institutions deliver basic services, and as partners acknowledge that it is beyond their capacity and remit to provide ongoing budget support to state supplied services, it has become both possible and necessary to develop a strategy which prioritises saving lives generated by crisis.

This multi-year humanitarian response plan (HRP) is therefore based on a series of planning assumptions which we believe will continue over the next four years. However, the plan is not static and can be revised at any time should the situation on the ground require it. Reasons for this could include:

- a further deterioration in the security context such that the number of projected new IDPs exceeds initial planning projections of 300,000;
- a reversal in the current political dynamic in Pakistan to one in which in Afghans are compelled to leave and in large

numbers;

- the occurrence of a major natural disaster, such as a significant earthquake or drought;
- the inability of development partners to deliver on the commitments made at the Brussels conference, or through the new One UN – One Programme; and
- the further degradation or eventual collapse of public institutions as a result of the conflict, rendering them unable to provide essential services to the Afghan people.

In this regard, it will be important to observe how the Government of Pakistan's registration of undocumented Afghans by the Ministry of States and the Frontier (SAFRON) and National Database and Registration Authority (NADRA) standardises Afghans' stay in Pakistan compared to the undefined temporary option currently provided to them by the Afghan citizens card (ACC). As of mid-November 2017, approximately 412,000 Afghans have applied to receive the ACC which, unlike proof of registration (PoR) cards, does not entitle the bearer to the formal right to remain or have access to essential services in Pakistan. Planning figures for returns from Pakistan included in this HRP for 2018 are based on historical averages with 2016 records considered as outliers. Should the ACC exercise result in the delivery of physical identity documents (IDs) to undocumented Afghans it is reasonable to assume that the flow of returnees to Afghanistan from Pakistan may stabilise in 2018, and that following receipt of post-arrival assistance the needs of Afghan returnees will be better served by development partners' integrated multi-sector strategies, rather than successive packages of one-off temporal support.

Whilst this strategy provides the overarching framework for humanitarian action over the next four years, the annual Humanitarian Needs Overview (HNO) will continue to provide evidence for the response, reflecting key humanitarian issues and the severity of needs across the country. It is anticipated that the magnitude of these needs may fluctuate depending on the stability of the political and security situation however, the fundamental drivers – such as conflict, natural disasters and cross-border influxes – will remain – as will the nature of the needs people exhibit. In this sense this HRP recognises that Afghanistan is not a new humanitarian operation, in which the threats are unknown or unpredictable, but is now in a protracted state of crisis in which a multitude of actors are pursuing humanitarian and development objectives in parallel and tied together by railroad tracks helping the country move forward.

Multi-Year Planning

The multi-year plan will be updated on an annual basis

to reflect new financial requirements, targets and, where necessary, activities. The annual planning cycle will also ensure the strategy can be revised to take account of significant changes. Monitoring and evaluation will continue to occur on a periodic basis against the outcomes identified in this strategy. The development of the logframe – the first time one has been used in an Afghanistan humanitarian response plan – will also yield greater clarity as to the difference that humanitarian action is making in people's lives. It is also a more systematic way of measuring performance over a longer time span. As a 'rolling design' tool, the logframe will be modified and refined as the connection between activities, outputs and higher level objectives are tested over the duration of the response. A planned Whole of Afghanistan (WoA) assessment is also expected to provide the basis for a more rigorous prioritisation of humanitarian activities starting in 2019.

In a country that has suffered four decades of violence, knowing how many people there are, their profile and their location requires a certain amount of speculation and does not provide a sound basis for assessment, planning or programme implementation. During the second half of 2017, the government increased its attention to demographic data and the identification of each citizen. The Central Statistics Office (CSO) and the Ministry of Economy (MoEC) worked with the NGO, Flowminder, the University of Southampton and UNFPA to garner a better picture of how many Afghans there are and where they reside. At the same time, the Afghan Central Civil Registration Authority (ACCRA) moved forward with plans to provide identification cards for each citizen. Up to 10 million Afghans currently without ID cards are expected to have them by mid-2018. Solid population data and the ability to correctly identify people is a prerequisite for good planning and measuring progress. Over the course of 2018, aid agencies will build on this work to the benefit of people who need assistance and donors who need to know that their resources are being used appropriately by employing improved verification and registration techniques, including – where feasible and acceptable – biometrics.

Response Parameters

In defining the parameters of this response plan around acute needs which require a distinct set of actions, it is recognised that a gap will be created in the provision of support previously extended to people experiencing chronic needs. The recent development of the One UN – One Programme, which outlines how agencies will collectively support government institutions to meet priority development outcomes across six thematic areas of work, has provided the humanitarian community with the opportunity to revisit the

nature of needs present in the country, plan the necessary budget requirements for response, and identify the most appropriate frameworks for support. In this regard, the One UN – One Programme has been designed to ‘pick up’ those groups otherwise at risk of being left behind, on the understanding that development partners are both better equipped and better placed to support people’s long-term needs.

Nevertheless, if the current parameters of ‘humanitarian action’ are to be maintained over the course of the HRP, the government and development partners’ capacity to deliver meaningful change in the lives of ordinary Afghans through the Afghanistan National Peace and Development Framework (ANPDF), supported by the National Priority Programmes (NPPs), and by the One UN – One Programme is essential. The recent confirmation of additional resourcing for longer-term programming for displaced and returnee populations (see pg. 14), particularly in relation to enhanced livelihoods support, is also extremely welcome and will further bridge gaps in public services.

The engagement and commitment of a broad range of actors, including the government, donors, development and peacebuilding partners is critical to the success of this multi-year response plan. The outcomes and outputs expected to be delivered are focused on:

1. saving the lives of people newly displaced or affected by conflict, natural disasters and cross-border arrivals in the

areas of highest need, which are hard to reach through: emergency trauma care, treatment for children with acute malnutrition, and provision of food security, emergency shelter and WASH services for families fleeing violence and insecurity;

2. enhanced advocacy to limit the effects of the conflict on the civilian population, particularly women and children who bear the disproportionate brunt of its effects; and
3. reducing the impact of disasters by responding better, thanks to improved tracking of people and assessment of need.

In essence, this response plan prioritises where lives can be saved. Indeed, as highlighted in the One UN – One Programme, while ‘in a setting such as Afghanistan, it is tempting to try to help address all or most of the challenges facing [the] country...hard choices [have] to be made.’ The priority for this plan given that insecurity is ubiquitous and violence is intensifying must be to save lives. Addressing chronic needs unrelated to the conflict and resulting from years of underdevelopment require alternative mechanisms to bring about fundamental and normative change.

The New Way of Working

While the Afghanistan multi-year HRP remains tightly focused on providing life-saving assistance to people affected by the conflict, natural disasters and cross-border arrivals,

TABLE 1: ACTION PLAN OF THE 2017 POLICY FRAMEWORK FOR RETURNEES AND IDPS, DIREC

SERIAL	ACTION	RESPONSIBILITY	DEADLINE	REMARKS
1	Strengthen DIREC governance	IOM, UNHCR	March 2018	
2	Support implementation of DiREC action plan	FAO, ILO, IOM, OCHA, UNAMA, UNICEF, UNDP, UNESCO, UNFPA, UNHABITAT, UNHCR, UNODC, WFP, WHO	December 2021	Strengthening resilience, self-reliance and protection capacities of returnees and IDPs, and promoting humanitarian and development linkages for durable solutions.
3	Support the Government of Afghanistan ability to facilitate voluntary and safe return, regular and responsible migration and mobility	ILO, IOM, UNDP, UNHCR	December 2019	This in line with the ANPDF, DiREC Action Plan, Anti-Corruption Strategy, National Labour Migration Strategy, draft National Diaspora Strategy, and regional and global fora such as Regional Solution Strategy for Afghan Refugees (SSAR), the 2016 New York Declaration, the Bali Process, the Colombo Process and the Abu Dhabi Dialogue to which Afghanistan is an active member.
4	Support reform of the legal and policy framework surrounding displacement, including PD 104	UNHABITAT, IOM, UNHCR, UNAMA, UNDP	June 2019	
5	Support durable solutions for returnees and protracted IDPs by allocating well located and serviceable land	UNHABITAT, IOM, UNHCR, UNAMA, UNDP, UNICEF, FAO, WFP, UNESCO, WHO	December 2018	

greater consideration will be given to how humanitarian and development actors can better join up their activities. The continued inclusion in the multi-year response plan of the Pakistan refugees from North Waziristan Agency, for example, is premised on the provision of humanitarian assistance being scaled down over the life-cycle of the response – supported by a responsible exit strategy – and the simultaneous expansion of livelihoods and development initiatives which provide them with sustainable opportunities for integration.

Given the high demand for low income, low skilled jobs, in the urban informal economy, and the pull factor that the relative safety of cities offers IDPs and returnees, densely populated urban areas are likely to be an ever greater feature of Afghanistan's landscape for years to come. The implementation of the Action Plan related to the 2017 Policy Framework for Returnees and IDPs (see Table I), overseen by the Displacement and Returns Executive Committee (DiREC), will be critical in preventing open-ended humanitarian situations, and enabling the Afghan people to realise self-reliance by accessing basic services, land, civil and legal liberties, as well as entrance into an open, fair and rewarding

job market.

Currently, the Durable Solutions Working Group (chaired by the Ministry of Refugees and Repatriation [MoRR] and either IOM, UNDP, or UNHCR as revolving co-chair) links humanitarian and development initiatives undertaken by NGOs, UN agencies and the government, including DiREC. In terms of operational response, a multitude of actors are currently implementing a set of humanitarian and development activities in parallel. UN agencies and NGO partners are delivering immediate post-arrival assistance at border crossing points and transit centres to returnees (both registered and undocumented) and, in some cases, when needs assessments show heightened levels of vulnerability, also in areas of settlement. At the same time, development partners, who are often the same UN agencies and NGOs undertaking humanitarian activities, are working on longer term solutions such as site selection for community reintegration. The DiREC Action Plan further outlines the supportive and collaborative role of the UN agencies to return and reintegration efforts (see table 1 pg. 13).

The World Bank's Engagement in Fragile States

In 2016, the World Bank announced \$172 million in additional financing to expand coverage of the Citizens' Charter National Priority Programme across 14 districts in nine provinces experiencing a high level of returns as a result of migration. The funding, which was used to support the most vulnerable IDPs, returnees and host communities with additional income generating opportunities through a cash for work programme offering 30 days of work over six months, will be supplemented in 2018 with additional financing of \$200 to 300 million to support more advanced livelihoods initiatives.

Whereas in the past, humanitarian funds in Afghanistan have been used to gap-fill for development deficits in existing structures such as the public health system, the New Way of Working commits us to better using resources and capabilities in light of comparative advantages on the ground and existing context. This means recognising the distinction between 'engaging' more collaboratively and effectively with development actors – often at an earlier stage of implementation – and 'doing' work that humanitarian action is neither designed nor resourced for. As conflict in Afghanistan has intensified in recent years and the impact on civilians worsened, partners have had to reconsider their capacity to continue providing basic state supplied and budgeted services when people's lives are increasingly placed at risk due to the conflict.

The additional funding provided by the World Bank will therefore ease the burden currently shouldered by humanitarian actors, complementing initial relief efforts, and supporting the transition from short-term remedies to longer-term sustainable solutions. The World Bank's recent announcement that they will also channel \$300 million through the Education Quality Reform in Afghanistan (EQRA) programme in 2018 to support access to education for out of school IDP and returnee children will also require careful coordination with the education in emergencies working group (EiEWG) to ensure that activities and coverage are complementary. As this funding comes online in mid-2018, it is anticipated that the number of children requiring education in emergencies supported through the HRP will reduce over the next four years.

INTEGRATED

RESPONSE

Centrality of Protection

Protection, which we define as ‘all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law’,¹⁷ will be at the centre of the multi-year response. All humanitarian action is designed and implemented in accordance with conflict sensitive and do no harm approaches which promote the safety, dignity and rights of affected people, as well as reduce exposure to additional risks. Already in 2017, the humanitarian country team (HCT) took concrete steps to reinforce the centrality of protection by making integrated protection activities a compulsory component of projects included under the second common humanitarian fund (CHF) standard allocation, and encouraging innovative approaches to accessing populations exposed to conflict-related harm, particularly sexual and gender based violence (SGBV).¹⁸ If continued inroads are to be made in responding to protection violations over the multi-year response plan, leveraging the field presence of other actors and using this as an umbrella under which joint activities can be implemented will be necessary.

Given active hostilities across many parts of the country and the high levels of civilian casualties that continue to be reported, primarily as a result of ground engagements but increasingly in 2017 from air strikes, the finalisation of a HCT protection advocacy strategy will be a priority in 2018. Various forms of violence now permeate daily life for a significant proportion of the Afghan people, including exposure to the effects of explosive hazards in densely populated urban areas and the deliberate targeting of civilians – in particular, civilians perceived to be pro-government or connected to the Afghan security forces, religious leaders and Shi’a Muslim congregations. As such, the international community must work to increase its engagement with parties to the conflict and advocate for compliance with IHL and IHRL. This includes advocating for the development of a concrete action plan to support the full implementation of the National Policy on Civilian Casualty Prevention and Mitigation; regular monitoring of the implementation of the Convention on Certain Conventional Weapons to determine whether casualties arising from explosive remnants of war (Protocol V) are avoided or reduced; and the application of all recommendations outlined in the Government’s Action Plan to End and Prevent Child Recruitment and the use of Children by the Afghan National Defence and Security Forces.

Higher level advocacy will be informed by regular monitoring of rights abuses – itself supported by a protection incident monitoring system (PIMS) which will serve as a central repository for data collected vis-à-vis protection violations, and allow for more robust analysis regarding geographic locations and populations of concern. This will enable the design of programmes which take into better account the specific vulnerabilities and concerns of different groups – notably, those subjected to secondary or multiple displacements, children, women and girls, the elderly, people with disabilities and refugees. Greater links will also be sought between the Afghanistan protection cluster (APC), and the UNAMA Human Rights Service and the Country Task Force Monitoring and Reporting Mechanism (CTFMRM) to promote a live analysis and facilitate a more holistic response which builds on the technical knowledge and expertise of each operational arm. Filling existing data gaps, as well as generating an in-depth understanding of the coping mechanisms deployed by a population now exposed to four decades of hostilities, will also improve understanding as to how the conflict is leading to secondary abuses, such as domestic violence, child labour and child marriage. This will enable humanitarian actors to both identify and prioritise the main risks emanating from the conflict, and allow development partners to work to bring about long-term structural and normative change which reduces harmful traditional and socio-cultural practices.

Accountability to Affected Populations

Strengthening accountability to affected populations – both in terms of more regularly and effectively communicating with communities and incorporating their views and priorities into the programme cycle – will comprise a central component of the 2018-2021 response. Already in 2017, partners have taken concrete steps to put people at the centre of humanitarian action. This includes through delivering assistance as close to the front-lines of the conflict as possible, particularly in hard to reach areas; reducing the time it takes to support affected populations, utilising cash as a modality; and expanding the use of multi-purpose and unrestricted cash transfers to afford people impacted by the crisis greater dignity, choice and control over their lives.

In 2018, the UN will work to build on and consolidate these efforts by establishing an inter-agency information centre (IAIC) aimed at collecting feedback directly

from communities on their urgent and emerging needs, priorities and expectations, so as to ensure that assistance is reaching the most in need and vulnerable. Present data on community engagement indicates that there is significant room for improvement in this regard. The multi cluster needs assessment (MCNA) carried out by the REACH Initiative in 2017 found that 15 percent of households in need of assistance have received too little, while 23 percent of households who self-identified as not in need of assistance had received some form of humanitarian support in the past year – including almost a third of households in the eastern region.¹⁹ This suggests that, in many cases, the wrong people have been targeted for assistance and/or, the duration or type of assistance provided has been insufficient to enable people to restore their lives to their pre-crisis state. An additional nationwide survey carried out in 2017 found that 30 percent of surveyed households did not understand why they had not received assistance, with some respondents stating in focus groups that they did not know how to access assistance, and lacked the communication channels necessary to convey this message to aid agencies.²⁰

The IAIC will enable the humanitarian community to overcome such obstacles and identify gaps in assistance through the formal and regular circulation of caller and beneficiary feedback. Resultant data will enable the humanitarian community to undertake corrective action to yield a more timely and relevant response, which is aligned to the actual – rather than the perceived – needs of affected communities. The information centre will also help facilitate more effective two-way communication with beneficiaries on how they can access services from humanitarian organisations and the government. This will not only enhance accountability and transparency, but allow stakeholders to coordinate, focus, and prioritise thematic and geographic areas of support, especially in under-served areas and those facing high levels of conflict, displacement and return.

At the same time, the IAIC will facilitate improved coordination and links with development partners. Indeed, with 48 percent of households in the south eastern region and 35 percent of households in the eastern region identifying employment as their primary need,²¹ it is clear that in areas hosting large numbers of returnees and refugees, humanitarian assistance has a limited impact on people's lives. What some ultimately need (and are asking for) is income generating and livelihoods opportunities, which provide long-term stability and development.

Gender, Age and Disability Sensitive Programming

With women and children comprising two thirds of the people in need of humanitarian assistance in 2018, the

requirement to better understand and respond to their distinct needs, is one of the overarching objectives of the multi-year response plan. Notwithstanding the needs of men and boys, data collected during 2017 continues to highlight that conflict and displacement affects people differently, with women and girls in Afghanistan systematically disenfranchised throughout all stages of crisis. So far in 2017, 1,007 women have been killed or injured as a result of the conflict,²² while displaced female headed households earn up to 61 percent less (AFN 5,687) than their male counterparts (AFN 9,298), and are 15 percent less likely to have access to a tazkera.²³ As access to civil documentation is a basic prerequisite to accessing humanitarian assistance, the lack of proper and full documentation precludes women's ability to receive certain services and receive necessary legal protection.

Years of conflict and crisis has compromised the capacity of children to live a secure and fulfilled life, creating unique vulnerabilities for girls and boys depending on their age and social status. Displaced girls in Afghanistan are 7 percent less likely to be enrolled in school than displaced boys, while in the western region 12 percent of boys fear forced recruitment into armed groups, and 13 percent of girls are married before the age of sixteen.²⁴ Preventing children's exposure to violence, abuse and exploitation, and mitigating against the practice of harmful survival mechanisms is therefore a priority.

With around 3 million people in Afghanistan currently living with physical disabilities and an unknown number with mental disabilities, many of whom lack meaningful access to the most basic services and assistance, disability-related considerations will be taken into account and mainstreamed throughout the multi-year response. The main areas to be prioritised include: provision of timely and relevant assistance to conflict victims (including immediate identification of physical and mental disabilities, referrals to specialised organisations and service providers, provision of assistive devices, rehabilitation services, and psychosocial support); enhanced inclusiveness of services through improved access to disability-friendly shelters, WASH infrastructure and hospitals/schools etc.; implementation of mine risk education (MRE); and other sensitisation activities at community level, such as training and capacity building of humanitarian staff, local service providers, national civil society groups and relevant government institutions.

In a context where men continue to dominate as both arbiters of need and aid,²⁵ humanitarian partners will need to increase their engagement with women and other vulnerable groups affected by crisis to ensure that their needs are appropriately identified and reflected in programme design throughout implementation of the multi-year response plan. Measures taken to address these imbalances will include: increasing the number of female enumerators (by hiring couples), and

consulting with female beneficiaries on the implementation of programmes (such as where distribution points should be established and what time distributions should take place) so as to avoid burdensome and unsafe travel. In addition to engaging women and girls as direct beneficiaries, efforts will also be made to give them access to alternative aid modalities, such as cash, thereby empowering them as agents of change and custodians of their own recovery.

In 2017 the HCT developed a Gender Equality in Humanitarian Action Strategy (2017-2019) to support the incorporation of gender considerations into all components of the humanitarian programme cycle and ensure that the assistance provided meets the unique needs of women, girls, boys and men. The strategy builds on the eight gender indicators endorsed by the HCT in 2016 and looks at strengthening gender sensitivity in assessments and analysis; compliance to Inter-Agency Standing Committee (IASC) guidance on gender; and accountability to national and global gender commitments. Achieving gender parity in data collection will require dedicated resources and sustained advocacy if it is to be successful, particularly in light of existing challenges related to the recruitment and deployment of women to the field.

At the same time, efforts will be made to improve the analysis of sex and age disaggregated data (SADD) to move beyond the mere presentation of binary statistics. Indeed, while the collection of SADD has significantly improved in Afghanistan in recent years, the interpretation of that data into meaningful analysis which speaks to the different realities people of all genders and ages experience in times of crisis, remains limited. For example, while women may increasingly find themselves taking on roles traditionally associated with men during such periods, such as heads of household or primary breadwinners, it would be erroneous to think that this additional responsibility translates into authority. A better understanding of how crisis compromises the ability of each individual to realise their full potential is thus essential if humanitarian response is to make a fundamental difference in people's lives.

Cash Based Programming

With an increasing body of evidence demonstrating that cash based programmes improve aid efficiency, promote empowerment and dignity among affected communities, and overcome obstacles related to the delivery of in-kind assistance, partners will aim to further expand the use of cash across Afghanistan in 2018. Already in 2017, approximately 900,000 people across all provinces have received a total of \$43.3 million²⁰ in cash transfers – including both multi-purpose and sector-specific grants, such as cash for food,

shelter, livelihoods, winterisation transportation and protection. While this represents a 68 percent decrease in the overall amount distributed compared to the same period in 2016, this is only because of the considerable reduction in the numbers of returning registered refugees to Afghanistan and the decrease in the value of the UNHCR repatriation grant (from \$400 per person to \$200). Cash grants provided to conflict IDPs, returnees or those receiving winterisation support through emergency one-off transfers have increased substantially in the meantime. Cash assistance provided over several months through a number of transfers – such as cash for shelter construction, or cash for food safety nets, have also risen.

By far the most significant change in humanitarian cash programming in 2017 has been the uptake of multi-purpose cash (MPC) assistance, which are unrestricted cash grants intended to cover a range of household needs. Between January and October 2017, \$11.2 million was disbursed to 271,240 people.²⁷ Cash grants distributed by the emergency response mechanism (ERM) partners²⁸ accounted for 80 percent of the total MPC assistance provided,²⁹ primarily due to the introduction in May 2017 of the survival minimum expenditure basket (SMEB) – the cash value equivalent of a selected group of basic goods, services or items that are necessary to ensure household survival for two months.³⁰ In Kunduz alone, two ERM partners (ACTED and NRC) assisted 25,000 people with cash grants amounting to close to \$1 million between May and October 2017. A number of non-ERM NGOs (Afghanaid, Care and Cordaid) have also implemented MPC programmes in 2017, transferring over \$2.2 million to over 65,000 people. Many of these plan on further scaling up MPC programmes, including through the Dutch Relief Alliance – Afghanistan Joint Response programme which will provide MPC grants to approximately 35,000 IDPs, returnees and vulnerable host communities. To enable better tracking of MPC assistance across the country, a separate coordinated reporting mechanism for MPC programmes has been created in ReportHub, with 18 partners now uploading beneficiary assistance and cash transfer details on a monthly basis.

Throughout 2017, the CHF has continued to champion the use of cash with the entire food security and agriculture cluster (FSAC) envelope (\$2 million) under the second standard allocation reserved for cash-based programmes. The CHF will continue to encourage the use of cash to support the strategic objectives of the response plan where market, partner capacity and protection assessments show that it is feasible and appropriate.

With the cash voucher working group (CVWG) having standardised cash post-distribution monitoring this year, efforts will focus in 2018 on supporting the scale-up of 'new'

cash delivery mechanisms and programmes – including use of mobile money where appropriate, as well as cash for livelihoods and cash for rent programmes. Work will also continue to strengthen the humanitarian community's readiness to use cash transfers as part of emergency response at scale. A partner capacity mapping undertaken in December 2016 identified 10 existing humanitarian organisations

operating cash-based programmes who could scale up their response in the event of a sudden onset emergency. Almost half of all responding entities (43 percent) indicating that they also have pre/standby agreements with financial service providers, which would enable them to also support an immediate response.

Unpredictability requires countrywide preparedness, strengthened capacity, prepositioned resources and timely financing to support a flexible and agile response

Afghanistan's susceptibility to natural disasters and fluid security situation dictates that the humanitarian community must maintain a constant state of readiness to respond to localised and widespread hazards and conflict occurring anywhere, any time. Coordinated cross-sectoral preparedness will therefore continue to be a central component of the multi-year response plan to ensure sufficient capacity to assist affected populations. Indeed, while Afghanistan has not experienced a major natural disaster in recent years, it has been identified as the most risk-prone country in Asia in 2018 – and the fourth most exposed globally – given its underlying vulnerabilities and limited coping capacity.

As part of efforts to strengthen early warning, improve contingency planning and promote a proactive rather than reactive approach to collective response readiness, Afghanistan has undertaken successive bi-annual inter-agency reviews of emergency response preparedness (ERP) capacity since 2016. This process, which involves updating an inter-agency national risk register every six months and jointly identifying priority humanitarian risks for the period under review, has led to a system-wide analysis of prioritised risks and a high-level capacity assessment of response to anticipated caseloads. Preparedness actions have been prioritised within the region, with key issues elevated to the national level for gap analysis and advanced preparedness planning.

Consecutive ERP reviews have now shown that while humanitarian stocks are prepositioned in sufficient quantity across the country, they are often highly centralised and far from the people who need to receive it in times of crisis. Having experienced major provincial capitals, such as Kunduz City, be temporarily cut off when overrun in 2015 and again in 2016, seed funding was made available from the 2017 CHF to support the decentralisation of existing stockpiles and establishment of joint warehousing facilities for partners in high-risk areas, including Tirinkot, Lashkargah, Takhar and Kunduz City. Moving forward, the humanitarian community will seek to continue to translate recommendations coming from the regions into concrete outputs which improve preparedness on the ground and optimise the humanitarian community's ability to anticipate and respond effectively to sudden needs.

HUMANITARIAN

ACCESS

Access constraints continue to pose a challenge to humanitarian operations in several localised areas, particularly those undergoing active conflict. Despite this, the factors affecting humanitarian access in Afghanistan are varied and highly contextual, ranging from topographical conditions, to bureaucratic impediments, to conflict-related insecurity and, in the case of many partners, self-censorship. Moving forward, more attention is needed to reaching people while simultaneously sensitising partners to stay and deliver to the most vulnerable, irrespective of where they reside.

Though insecurity and changing territorial control negatively affected access conditions in 2017, partners have consolidated and improved efforts to reach more people. In May 2017, the access monitoring and reporting framework (AMRF)³¹ was launched with violence against humanitarian personnel, assets and facilities reported as the most common impediment, representing 40 percent of all incidents. Additional constraints reported in near equal measure, included: restricted access of the population to basic services and assistance; interference in the implementation of humanitarian activities, and military operations or ongoing hostilities. There is a direct correlation between the five provinces reporting the greatest number of access constraints and those experiencing the highest levels of forced displacement, with Badghis, Hilmand, Kabul, Nangarhar and Uruzgan hosting over one third of new IDPs in 2017³² – highlighting the extent to which efforts to reach those most in need are frustrated by the associated violence, obstruction and delays the ongoing conflict brings.

The true extent to which conflict inhibits humanitarian action across Afghanistan nevertheless remains largely unknown due to under and incomplete reporting by partners. However, the majority of humanitarian access issues are negotiated locally and resolved within a few days of occurrence. In 2018, greater efforts will be made to monitor the duration taken to resolve conflict-related access constraints, as well as the impact that NSAG forced closures of health and education facilities have on affected populations – and the subsequent willingness of related partners to continue operating in such areas. During 2017, 2 million people were denied access to basic healthcare as a result of the deliberate closure of health facilities by NSAGs, as part of efforts to extract improved patient stabilisation and casualty management services. Consequently, the need to maintain accurate statistics and to support partners wishing to engage locally in negotiations with parties to the conflict is of the utmost priority.

The humanitarian access group (HAG) remains the primary forum in Afghanistan through which operational coordination to analyse and discuss humanitarian access issues takes place. In 2017, the HAG has been established at the sub-national level in the southern, northern and western regions to promote a more comprehensive and collective approach to resolving access issues, including the swapping of lessons learned and best practices and, where necessary, supporting access dialogue. Field-based contingency planning exercises have also been conducted to encourage aid agencies to prepare for large-scale crises in hard to reach areas (such as the fall of a provincial capital), through stockpiling, direct negotiations and identifying surge resources to strengthen partners' capacity to stay and deliver during emergency response.

As part of the second CHF allocation, the HAG has also led efforts to improve emergency response in areas typically considered no-go by partners, working with the inter-cluster

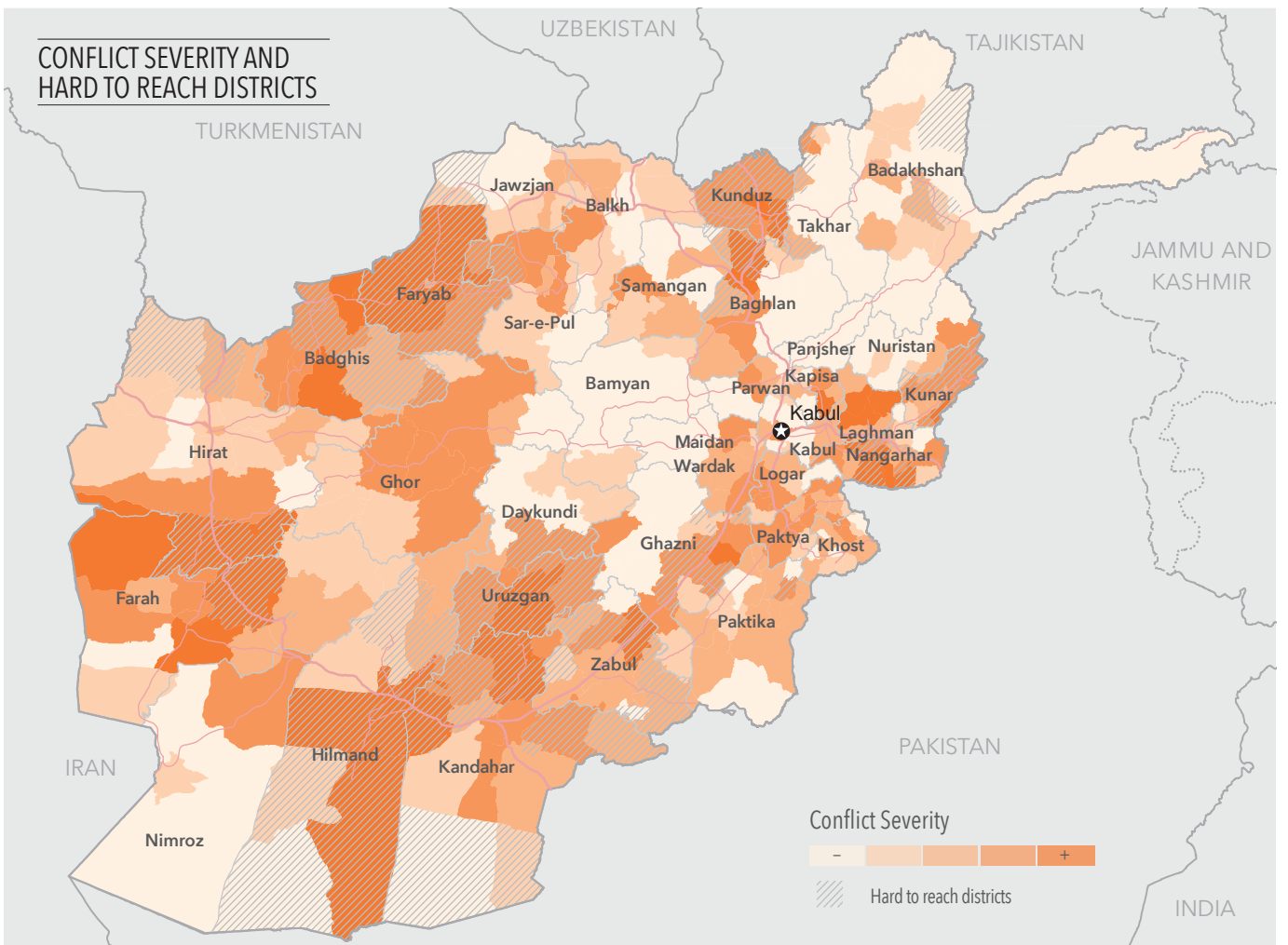
ACCESS RELATED INCIDENTS (2017)

Violence against humanitarian personal/assists/facilities	130
Restriction/obstruction of population's access to services and assistance	59
Restriction on movement within the country	14
Presence of landmines/UXO	1
Physical environment and lack of infrastructure	10
Military operations and ongoing hostilities	52
Interference in the implementation of humanitarian activities	54

coordination team (ICCT) to develop a list of ‘hard to reach’ districts against which the humanitarian community’s ability to assess and respond to new conflict-induced IDPs in underserved areas is now being measured. This list – which is based on a multi-factor analysis of levels of conflict displacement, security incidents, territorial control, coverage and quality of basic package of health services (BPHS) / essential package of hospital services (EPHS), low levels of partner presence, and number of assessments conducted – is particularly important in a context where only a third of all assessments carried out this year have taken place in hard to reach areas. In 2017, only 12 percent of assessments have taken place in areas outside district administrative centres (DACs) and none in locations controlled by NSAGs. Indeed, with the official IDP petition system now largely or completely out of reach for those living in non-government held territory, the capacity of humanitarian partners to detect or respond to

the most acute needs has been considerably reduced.

The decision to earmark \$20 million from the CHF for improved humanitarian response in hard to reach areas has therefore encouraged partners to operate outside their comfort zones and explore all possible avenues to reaching the most vulnerable rather than falling back on areas where they already enjoy access and needs exist, but are not the most acute. As conflict intensifies and the state’s presence across large parts of the country diminishes, it will be important to capitalise on the progress already made by dedicating continued resources for humanitarian activities in areas that, although hard to reach, create meaningful gains in the quality of life for the most vulnerable. This will not only expand humanitarian space but result in a more principled response in which assistance is provided to populations equally in need, regardless of political control.



OPERATIONAL

CAPACITY

Operational capacity to respond to new and emerging crises remains strong with 153 national and international partners managing or implementing projects in almost three quarters of the country in 2017. Over the coming years, efforts will be made to expand partners' coverage and reach people in need living in contested or non-government controlled areas with the best available assistance and protection, on time.

Overall, humanitarian presence is well established in the four provinces where needs are the most severe with Nangarhar and Kabul particularly well served, where over five partners operate in 90 percent of both provinces. In 2017, humanitarian assistance delivered to these four provinces represented more than a third all aid delivered in Afghanistan. Operational response capacity in districts influenced or controlled by NSAGs, including in Hilmand, Paktika, Uruzgan and Zabul however, is more limited with international NGOs consistently finding it difficult to penetrate due to security concerns. All of the NGOs operating in Uruzgan are located in the provincial capital, Tirinkot. Similarly, in Hilmand province, while 19 humanitarian partners are concentrated in Lashkargah, the provincial capital, four districts have only one or two partners. Should the conflict continue to spread and the presence of the state further weaken in 2018, agencies will have to become adept and skilled at negotiating access with armed groups and operating across frontlines. Efforts to support this, including training for NGOs on access negotiations, are already planned.

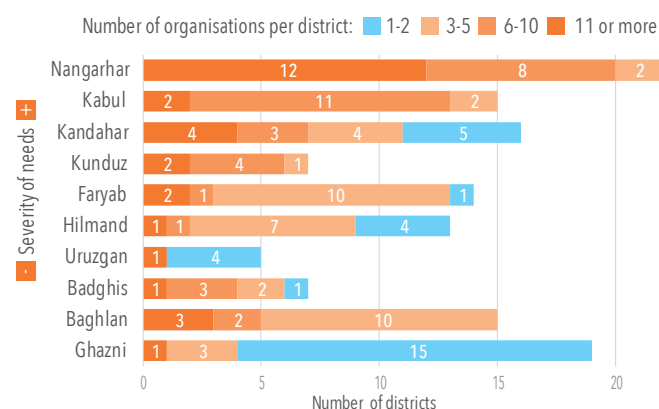
The government's capacity to take a more prominent role in the provision of relief to communities affected by conflict and natural disaster remains vital, and they have improved their ability to provide small-scale assistance to IDPs and returnees in several provinces in 2017 through an emergency budget of AFN 5 million made available across Afghanistan's 34 provinces. The recent launch of the national disaster information management system (NDMIS) is also expected to boost the emergency response management capacity of the Afghanistan National Disaster Management Authority (ANDMA). This system will enable the government to record disaster events, encode assessment data, understand risks, identify disaster prone areas and track the progress of disaster risk reduction (DRR) activities in the country, and is expected to be fully operational nationwide by the end of 2018.

The majority of humanitarian activities continue to be

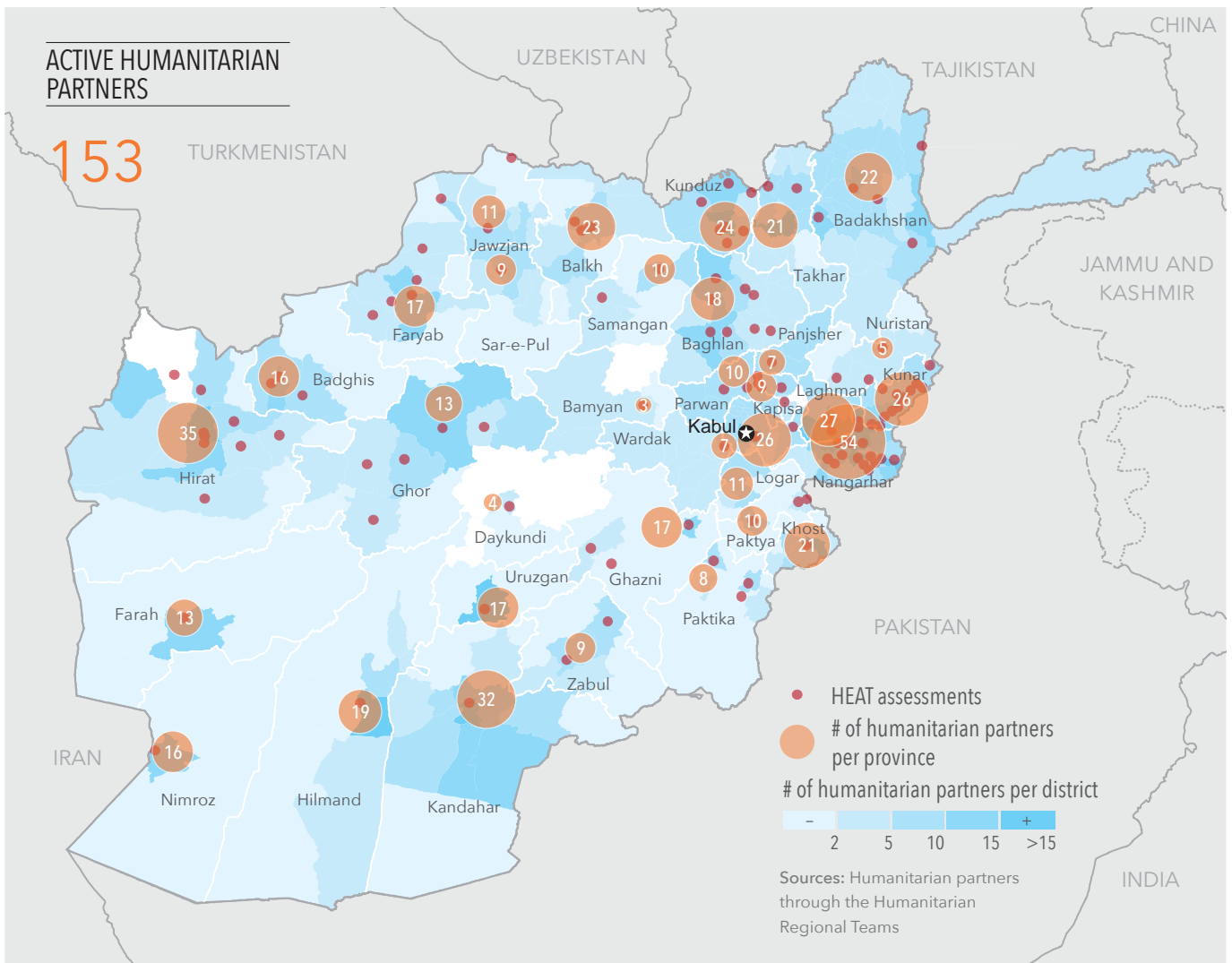
coordinated and provided by non-governmental, UN agencies or related organisations. The government's ability to respond is restricted to those areas where it is present. The Red Crescent and Red Cross Societies are critical enablers in providing humanitarian assistance in large parts of the country which no other partners can access. The recent decision by the International Committee of the Red Cross (ICRC) to downsize in the northern region following a series of attacks against its staff will therefore have an impact on the humanitarian community's capacity to assist populations in hard to reach areas, particularly around Maimana and Kunduz.

Approaches which seek to optimise outreach will be required to mitigate against the effects of the reduction in ICRC's geographical footprint, as will efforts which strengthen the capacity of national and local responders and improve their organisational and financial accountability to enable them to access donor resources. OCHA is already supporting these efforts in a number of ways. Three years ago, only two national NGOs were eligible to receive CHF funding; in 2017, that figure has increased to 19. The CHF is currently consulting with the International Federation of the Red Cross

NUMBER OF OPERATIONAL PARTNERS PER DISTRICT



(IFRC), who have submitted a partnership application and are undertaking the due diligence process. The United Kingdom’s Department for International Development (DFID) funding to the Agency Coordinating Body for Afghan Relief and Development (ACBAR) on a twinning programme which specifically targets national NGOs that have not successfully completed the CHF eligibility process and teams them up with participating international partners who mentor them through it, has also helped strengthen national NGO capacity in Afghanistan. Of the 19 CHF eligible national NGO partners today, almost half (10) are previous or current members of ACBAR’s twinning programme.



RESPONSE

MONITORING

The humanitarian community will continue to strengthen accountability to affected populations and donors through regular monitoring of the efficiency and adequacy of the response. Timely monitoring of progress against planned results will assess the performance and value of humanitarian action, improve decision-making and ensure value for money.

In line with commitments made during the 2016 World Humanitarian Summit and in order to support the delivery of Core Responsibility 4 of the Agenda for Humanity ‘Changing people’s lives – From delivering aid to ending need’, the results chain outlined in this multi-year response plan is aimed at reversing the tendency for the clusters in Afghanistan to measure success only in terms of delivery of services or inputs replicated over annual cycles, and instead to measure it against “how people’s vulnerability and risk is reduced”³³ over time. The monitoring framework integrates situation, response, and results analysis in a logical sequence to demonstrate the impact of the activities included in the HRP, and the resultant change in people’s lives. Importantly, it also recognises that not all information necessary to support the logframe is currently available. It is therefore premised on the understanding that baselines and targets will be reinforced and refined over the course of implementation in order to better inform HCT decision-making and facilitate a more strategic response. Such a system will include:

- Ongoing work to improve the operational transparency of the 3Ws mapping tool to ensure that it accurately reflects where organisations have emergency response capacity as opposed to just a physical presence. This includes distinguishing between those entities implementing activities at the district level and those located only in the provincial capital, as well as greater demarcation of areas covered by basic package of health services (BPHS) contractors and NGOs implementing a humanitarian response, to mitigate the impression of greater coverage than is actually the case.
- Aligning to the strategic and cluster objectives, indicators and targets of the HRP. Partners will be required to upload monthly details of activities conducted and beneficiaries reached to allow for an inter-active, real-time snapshot of achievements to date. Additional trainings will be arranged to facilitate increased uptake of the tool and improve the quality of reporting, particularly among UN and national NGO partners.

- Formal and regular circulation of feedback, complaints and data from the IAIC to the humanitarian community. This will allow for programmatic adjustments to be made and humanitarian action to be more responsive to the actual needs and priorities of affected communities, thereby enhancing accountability.
- Regular exchange between the humanitarian community and development partners on their progress towards respective targets under the HRP and One UN – One Programme. This will ensure that affected populations previously responded to through humanitarian activities are duly incorporated within development programmes, with the aim of leaving no one behind.

Reporting

The narrow parameters of humanitarian action defined in this HRP dictate that more rigorous and cohesive monitoring of progress towards goals is required to take account of the situation on the ground and to apply any course corrective measures. This includes a sudden increase in needs and the ability of longer-term development programmes to empower the most vulnerable IDPs and returnees and enable them to realise self-reliance. Monitoring against the logframe is therefore planned to take place every three months with more in-depth data and cluster level analysis made available in two periodic monitoring reports (PMR) published at the mid and end of year review points. The timing of the mid-year PMR will be sequenced to incorporate findings of a Whole of Afghanistan assessment planned to take place in the first half of 2018, which will feed into the 2019 HNO and further improve response targeting. As in the past, regular response monitoring will help form the basis of the articulation of the standard allocation strategies for the CHF.

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



3.3M

PEOPLE TO RECEIVE AID



2.8M

REQUIREMENTS (US\$)



430M



PEOPLE IN NEED, PEOPLE TO RECEIVE AID AND FINANCIAL REQUIREMENTS

	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TO RECEIVE AID					BY SEX & AGE	REQUIREMENTS	
	Projected Assistance Required	People to receive aid	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	Refugee response	Total (US\$)
EIE ¹	0.4M	0.4M	0.2M	-	0.1M	0.1M	-	-	02K	0 0 100%	0.3M	29.7M
ES&NFI ²	0.9M	0.7M	0.3M	-	0.1M	0.1M	50K	-	35K	20 21 59%	6.5M	53M
Food Security	1.9M	1.7M	0.3M	0.8M	0.2M	0.1M	0.1M	-	37K	22 22 56%	5.4M	90.6M
Health	1.6M	1.6M	0.2M	1.2M	02K	0.1M	0.1M	-	46K	22 22 56%	01M	41.6M
Nutrition	1.1M	0.7M	0.1M	0.6M	24K	20K	23K	-	23K	0 29 71%	0.6M	55.7M
Protection	1.5M	1.1M	0.3M	0.2M	24K	0.2M	0.2M	0.1M	0.1M	19 20 61%	7.1M	66.5M
WASH ³	1.1M	0.8M	0.2M	-	0.1M	0.1M	0.1M	-	0.1M	21 21 58%	2.3M	23.5M
M-S Cash ⁴	0.6M	0.4M	0.2M	-	17K	0.2M	-	-	-	21 22 57%	-	37.1M
TOTAL	3.3M**	2.8M**	0.4M	1.5M	0.2M	0.2M	0.2M	0.1M	0.1M	21 22 57%	\$23.1M	*** \$430M

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

PART II: OPERATIONAL RESPONSE PLANS

-  Education in emergencies
-  Emergency shelter & non-food items
-  Food security & agriculture
-  Health
-  Nutrition
-  Protection
-  Water, sanitation & hygiene

-  Multi-purpose cash assistance
-  Refugee chapter

EDUCATION IN EMERGENCIES



2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



The Afghanistan EiEWG aims to provide safe and equitable access to relevant education opportunities for crisis-affected Afghan girls and boys.

The right to basic education is enshrined in the 1989 UN Convention of the Right of the Child as well as echoed and endorsed in the 2004 Afghan Constitution. However, accessing education during emergency is also a potentially life-saving intervention. Education in emergencies (EiE) is defined by being physical and psychosocial protective; it takes children off the street where they are deeply vulnerable to abuse and exploitation and into an environment where their developmental and cognitive needs are addressed. EiE activities are not only focusing on traditional subject content, maths, science and language but also on life skills and life-saving messages.

The EiEWG targets 351,000 Afghan children who are out of school because of crisis; be it due to displacement because of natural disaster or conflict, or due to returning to a homeland most of these children have never seen and where they and their families most often continue to live in a state of displacement. Many of these emergency-affected children did attend school before their displacement and most of the returnees had pre-departure access to education. It is an unfortunate fact, that the longer a child stays out of school the less likely that that child will ever return. Education contributes to restoring normalcy in the lives of children

and instils hope for the future, mitigating the psychosocial impact of violence and displacement.

The targeted crisis-affected children will be supported through establishing 6,000 temporary learning spaces (TLS) or community-based education (CBE) classes (early multi-grade teaching in the community protecting younger children from having to travel far until they are old enough to transition to the formal school). These modalities are supported by EiEWG agreed minimum standard teaching and learning materials such as classroom kits, teacher kits, and individual student kits. The target is to distribute one kit per child (351,000 kits).

Teacher qualifications and capacity is crucial for ensuring quality of education and good learning outcomes. The response for the 2018-2021 plan is to increase the quality of EiE activities by having a strong focus on recruitment and training of new 6,000 teachers – especially female teachers – and preferably from the target community to ensure cultural and linguistic competencies, including the ability to use the mother tongue.

During 2018 a task force under the EiEWG will standardise the teacher training package for EiE in agreement with the teacher education department, Ministry of Education (MoE) and in accordance with best practice of INEE (inter-agency network on education in emergencies). Professional development of 15,000 teachers (new and existing ones)

CONTACTS

Manan Kotak
Coordinator
mkotak@unicef.org

Romal Abdullah
Coordinator
romal.abdullah@
savethechildren.org

Information management
afg.edu.im@
humanitarianresponse.org

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.2M	-	90K	60K	80K	-	2K	0 0 100%	
PEOPLE TARGETED	0.2M	-	90K	60K	-	-	2K	0 0 100%	
FINANCIAL REQUIREMENTS	\$29.4M						\$0.3M		

*Children (<18 years old), adult (18-59 years and above)

will focus on child-centred, gender-sensitive, protective and interactive methodologies, as well as psychosocial support.

Furthermore, teachers will be trained in delivering life-saving messages such as landmine-awareness and self-protection against exploitation, in addition to life skills such as hygiene promotion, health and nutrition awareness. It is a global lesson that EiE with its life-saving messages and life skills lessons does not only reach the students taught but also their younger and older siblings, as well as parents and grandparents, further building community resilience. Consequently, the number of actual beneficiaries when it comes to life-saving messages and life skills in EiE are potentially much larger than the targeted 351,000.

EiEWG will work closely with the child protection in emergencies (CPiE) sub-cluster, UNICEF and the UNAMA monitoring response mechanism (MRM) team to map schools closed due to conflict, analyse how conflict impact the education system, address protection issues in a conflict-sensitive manner, and advocate for the Oslo Safe Schools Declaration, which seeks to mitigate the impact of armed conflict upon educational facilities and students.

EiE also aims to strengthen coordination, including preparedness and response planning, contributing to reducing risk and vulnerabilities linked to emergencies, and being better at reaching the school-aged children in hard-to-reach areas. A series of trainings in EiE, coordination, and information management on national and sub-national level have been carried out during 2017 and will continue during 2018 to achieve well-informed, technically capable coordination, which is fit for purpose. Collaboration with the WASH Cluster will be strengthened during 2018 to enforce gender-responsive Sphere minimum standards for WASH facilities.

In 2018 approximately 15,000 school-based Shuras (school management committee/parents teacher association) will be trained by EiEWG partners. The Shuras consist of a diverse group of community representatives and are important vehicles for addressing gender disparity in enrolment and to combat negative coping mechanisms such as early marriage and child labour. The Shuras are furthermore the crucial stakeholder for EiEWG partners to access hard-to-reach areas and to negotiate to maintain or initiate education provision in crisis-affected districts. The Shuras are also squarely in the centre of accountability to affected populations in EiE.

The targeted 351,000 is 10 percent of the estimated 3.5 million Afghan children out of school. In line with the principles of the Afghanistan HRP 2018-2021, the EiEWG do not list all children out of school as 'people in need' but distinguish

between humanitarian and chronic needs. Education deficits due to poverty and underdevelopment cannot be covered by humanitarian actions, although we acknowledge the legitimate need of education among the staggering number of 3.5 million children out of school.

However, it is of utmost importance that the gains that have been made in education the past 15 years are not lost due to the present extreme overcrowding we witness in many primary schools, due to enrolment of large numbers of IDPs and returnees, which risks undermining the already fragile state of the formal education system. The EiEWG dialogue with development donors such as the World Bank will be strengthened during the coming years to make sure EiE and development education activities are not overlapping but transitioning in a strategic and informed manner.

It is often said that humanitarian assistance has only a limited impact upon people's lives in the long-run, and upon long-term stability and development. However, any investment in EiE is an investment in a more peaceful and more prosperous future Afghanistan. Afghan children do not need education *even in emergencies*, they need education *especially in emergencies*.

Cost Comparison

In 2018, the average cost per child for education is approximately \$85-100. In 2017, EiEWG estimated \$50-65 per child – based on the MoE guidelines and standards but it did not include the NGOs operational cost and hard to reach area logistics costs. The current education package aims to provide temporary learning spaces, community based education, teachers' incentives and training and teaching and learning material. Out of the total number of 700,000 children in need, the working group has managed to reach 110,000 by November 2017 through mobilising funds from CHF, Education Cannot Wait (ECW), UNICEF and other donors. In addition to operational difficulties, the low reach of the education working group is due to partner under-reporting and to some funding which has only been received very recently, both expected to be resolved timely.

Inputs provided by the Education in Emergencies working group. For detailed response strategies and specific cluster objectives and indicators see the sector page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



EMERGENCY SHELTER & NON-FOOD ITEMS



Response Priorities

The overall shelter needs of the displaced and returnee population continue to remain a high priority in Afghanistan. With ongoing displacements coupled with land tenure issues and the lack of durable solutions, the situation is not expected to improve in 2018. The most vulnerable families will continue to live in low cost sub-standard shelters which are far from other basic services. Due to high rental costs, more than two families will be compelled to share overcrowded accommodation which will restrict privacy space for women and girls.³⁴

Similar shelter situations are observed with families affected by natural disasters. Some families affected by natural disaster in 2016 are yet to rebuild their houses due to lack of resources. A number of families continue to reside in their partially damaged shelters while others found shelter with host families in overcrowded conditions as a coping mechanism. While those directly impacted by conflict and natural disaster would require immediate shelter support, some vulnerable families returning from neighbouring countries are also in need of emergency shelter until they are able to reintegrate. With the high cost of living, most vulnerable families might be compelled to move to informal settlements where adequate shelter options are also not available. While shelter needs will continue to be a top priority, the need for basic household items including support for winterisation is expected in 2018. Families caught up in the conflict

often flee at short notice leaving their belongings behind while those affected by natural disaster often experience the complete loss of their properties and possessions.

Vulnerable families including female headed households directly impacted by new emergencies in accessible and hard to reach areas as well as returnees will be targeted for emergency shelter and NFIs assistance to ensure their personal safety from elements, privacy, dignity and mitigate protection and health risks.

The cluster will support the improvement of existing shelter conditions for vulnerable families that are living in makeshift or poor shelter conditions. Similar shelter support will be provided to extremely vulnerable hosting families in high displacement and return areas. Vulnerable prolonged IDPs and returnees with secured tenure will receive support to construct transitional shelters to improve their privacy, psychological wellbeing, safety and security as well as their medium-term needs while awaiting durable solutions. The most vulnerable families with acute needs and the lack of coping mechanisms to withstand the harsh weather conditions will be prioritised for winterisation support.

Implementation Modalities

To achieve a holistic shelter outcome, the cluster will promote multi-sectoral integrated programming to ensure safe physical spaces, mitigate protection risks and access to other

CONTACTS

Martha Kow-Donkor
ESNFI cluster
coordinator
kowdonko@unhcr.org

Baqir Haidari
Deputy cluster
coordinator
haidari@unhcr.org

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.4M	-	0.2M	0.2M	0.2M	-	40K	21 22 57%	
PEOPLE TARGETED	0.3M	-	0.1M	0.1M	50K	-	40K	20 21 59%	
FINANCIAL REQUIREMENTS	\$46.5M						\$6.5M	*Children (<18 years old), adult (18-59 years and above)	

basic services. This approach is particularly appropriate in providing assistance to vulnerable families in the hard to reach areas. While joint planning as well as ES-NFI specific sectoral needs assessments are expected to achieve the desirable results, adherence to minimum standards and community-based approach to ensure safe physical spaces are vital.

Preparedness including sufficient stockpiles and the use of common storage facilities will be prioritised. The cluster will enhance on-site and post distribution monitoring (PDM) to strengthen accountability to communities for better programming and will adhere to the due diligence for housing, land and property and mainstream protection and gender in all activities. Cash for shelter construction and improvements will be based on market analysis and actual needs and the cluster will provide appropriate technical support to enhance communities' capacities to build safer shelters. Cash for rent will only be used where other emergency shelter options are not feasible.

The cluster has developed a specific needs assessment tool which will be used to identify the various shelter and NFI needs of the vulnerable population and provide targeted assistance using a vulnerability score card as a new approach to reach the most vulnerable families. The cluster will continue the use of both in-kind and cash based interventions where feasible to enhance timely response. Coordination at the provincial level will be enhanced to ensure effective response through the representation of a cluster provincial focal point mechanism. The cluster will prioritise locations with the most severe needs and hard to reach areas and coordination with the government and development actors will be strengthened to mitigate acute needs and build resilience.

People to Receive Aid

Of the approximately 868,000 people in need of emergency shelter and NFIs, the cluster will target 634,459 people; 40,775 people with chronic needs will be assisted through existing government programmes linked to DiREC and with support from UN-Habitat outside the HRP. Vulnerable families impacted by new emergencies, at risk of forced eviction, and those living in open spaces, will be the primary target for the cluster. Vulnerable families living in makeshift or poor shelter conditions will receive support to upgrade existing shelters while families with secured tenure will receive assistance to construct transitional shelters.

The cluster will require a total of \$46 million including 30 percent operational costs to adequately respond to the acute humanitarian needs relating to the provision of NFIs including heating for winterisation, emergency shelter (tents and plastic sheets), upgrading of existing vulnerable shelters in very poor conditions and the provision of transitional

shelter support for families with secured tenure. The increase in the overall budget requirements as compared to 2017 is due to many factors that were not considered during the 2017 planning coupled with the high cost of shelter activities. This includes the overall operational cost of 30 percent (\$10.7 million), the cost for winterisation (\$8.2 million), and the cost for immediate provision of assistance to undocumented returnees upon arrival at the border (\$5 million). In addition to the overall budget, UNHCR plans to mobilise \$1.7 million through bilateral funding for cluster coordination.

Cost Comparison

The cost for one transitional shelter was \$700 per family in 2017, while for 2018, the cost has increased to \$1,250 per family. The cost for NFIs remains the same at USD 85 per kit for a family as in 2017. In 2017, the cost for basic tools to assist a family in upgrading existing shelter is USD 150. However, needs assessments and PDMs indicated that providing only basic tools without materials for repairs left families unable to repair their shelters. Hence, an additional \$150 was included bringing the total to \$300 per family for 2018. In 2017, the cost for a tent and two plastic sheets for the provision of emergency shelter per family was budgeted at \$212. This cost increased based on local and international procurement resulting to a budget of \$350 per family.

Inputs provided by the emergency shelter and NFI cluster. For detailed response strategies and specific cluster objectives and indicators see the cluster page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



FOOD SECURITY & AGRICULTURE



FSAC will target 1.65 million people (839,569 male and 806,645 female beneficiaries) in 2018 out of a total 1.9 million acute food insecure people affected by three major humanitarian drivers; conflict, natural disaster and cross border migration. Food security needs are widespread across the country and so FSAC partners will provide life-saving assistance based on needs in all 34 provinces. Female headed households are 67 percent more food insecure than men resulting in women and girls³⁵ being prioritised in the response. Most of the food security response will be concentrated in the eastern, northern and southern regions. Provinces with a high concentration of conflict affected IDPs and returnees will also be prioritised. Further, provinces highly prone to natural disasters like floods and pest attacks will have a focused response as recent season food security assessment (SFSA) shows high prevalence of food insecurity in areas such as Badghis and Ghor. Other vulnerable groups targeted (and which will be reflected in the cluster objectives outlined on the FSAC website) are as follows:

FSAC objective one: 1,646,214 men, women and children will receive life-saving food assistance. This number includes 129,600 undocumented and 144,000 documented returnees from Pakistan and Iran; 309,825 conflict affected IDPs; 801,991 conflict affected people living in places of origin; 131,565 natural disaster affected people; 92,232 crop pest affected farmers; and 14,000 Pakistani refugees.

FSAC objective two: 725,000 people will receive livelihoods protection assistance.

This number includes 410,000 conflict affected non displaced farmers; 105,000 natural disaster affected people; 100,000 crop pest impacted farmers; and 18,500 Pakistani refugees. UNHCR and its partners will also provide assistance to approximately 70,000 documented and undocumented returnees.

FSAC objective three: FSAC will actively engage with OCHA, the ICCT, relevant line ministries and regional departments to strengthen emergency preparedness and response capabilities of FSAC partners through developing and/or updating contingency plans, timely and better coordinated food security assessments and response capacity development.

FSAC has estimated \$90.5 million is required for life-saving food assistance response in 2018. FSAC has prioritised Badghis, Baghlan, Faryab, Ghazni, Ghor, Kabul, Kandahar, Kunduz, Nangarhar and Uruzgan as the first priority for the response based on increased need and vulnerability to various hazards, in addition to Khost and Paktika for the refugee response. FSAC will monitor the food security situation across the country with available tools under its early warning information working group to identify the hard to reach areas most in need as humanitarian partners are increasingly facing challenges related to access. Though FSAC partners are essential in the provision of life-saving and livelihood-protecting assistance, FSAC will continue to provide leadership on needs analysis and prioritisation of the response through regular needs based assessments and analyses.

CONTACTS

Abdul Majid
Cluster coordinator
abdul.majid@fao.org

Eric Kenefick
Co-lead
eric.kenefick@wfp.org

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.4M	0.9M	0.3M	0.2M	0.1M	-	70K	22 22 56%	
PEOPLE TARGETED	0.3M	0.8M	0.2M	0.1M	0.1M	-	37K	22 22 56%	
FINANCIAL REQUIREMENTS	\$85.2M						\$5.4M	*Children (<18 years old), adult (18-59 years and above)	

FSAC response will focus on two major life-saving priorities – food assistance and livelihoods protection support. Food assistance will be provided through appropriate modalities (cash, voucher or in-kind food distribution) based on market and situation analysis. The Cluster with the help of its partners will continue to provide market assessment especially on prices and availability of food items where possible. To harmonise the cluster approach on food assistance, the food basket cost for a family of 7 members for one month has been set at \$90 or AFN 6,000 to cover 2,100 kcal/person/day. Food basket commodities and quantities were fixed based on micro and macro nutrient requirements, however the price is flexible based on current market prices in different locations of the country. Two to three months' food assistance will be provided to all vulnerable groups depending on needs.

Cluster partners will continue to protect the livelihoods of the most vulnerable especially women headed households in the areas where we have clear gaps in response and communities are unable to cope with the disaster to address hunger, malnutrition, and threats to their livelihood systems. These thematic areas include support to small disaster affected farmers in timely provision of appropriate varieties of crop seeds (e.g., wheat, maize, pulses and vegetables) and fertilisers. Livestock support will only focus on livestock protection by providing vaccination and treatment of livestock against disease outbreaks and emergency feeding support. Acknowledging women's involvement in the poultry and livestock sector, most of the response will be directed towards female beneficiaries. FSAC partners are also planning small scale poultry activities to improve access and supply to help avoid malnutrition. UNHCR, WFP and its partners will provide skills enhancements and grants distribution to establish income generating activities, especially for Afghan returnees and Pakistani refugees.

FSAC's priority is to provide timely food assistance to all acute vulnerable groups in a timely manner especially during winter and the peak hunger season however, in case of funding or operational constraints, people affected by conflict and undocumented returnees will be prioritised. FSAC will continue to provide assistance based on vulnerability criteria agreed at the cluster and ICCT level and not on status. Therefore, women and disabled headed households, as well as those with a high dependency ratio will receive a higher priority. In conflict and natural disaster affected areas affected non-migrant populations will be targeted to reduce pressure on stressed food and livelihoods systems to avoid asset depletion and migration resulting in chronic food insecurity and urban poverty. Pakistani refugees will continue to receive emergency life-saving assistance. WFP and UNHCR recently conducted a detailed needs assessment to launch appropriate and acceptable livelihoods programmes to reduce pressure on prolonged expensive food distribution. Soon after the dry

weather season starting from April, only extremely vulnerable families will receive food whereas those remaining, who are able bodied, will be involved in livelihoods interventions for sustainable food security options.

FSAC will continue to identify gaps through quarterly response monitoring and already established early warning systems. FSAC will work closely with partners, donors and the ICCT to bridge gaps in the response. Joint assessments through the household level emergency assessment tool (HEAT) and joint cash transfer response will be provided in hard to reach areas to avoid duplication and to maximise the impact of the response. FSAC, Nutrition, Health and WASH clusters will also work closely on integrated food security phase classification (IPC) analysis to identify priority areas for joint response. Timely needs assessments, stock reports and interactive early warning systems will help in effective joint humanitarian response. FSAC also recognises the need of capacity building especially in assessment, monitoring and design of food security and livelihoods response, and so will continue its capacity building initiatives with the government and local partners to ensure quality response as per agreed minimum international standards. The cluster will give special attention to mainstreaming cross-cutting issues such as age, gender, environment, disability; protection mainstreaming and accountability to affected populations.

There are almost an additional 5.6 million people facing chronic food insecurity across the country especially in the areas affected by conflict and natural disasters.³⁶ There is therefore an increasing need for collaboration and coordination in order to address the acute and chronic needs of the affected communities. Establishing clear links between humanitarian work, early recovery and development in finding sustainable solutions is also needed. FSAC will continue to strengthen its working relations with multiple development stakeholders like Ministry of Agriculture, Irrigation and Livestock (MAIL), Ministry of Rural Rehabilitation and Development (MRRD), ANDMA, the World Bank and NGO/INGOs to address food and livelihoods gaps, particularly in areas where chronic food insecurity is approaching or has crossed emergency thresholds.

Cost Comparison

The cost per beneficiary is the same as in 2017 – \$20 per beneficiary for food assistance and \$21 per beneficiary for livelihood assistance. In comparison to last year, the only difference is the number of people the cluster is planning to assist.

Inputs provided by the food security & agriculture cluster. For detailed response strategies and specific cluster objectives and indicators see the cluster page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



HEALTH



The health cluster aims to address the health emergency needs of the targeted population through: i) ensuring access to emergency trauma care, rehabilitation and psychosocial support for shock affected people; ii) ensuring access to essential life-saving and emergency health services including reproductive health among conflict affected and displaced populations; iii) providing immediate life-saving assistance to those affected by public health outbreaks and disasters; and iv) strengthening institutional and individual capacity to address health-related violations in conflict affected areas.

The first priority for the cluster will be to provide life-saving trauma care to people living in conflict affected areas with limited or no access to healthcare. Eighty districts in conflict affected areas without trauma care have been identified,³⁷ and health cluster partners will address their urgent needs through the establishment of trauma services including immediate life-saving first aid care, surgery, rehabilitation and physiotherapy, prosthesis and psychological first aid services. These activities will be implemented through direct support to the existing health institutions, establishment of new facilities, community initiatives or deployment of mobile health teams when necessary. The focus will be on strengthening trauma care services at all levels including field triage, first aid, referral by community volunteers and first aid trauma posts (FATPs) to upgraded provincial and regional hospitals

for specialised trauma care, post trauma rehabilitation including physiotherapy and prosthesis care as well as psychosocial support. health cluster partners will attempt to fill gaps left by other humanitarian stakeholders particularly in the field of rehabilitation, physiotherapy and prosthesis care.

The second priority will be the provision of life-saving essential primary health care services for people affected by conflict, natural disasters, and population movement in hard to reach districts, focusing on maternal and new-born health. The cluster has mapped out underserved areas affected by conflict and population movement, including IDP, refugees and returnees. These districts also demonstrate the highest maternal and under-5 mortality rates.³⁸ The cluster is also committed to reaching out to areas where people have limited or no access to health services. This will be achieved through supporting existing health infrastructure, mobile health teams when necessary, as well as other modalities for provision of life-saving healthcare complementary to the existing health system. Specific focus will be on training and engaging female healthcare workers in providing essential primary health services and reproductive, maternal, neonatal child, adolescence health (RMNCAH) as well as female workers for the clinical management gender based violence (GBV). There will also be inter-cluster efforts such as community

CONTACTS

David Lai
Cluster coordinator
laidavid@who.int

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.3M	1.3M	-	70K	80K	-	50K	23 23 54%	
PEOPLE TARGETED	0.3M	1.3M	-	70K	80K	-	50K	22 22 56%	
FINANCIAL REQUIREMENTS	\$40.6M						\$1.0M	*Children (<18 years old), adult (18-59 years and above)	

awareness and coordination with the WASH and nutrition clusters in the field of disease outbreak control and response in reducing morbidity and mortality in the most acutely vulnerable population.

The health cluster will respond to emergencies and outbreaks through emergency preparedness, response and coordination by repositioning medical and pharmaceutical kits and essential medical supplies to facilitate the response to public health emergencies and outbreaks in conflict, disaster-prone and underserved areas that exceed emergency thresholds and local capacity to respond. Emergency provision of healthcare will also include response to permanent and temporary closure as well as destruction of health facilities in conflict affected areas. The health cluster will work with relevant stakeholders in addressing the ongoing violation of access to health by working with all levels of government and other agencies.

Health partners will target acutely vulnerable populations affected by conflict, natural disasters, and displacement. Targeting is determined through an analysis of the severity of the health needs for these populations. The overall number of people in most critical need is determined at 1.5 million people with limited or no access to healthcare.³⁹ The urgency of service delivery across geographic locations is identified as high and very high. Southern, south-eastern and north-eastern regions of the country have been identified as the highest priority. Provinces with the highest need are identified as Balkh, Badghis, Herat, Kandahar, Kunduz, Nangarhar, Uruzgan and Zabul. Of the 1.5 million people in need, 69,000 people will require urgent life-saving trauma care. Thirty percent of those needing trauma care will be women and 15 percent will be children and adolescents. Many of these will eventually require disability aftercare which is unavailable or inaccessible in many conflict affected regions. It is estimated that this could be as high as 45 percent.

Approximately 150,000 returnees from Pakistan and Iran will be in urgent need of essential primary health care. This includes 8,000 women in need of antenatal, obstetric and post-natal care.⁴⁰ Screening and treatment of undiagnosed communicable diseases will also be prioritised for the returnees. Refugees in Khost and Paktika (55,000 people) will be targeted with essential health services. The goal of the outlined plan is to strengthen existing health services while providing services to those living in areas where the health system is unable to cope and/or is overwhelmed by IDPs and returnees. The health cluster will continue to complement and support the Ministry of Public Health (MoPH) and Provincial Directorates of Health (PDoH) through building on existing capacities of national institutions enabling them to manage health emergencies and strengthening early warning, detection and response systems for epidemic-prone diseases.

The health cluster in all circumstances supports an inter-sectoral approach and will aim to coordinate with other sectors in its response. While recognising the fluid nature of emergency, the health cluster will respond to health emergencies and address identified gaps in a timely and accountable manner through periodic monitoring and rapid response mechanisms accordingly.

Cost Comparison

In 2017, after ICRC has reduced its services, the health cluster plans to fill the gap in rehabilitation. Cluster partners will also provide mobile emergency health services to populations affected by the forced closure of health facilities. In 2018, the cost per beneficiary is estimated at USD 26.25, up from USD 8.41 in 2017. The cost increase comes primarily from the different way of calculating the total number of beneficiaries. In 2017, the targeted people were the people living in the affected catchment areas while in 2018 the target number is the number of people in need of health services.

Inputs provided by the health cluster. For detailed response strategies and specific cluster objectives and indicators see the cluster page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



NUTRITION



The nutrition cluster aims to contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutritional status of vulnerable groups. Children under five and pregnant and lactating women (PLW) suffering from acute malnutrition are primary targets of the nutrition response. In addition, vulnerable children and PLW at heightened risk of malnutrition and mortality among returnees, refugees, IDPs and host populations are also prioritised for nutrition response. The nutrition cluster targets are set with an aim of achieving at least 50 percent coverage in emergency nutrition (NiE) services. This is in line with the Sphere standards minimum coverage for NiE services in predominantly rural populations.

Fifty percent of children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), children under five and PLW are targeted in 2018. An estimated 15 percent of SAM children are targeted for inpatient care. In addition, 50 percent of children and PLW affected by rapid onset crisis are targeted for emergency nutrition response. For treatment of acute malnutrition services, 24 provinces (Badakhshan, Badghis, Daykundi, Ghazni, Ghor, Hilmand, Jawzjan, Kandahar, Kapisa, Khost, Kunar, Laghman, Nangarhar, Nimroz, Nuristan, Paktika, Paktya, Panjsher, Parwan, Samangan, Takhar, Uruzgan, Wardak, and Zabul) with serious levels of acute malnutrition and with aggravating factors such as recent displacement and increased incidence of conflict are targeted. The remaining 10

provinces, though not part of the HRP, will still have nutrition activities covered through development partners.

The nutrition cluster will target 674,755 of the most vulnerable children under the age of five and pregnant as well as lactating women among returnees, IDPs and host populations. This includes 209,000 children with SAM, 239,675 children with MAM and 137,040 women with acute malnutrition. In addition, 43,151 children aged 6-59 months among populations affected by new crises will receive Vitamin-A supplementation and will be screened for acute malnutrition. Through the blanket supplementary feeding programme (BSFP), nutritional supplementation will be provided to 53,359 children aged 6-69 months and PLW. A total of 49,248 mothers of children 0-23 months affected by rapid onset crisis are targeted for infant and young child feeding counselling services.

The nutrition cluster will work closely with BPHS implementers and, as much as possible, all activities will be delivered through existing structures. NiE response will be provided through existing health facilities and mobile health and nutrition teams where health facilities are not accessible for the affected population. Key nutrition activities will include screening for acute malnutrition, referral and follow up, treatment of acute malnutrition, BSFP, vitamin-A supplementation, infant and young child feeding counselling, nutrition assessments and surveillance to ensure timely

CONTACTS

Anteneh Dobamo
Cluster coordinator
adobamo@unicef.org

Piyali Mustaphi
UNICEF
pmustaphi@unicef.org

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.1M	1.0M	30K	30K	30K	-	20K	0 27 73%	
PEOPLE TARGETED	50K	0.7M	20K	20K	20K	-	20K	0 29 71%	
FINANCIAL REQUIREMENTS	\$55.1M							\$0.6M	

*Children (<18 years old), adult (18-59 years and above)

quality facility, and community-based nutrition information for programme monitoring and decision-making. In the context of rapid onset crises such as displacement and sudden population movement, prevention focused services which constitute micronutrient supplementation, promotion of infant and young child feeding in emergency (IYCF-E) and BSFP are provided. Children and PLW with acute malnutrition are referred to the nearest fixed integrated management of acute malnutrition (IMAM) facilities run by BPHS partners. Where capacity and resources availability permits, mobile nutrition teams integrated with health will provide a package of preventive and treatment services to difficult to access populations.

Nutrition cluster partners will also work on enhancing the capacity of the government and partners to respond and deliver quality programming at scale by standardising guidance on nutrition in emergencies services, agreeing on common implementation modalities, and capacity building. The nutrition situation across the country will be monitored through the nutrition sentinel surveillance mechanism. Ongoing monitoring and analysis of surveillance data will help identify early deteriorating nutrition situations. Where there is need for in depth assessment, SMART nutrition surveys will be conducted. The nutrition cluster through the national and 5 sub national coordination hubs, and in collaboration with MoPH, Public Nutrition Department (PND) will coordinate the nutrition response. Periodic monitoring and analysis of the progress of response will be done using the programme implementation report collected through MoPH, PND.

In Afghanistan, chronic malnutrition and micronutrient deficiencies among children under five are at a critical level. Approximately 41 percent of children under five are stunted and 45 percent are suffering from iron deficiency anaemia. Only 43 percent of children are exclusively breastfed.⁴¹ Inappropriate infant and young child feeding practices among children 0-23 months is a major risk factor for malnutrition and mortality. There are high levels of micronutrient deficiencies (40.4 percent iron deficiency anaemia) among women of reproductive age group.⁴² Maternal malnutrition significantly contributes to an inter-generational cycle of malnutrition leading to low birth weight new-borns who continue to suffer from stunting and poor cognitive development. Long term multi-sector preventive programmes are required to tackle all forms of malnutrition among vulnerable groups. The Government of Afghanistan, recognising the criticality of malnutrition problem in the country, has recently joined the Scale Up Nutrition (SUN) global movement initiative. Joining the SUN movement affirms government's commitment to address malnutrition by attaining the sustainable development goal 2 (SDG) targets in

a multi-sectoral approach at scale.

The NiE response is coordinated by the Nutrition Cluster and complements the long term preventive efforts of government and development partners. The currently ongoing preventive programmes such as Initiative for Hygiene Sanitation and Nutrition (IHSAN), community based nutrition programme as well as the micronutrient supplementation and deworming programme through the bi-annual national immunisation days (NID) will help prevent the risk of acute malnutrition among vulnerable women and children under five. Nutrition cluster partners will strengthen referral linkages between the preventive and life-saving services. Mothers of children identified as at risk of acute malnutrition during facility based mid-upper arm circumference (MUAC) screening and children who recover from treatment of acute malnutrition programmes will also be referred to community based nutrition counselling services. In addition, the Nutrition Cluster is committed to working with other nutrition sensitive clusters (Health, WASH, Food security and others) to support multi-sectorial assessments and integrated programming.

Cost Comparison

In 2017, the nutrition cluster requested \$68 million for emergency nutrition response for 662,000 people. The cost per beneficiary for the emergency nutrition services was \$101.2 per person. In 2018, in line with the HRP strategy, a total of 674,755 people are targeted with a financial requirement of \$55.7 million. Thus, the cost per beneficiary has been reduced to \$82.4 per beneficiary. The 18.2 percent decrease is due to two main factors: the cost of MAM food products has decreased, as the cluster partners are using a new less expensive supplementary feeding product; and the target for SAM treatment services has also decreased as a result of a decision to focus on a lower number of districts (high priority) but reach a higher number of people percent with SAM in provinces with high conflict intensity.

Inputs provided by the nutrition cluster. For detailed response strategies and specific cluster objectives and indicators see the cluster page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



PROTECTION

The protection environment in Afghanistan is expected to remain fragile in 2018. Continuous fighting between the Afghanistan Government and NSAGs throughout the country has led to large-scale internal displacement and explosive contamination, leaving the population with limited coping mechanisms for survival. The civilian population is often subjected to targeted/ indiscriminate attacks by armed forces, forced recruitment and restricted movement, resulting in the rise of major protection concerns.

In addition to newly displaced Afghans, the APC will respond to protection concerns arising from: the presence of mines, PPIEDs and explosive remnants of war (ERWs) affecting the displaced population (through mine action); GBV (with incidents largely unreported, but in existence); family separation, forced recruitment, child labour and early marriage (through CPIE); and lack of civil documentation (including tazkera), the loss of assets during conflict, insecure tenure and community disputes on land and property (though the housing land and property task force [HLP-TF]).

While internal displacement is often occurring in parallel with returns to Afghanistan from Pakistan and Iran, the APC aims to create links with partners of the refugee response plan. This helps to ensure that response within Afghanistan is planned in a holistic manner, ensuring equal support is given based on vulnerabilities, while also looking at the needs of the host communities.

Direct protection work, including protection

monitoring, analysis, evidence-based advocacy and community-based protection mechanisms will be the focus for protection activities. The APC will cooperate with other clusters/ actors in the response, by participating in multi-sector assessments, responses and through integrated protection (achieving protection outcomes through non-protection activities), especially in hard to reach areas. Coordination with local NGOs will be key to reaching displaced populations where humanitarian access is restricted. A community-based protection approach is central to addressing the needs of affected people and fostering social cohesion and peaceful coexistence.

The APC is also pursuing deeper links with UNAMA and other relevant actors on issues related to protection of civilians (PoC); these relate not only to common advocacy on PoC issues, but integration of a new protection incident monitoring system (PIMS) into the already existing ones (such as UNAMA PoC monitoring, information management system for mine action [IMSMA], monitoring and reporting mechanism [MRM] and the gender based violence information management System [GBV IMS]). Establishing a PIMS, used by all protection actors in the response to document and report specific protection incidents is a priority for the APC, as the cluster is in the process of conducting the protection analysis for Afghanistan based on PIMS, as well as issuing regular cluster products for advocacy and information. Another emerging protection concern is to strengthen the reporting and protection of



CONTACTS

Stefan Gherman
Cluster coordinator
ghermans@unhcr.org

Kedir Shemsu
Information management
officer
mohameke@unhcr.org

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.4M	0.6M	30K	0.2M	0.2M	-	0.1M	19 20 61%	
PEOPLE TARGETED	0.3M	0.3M	20K	0.2M	0.2M	-	0.1M	19 20 61%	
FINANCIAL REQUIREMENTS	\$59.4M						\$7.1M		

*Children (<18 years old), adult (18-59 years and above)

civilian casualties at border areas. In 2017, many of the 5,000 unaccompanied migrant children returned in 2017 have sustained injuries.⁴³

The APC will continue protection monitoring of incidents and risks affecting the population of concern, as well as assistance activities. Specific monitoring, conducted by UNAMA and MRM partners on civilian casualties, damages to civilian structures and other PoC-related issues will continue, as well as monitoring of conflict-induced displacement and cross-border population movements. A considerable part of the engagement is assistance provided to returnees from Pakistan and Iran. This category of persons of concern have spent decades in host countries and need humanitarian assistance upon return, as some have lost linkages with the communities in places of origin and in other cases, are displaced because of conflict. The assistance received, for protection outcomes, is geared toward supporting their reintegration and mitigating deployment of negative coping mechanisms upon return.

Child protection activities are also a priority area for the APC as well, which is led by the CPiE sub-cluster. Engagement will consist of identification and family tracing and reunification for unaccompanied minors and separated children, case management and referrals, advocacy and response against child recruitment, support to injured children, provision of psychosocial support for affected children and awareness creation and raising on child protection risks – targeting a total number of 105,709 children in need and other persons of concern in 2018. Strengthened case management system, referral pathways and standard operating procedures (SOPs) for unaccompanied and separated children are also priorities. In addition, children comprise a staggering 84 percent of civilian casualties caused by ERW⁴⁴ – making it the second leading cause of child casualties after ground engagements.

Under the GBV engagement, led by the GBV sub-cluster, prioritisation of activities is focusing on deeper links with the communities, as part of prevention activities, on top of GBV response services. During the implementation period of the current response plan, GBV actors will also prioritise community sensitisation on GBV issues through community dialogues for GBV prevention, provision of survivor-centric multi-sectoral support to GBV survivors (in cooperation with other clusters), conducting the GBV nationwide assessment and capacity building for health workers on responding to GBV incidents. A strengthened cross-border response will address the increasing number of GBV incidents that are being reported for single females, boys and girls who have been detained and deported from neighbouring countries. A total of 90,913 persons of concern are targeted for GBV response during 2018.

The HLP-TF will continue to prioritise legal assistance and counselling for HLP and legal and civil documentation

(LCD), durable solutions profiling for identified settlements, information and HLP rights awareness sessions, HLP rights training to displaced persons and HLP and LCD capacity building for duty bearers. The total number of persons of concern targeted for HLP interventions during 2018 is 80,400.

Mine action will focus on reducing the record high casualty rates attributable to mines, ERW and PPIEDs. From January to September 2017, UNMAS recorded an average of 181 victims per month from these devices, up from a record low of 36 casualties per month in 2012, largely due to the changing nature and intensity of the current conflict. To combat these figures, mine action will engage in mine/ERW risk education, surveyance and spot ERW removal, in addition to prioritised 'high mine/ERW impact' land clearance, in strong coordination with the Directorate of Mine Action Coordination. This is to ensure that prioritisation takes into consideration, inter alia, incident, displacement and reintegration data. Furthermore, in line with protection principles, mine action activities will include rights awareness for persons with disabilities, including those injured by mines and ERW, to promote inclusivity at societal and economic levels. The total number of persons of concern targeted by mine action actors during 2018 is 1.1 million.

APC response activities will address protection risks faced by the prioritised 1.1 million IDPs, non-displaced conflict affected persons, host communities and other persons of concern in need of protection.

Cost Comparison

The cost per person of concern in the 2017 HRP was \$38.07. This did not include the cash grant for returnees which was captured in the MPC chapter, and also reflected separately in the refugee chapter. In 2018, the APC requested that the cash grant for registered refugee returnees be moved from the MPC chapter into the protection cluster. Additionally, \$10 million in post-arrival assistance for undocumented returnees was also in the APC budget. This brings the cost per person in 2018 to \$52.32; without the cash grant, the cost per person of concern for protection activities in 2018 would be \$23.23, which is \$14.84 lower than in the 2017 HRP.

Inputs provided by the protection cluster. For detailed response strategies and specific cluster objectives and indicators see the cluster page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



COST PER BENEFICIARY (US\$)



WATER, SANITATION & HYGIENE



Life-saving WASH activities such as distribution of hygiene and water kits and hygiene promotion; access to safe drinking water and provision of emergency latrines to minimise open defecation is the first priority. Timely delivery of water will be achieved through the rehabilitation and disinfection of existing water points, expansion of nearby water systems, drilling of boreholes and where needed, water distribution by tankers. Gender separated latrines and baths will be provided with a priority to groups of families over 7 located within a single household facility. Durable solutions like small-scale gravity-fed or solar pumping networks will be promoted to cater to the longer-term needs of IDPs and returnees, thus strengthening the humanitarian-development nexus.

Greater involvement of affected populations in planning and implementation will be ascertained by establishing users' committees and local water caretakers. WASH services for health and education institutions that are providing assistance to emergency affected populations will be improved (expanded or newly built) to cope with the increased pressure. Sequencing of WASH services will be critical to ensure the effectiveness of services these institutions render and this will be done through improved inter-cluster coordination. Children and women friendly WASH services will be maintained at zero point and at transit centres at the Torkham, Spin Boldak and Nimroz borders. Vulnerable returnees will also be supported with family

hygiene kits along with information on safe hygiene behaviours.

Protection will be mainstreamed across all emergency WASH interventions to ensure that girls, boys, women, men and people with disability have equitable access to services. Special attention will be given to ensure that female headed households and households with pregnant women have access to sanitation and means of hygiene. Women and girls will be consulted in identifying the place for water points, latrines, and emergency bathrooms so that their privacy, dignity and protection concerns are taken into consideration. Cluster partners will be encouraged to reach out to the areas with severe needs including hard to reach areas. This will be achieved by enhancing the capacity of local partners in emergency preparedness and response, prepositioning of supplies in all high-risk provinces, continuously maintaining the WASH cluster managed stockpiles and supporting partners in piggybacking on each other (e.g. INGO and local NGOs). A qualified national cluster co-lead will be embedded in the MRRD who will gradually 'drive' the cluster activities including taking a proactive role in implementing the cluster's work-plan and enhancing provincial capacity through periodic updating of contingency plans and review of provincial emergency coordination mechanisms. The national co-lead will be a full member of the ICCT.

BREAKDOWN OF PEOPLE IN NEED AND PEOPLE TO RECEIVE AID BY STATUS, SEX AND AGE

	BY STATUS							BY SEX & AGE	
	Conflict Displaced	Conflict Affected	Natural Disaster Affected	Undoc. Returnees	Refugee Returnees	Host Communities	Pakistani Refugees	% men, women, children*	
2018 ASSISTANCE REQUIRED	0.3M	-	0.2M	0.2M	0.2M	0.2M	0.1M	21 21 58%	
PEOPLE TARGETED	0.2M	-	0.1M	0.1M	90K	0.1M	87K	21 21 58%	
FINANCIAL REQUIREMENTS	\$21.2M						\$2.3M	*Children (<18 years old), adult (18-59 years and above)	

CONTACTS

Ramesh Bhusal
Cluster coordinator
rbhusal@unicef.org

Rashid Yahya
Cluster co-lead
rashid.yahya@dacaar.org

A total of 750,000 affected people will be targeted for response. This includes 535,500 people directly impacted by onset emergencies (conflict IDPs, returnees and natural disaster affected). An estimated 127,000 host-community people impacted by IDPs and returnees will also receive assistance in addition to 87,500 Pakistani refugees living in Khost and Paktika. When the cluster is faced with competing needs, the response will be directed towards large-scale displaced populations living in camp-like settings in order to prevent outbreaks of waterborne diseases.

Cost Comparison

The WASH Cluster requires \$23.5 million, which equates to \$31.35 per beneficiary. The per capita cost for 2018 (\$31.30) is slightly lower than that for 2017 (\$34.10) where a total of 1.07 million people were targeted for an estimated budget of \$36.5 million. The reason for higher cost per capita in 2017 is due to the inclusion of a peacebuilding project by UNHCR for refugees and returnees for a value of \$650,000. This amount was on top of the immediate emergency needs of the targeted population. If we discount this amount, the cost per capita for this year's HRP for WASH assistance comes out to be only \$28.05. That means the cost for providing WASH assistance has increased by \$3.30 per beneficiary in 2018. The reason for this increase is mainly due to the larger number of institutions targeted in 2018 (265 compared to 105 in 2017) and inflation in the market prices for WASH commodities and services.

Inputs provided by the WASH cluster. For detailed response strategies and specific cluster objectives and indicators see the cluster page on humanitarianresponse.info

2018 ASSISTANCE REQUIRED

 0.6M

PEOPLE TO RECEIVE AID

 0.4M

REQUIREMENTS (US\$)

 37M

COST PER BENEFICIARY (US\$)

 2017: 38
2018: 40

MULTIPURPOSE CASH ASSISTANCE



In 2018, partners will continue to use MPC to help shock-affected people meet their basic needs in a manner that upholds their dignity. While the exact value of the MPC grant provided has not been fixed across partners and beneficiary category, most partners will be using the SMEB approach to guide their programming, in coordination with the CVWG and cluster standards.

Undocumented returnees from Pakistan and Iran will be supported with post-arrival humanitarian assistance at the border consisting of \$100 per household for NFIs and \$175-350 per household for transport from the transit centre to their destination. Particularly vulnerable persons with specific protection concerns, such as unaccompanied migrant children, single females and those with medical emergencies, will also receive additional cash grants of \$405 per person to cover emergency shelter, medical assistance and psychosocial assistance, among other needs. Unlike in 2017, however, when the UNHCR repatriation grant for registered refugees comprised 59 percent of the overall value of the MPC chapter,⁴⁵ requirements for this group now sit within the protection cluster. This is why MPC requirements in 2018 are 60 percent lower than those in 2017. Cash transfers – both sector-specific and multi-purpose – remain central to emergency response in Afghanistan, and as such are a primary component of this HRP.

As conflict continues to intensify, the increased use of MPC presents a viable and attractive alternative to the transportation and storage of in-kind assistance, allowing partners to bypass the logistical constraints associated with these, as well as to support populations in the immediate aftermath of a shock more efficiently. Already in 2017, five separate incidents have been recorded in which the delivery of food assistance has either been disrupted or delayed due to insecurity affecting thousands of people across four provinces. Accounting for the likely underreporting of access constraints the actual number of people who have either been denied assistance or who have not received it in a timely fashion is likely to be far greater.

Coordination

As in 2017, partners will continue to coordinate through the CVWG, focusing on operational coordination, technical trouble shooting and sharing of good practices. The CVWG will analyse the data collected through common reporting and PDM tools implemented in 2017, in order to improve coordination and programme quality. The group will also focus on technical guidance for the use of cash for 'newer' activities, such as cash for rent (in coordination with the ES-NFI cluster) and cash for livelihoods programmes.

Cost Comparison

The average transfer amount per beneficiary across all MPC programmes was \$38 in 2017, and will be \$40 in 2018. This reflects only the actual amount of cash transferred to beneficiaries, and does not include organisations' implementation and support costs. These figures also only reflect MPC programmes, not sector-specific cash ones (e.g. cash for food or cash for winterisation programmes) or the UNHCR repatriation and transport grant. However, a total of \$1.95 million will be provided by IOM to cover the NFI needs of 180,000 undocumented returnees, as part of MPC grants.

Inputs provided by the cash voucher working group. For detailed response strategies and multi-purpose cash specific objectives and indicators see the working group page on humanitarianresponse.info

CONTACT

Anna Law
CVWG co-chair
anna.law@nrc.no

Toma Dursina
Humanitarian affairs
officer, OCHA
dursina@un.org

2018 ASSISTANCE REQUIRED



PEOPLE TO RECEIVE AID



REQUIREMENTS (US\$)



REFUGEE CHAPTER

An estimated 100,000 Pakistani refugees from North Waziristan Agency (NWA) continue to be supported by UNHCR and humanitarian partners in various locations across Khost and Paktika provinces, in 10 districts. More than 87,000 have been registered to date by UNHCR. Some 16,440 individuals reside in the Gulan camp, Khost province, which is the only refugee camp in Afghanistan.

In Paktika province, access remains a significant challenge due to insecurity, as a substantial amount of territory in the province is controlled or contested by NSAGs including the districts of Barmal and Urgoon which host almost 36,000 registered refugees. Conflict between NSAGs and pro-government forces (PGF) in Khost and Paktika, ongoing military operations in NWA, and cross-border shelling, have contributed to new and secondary displacement.

The majority of refugees from NWA live either with Afghan relatives, in tents distributed by UNHCR, or in makeshift types of shelter with the consent of land-owners and the agreement of provincial government

authorities. Refugees from NWA and host communities often have tribal affiliations, and given similar shared experiences of forced displacement and a cultural tradition of hospitality among the Pashtun tribes, there is generally strong social cohesion and integration.

In 2018, the voluntary return of refugees to Pakistan is expected to be minimal, despite a small number of spontaneous returns in 2017. Access for refugees to their places of origin in NWA is contingent on obtaining a Watan card issued by Pakistani government authorities, who require all returnees to first register and undergo screening in an IDP camp in Bannu district of Khyber Pakhtunkhwa Province.

The majority of refugees are justifiably unwilling to return to an IDP situation, and given ongoing military operations in NWA, the lack of basic services, and the destruction of homes and community infrastructure in Miranshah and surrounding villages, conditions are not likely to be conducive to a safe and dignified return in 2018. Moreover, independent protection monitoring of



BREAKDOWN OF PEOPLE TO RECEIVE AID BY SEX AND AGE

*Children (<18 years old), adult (18-59 years and above)

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

	REFUGEES		\$\$
	Total	% male, female, children*	Financial requirements
EDUCATION IN EMERGENCIES	2K	0 0 100%	\$0.3M
EMERGENCY SHELTER & NON-FOOD ITEMS	35K	18 11 71%	\$6.5M
FOOD SECURITY & AGRICULTURE	37K	18 11 71%	\$5.4M
HEALTH	46K	18 11 71%	\$1M
NUTRITION	23K	0 31 69%	\$0.6M
PROTECTION	0.1M	18 11 71%	\$7.1M
WATER, SANITATION & HYGIENE	88K	18 11 71%	\$2.3M
TOTAL	0.1M**	18 11 71%	\$23.1M

CONTACT

Fathiaa Abdalla
UNHCR
abdallaf@unhcr.org

returns to NWA is not possible at present, in light of access challenges and the lack of any operational presence by humanitarian actors.

Resettlement to a third country is not foreseen for any refugees from NWA. UNHCR is supporting the Government of Afghanistan as part of a community-based protection response to the humanitarian needs of refugees as well as Afghan nationals affected by conflict, poverty, and displacement.

The Government of Afghanistan acceded to the 1951 Convention and 1967 Protocol relating to the Status of Refugees in 2005, but has not yet enacted a national asylum framework to implement its international commitments. Consequently, refugees do not have legal protection and many lack individual documentation, particularly women and youth.

UNHCR will continue to advocate for the adoption of a national refugee law in 2018, as a member of a taskforce led by the MoRR, comprising other relevant government ministries and national security agencies. UNHCR and MoRR will continue to facilitate technical workshops on refugee law and international protection principles with government officials and civil society to raise awareness of refugee rights and develop national capacity. UNHCR will consider another registration and verification exercise in 2018, if the national Refugee Law is not adopted, while advocating and providing technical assistance for the eventual implementation of a government-led registration programme and national refugee status determination (RSD) procedures.

The lack of birth registration for refugee children is a significant protection concern in Afghanistan, due to the heightened risk of statelessness and potential long-term disadvantage for undocumented children. In 2018, health actors will continue to mitigate this risk by issuing birth notifications to refugee mothers, thereby facilitating the registration of new-born children with UNHCR, and future registration with government authorities in Afghanistan, and importantly, in their country of origin.

While the emergency phase of displacement has effectively ended, refugees continue to rely on the humanitarian community for access to essential services including education, WASH, vaccinations, and healthcare, as well as food security and shelter.

Due to a lack of access in some areas, limited classroom capacity and lack of sufficient teachers, as well as socio-cultural factors, only 12 percent of some 45,000 registered school-age refugee children attend school. Girls are significantly less likely than boys to have access to education, especially secondary school. A generation of refugee children face the risk of a permanent disruption to their education, threatening their wellbeing, personal development, and future prospects.

In view of the limited government capacity to integrate refugee children in the public education system, the humanitarian community will continue supporting access for refugee girls and boys to primary and secondary school in consultation with the Ministry of Education (MoE) and provincial departments in Khost and Paktika. There are some

339 government schools in Paktika province however, several of the schools in Barmal district where a majority of registered refugees in Paktika are hosted have closed due to insecurity.

Cultural barriers impede the identification of gender-specific protection risks, and effective access to prevent and respond to GBV. Early and forced marriages are common among the refugee community, as well as other harmful traditional practices. So-called 'honour killings' have been reported, typically against women and girls who may be perceived to have contravened patriarchal social mores. Humanitarian health organisations will remain the most appropriate actors to identify and respond to GBV, and raise awareness in the refugee community, in coordination with the Ministry of Women's Affairs (MoWA) and provincial departments.

Many families live in tents which will need to be replaced, or in makeshift and inadequate shelter which will need rehabilitation in 2018. The winter months bring a heightened risk of preventable mortality among infants and the elderly, and decreased livelihood opportunities, which will require targeted humanitarian assistance (cash-based and in-kind) by humanitarian actors. UNHCR and partners will identify and assist persons with specific needs (PSN) in need of critical support and life-saving protection assistance.

Notwithstanding a Memorandum of Understanding (MoU) between UNHCR and the MoPH, allowing access in principle for refugees to seek medical treatment in government hospitals, public healthcare services in Khost and Paktika provinces are limited and lack sufficient capacity. Therefore, humanitarian actors will continue to address the healthcare needs of refugees and host communities through mobile and static clinics, including antenatal services.

WFP, in coordination with UNHCR and other partners, will also need to support food security and livelihoods initiatives, identified by refugee men and women through participatory assessments as their primary needs. The primary source of income among refugees is non-agricultural daily-wage labour. Limited income-generating activities undermine refugees' capacity for self-reliance, and increase their reliance on negative coping mechanisms including child labour and early/forced marriage.

Maintaining and improving access to essential services, particularly healthcare and education, along with community-based measures such as livelihoods initiatives, and building government capacity to enable a gradual transfer of responsibilities for refugee protection, will be prioritised in the humanitarian response to the NWA refugee situation in 2018.

In addition to coordinating the Pakistani refugee response, UNHCR also facilitates and coordinates the voluntary return of Afghan refugees from neighbouring countries in close cooperation with partners, the Government of Afghanistan and respective countries of asylum. Assistance, including the repatriation grant and community based protection projects in areas of return or displacement, are central to responding to the needs of these vulnerable returnees.

Inputs provided by the refugee chapter. For detailed response strategies and refugee response specific objectives and indicators see the chapter page on humanitarianresponse.info

PART III: ANNEXES



Logframe

Participating organisations by sector

Planning figures

Acronyms

References

What if? ... we fail to respond

Guide to giving

LOGFRAME







Strategic Objective 1 (SO1): Save lives in the areas of highest need



1.1	HEALTH	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> People suffering trauma related injuries because of the conflict receive life-saving treatment within the province where the injury was sustained in either existing medical facilities or new First Aid Trauma Posts 	<ul style="list-style-type: none"> Victims are better able to receive life-saving support The proportion of victims travelling outside of the province where the injury was sustained is reduced 	<ul style="list-style-type: none"> 0 0 	<ul style="list-style-type: none"> <45% increase in trauma cases being supported in province where the injury was sustained >20% decrease in number of victims travelling 	<ul style="list-style-type: none"> FATP impatient records Health cluster reporting
	<ul style="list-style-type: none"> Trauma cases received medical treatment within 24 hours 	<ul style="list-style-type: none"> Number of trauma cases treated in the province in which the injury was sustained. Number of trauma cases treated through FATPs (m/w/b/g) Number of surgical nurses available to treat trauma cases Number of new First Aid Trauma Posts established in high risk provinces 	<ul style="list-style-type: none"> 55,000 69,000 150 20 	<ul style="list-style-type: none"> 80,000 69,000 300 60 	<ul style="list-style-type: none"> Health cluster reporting
Activities	<ol style="list-style-type: none"> Establish FATPs and TCUs in conflicted affected areas. Provide rehabilitation care to trauma-affected patients including victim of landmines. Provide psychosocial support for people affected by conflict. 				

44

1.2	NUTRITION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> Decline in GAM among IDP, returnee, refugee and non-displaced conflict affected children under 5 (g/b) and pregnant and lactating women (PLW) suffering from acute malnutrition 	<ul style="list-style-type: none"> Number and % of IDP, returnee, refugee and non-displaced children under five with SAM who are cured Number and % of IDP, returnee, refugee and non-displaced children under five with MAM who are cured 	<ul style="list-style-type: none"> 85% / (171,250) (SAM) 60% / (119,411) (MAM) 	<ul style="list-style-type: none"> 90% / (188,100) (SAM) 75% (179,756) (MAM) 	<ul style="list-style-type: none"> IMAM monthly reports IMAM monthly reports
	<ul style="list-style-type: none"> Increase of boys and girls 6-59 months with SAM and MAM enrolled in therapeutic feeding programmes 	<ul style="list-style-type: none"> Number of boys and girls 6-59 months with SAM and MAM enrolled in therapeutic feeding programmes Number of PLW with acute malnutrition enrolled in Targeted Supplementary Feeding Programme (TSFP) Number of BPHS clinics supplied with RUTF over 12 months 	<ul style="list-style-type: none"> 199,018 (MAM) 201,470 (SAM) 216,272 (PLW) 972 BPHS Health facilities supplied with RUTF 	<ul style="list-style-type: none"> 239,675 (MAM) 209,000 (SAM) 137,040 (PLW) 972 BPHS Health facilities supplied with RUTF 	<ul style="list-style-type: none"> IMAM reporting Emergency hotspot reports UNICEF supply chain management report
Activities	<ol style="list-style-type: none"> Provide treatment services to children between 6-59 months with SAM. Provide treatment services to children between 6-59 months with MAM. Provide treatment services to PLW with acute malnutrition. Deliver essential supplies, therapeutic and supplementary food commodities to treatment facilities. Conduct community mobilisation and case finding of acute malnourished children under five and PLW. 				

	1.3  FSAC	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages with a minimum household food consumption score above 42.5 	<ul style="list-style-type: none"> % decrease in adverse coping strategies recorded 			<ul style="list-style-type: none"> Call centre monitoring data FSAC partners response data
Outputs	<ul style="list-style-type: none"> The FSAC cluster and coordinated response, provides necessary food assistance to affected households in a timely manner 	<ul style="list-style-type: none"> Number and % of IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages who receive timely and adequate food assistance Number of calls related to food assistance responded to and resolved within a week Number of affected population receiving in-kind food assistance Number of affected population receiving cash transfers 	<ul style="list-style-type: none"> 1,443,207 	<ul style="list-style-type: none"> 1,422,416 	<ul style="list-style-type: none"> Call centre data verification FSAC reporting # calls responded to and resolved in a week # affected population receiving in-kind and cash transfers
Activities	<ol style="list-style-type: none"> Timely provision of unconditional transfer (food, cash or voucher) to meet the immediate needs of affected people. Timely provision of livelihood protection assistance to conflict affected non-displaced farmers, natural disaster affected and crop pest affected farmers. Develop /or update regional contingency planning for natural disaster, strength coordination with national actors, improve capacity of partner to conduct food security assessment. Improve cluster coordination & conduct assessment and analysis. 				
	1.4  WASH	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> WASH related communicable diseases are reduced among IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages through timely and adequate WASH assistance. 	<ul style="list-style-type: none"> % prevalence of under-five acute diarrhoea among IDP, returnee, refugee and population affected by natural disasters is maintained below national average of 14.5% 	<ul style="list-style-type: none"> 14.5% 	<ul style="list-style-type: none"> 14% 	<ul style="list-style-type: none"> Disease and Early Warning System reporting WASH cluster reporting
Outputs	<ul style="list-style-type: none"> The WASH cluster coordinated response provides necessary assistance to affected communities and people in a timely manner. 	<ul style="list-style-type: none"> Number of affected people receiving water assistance as per cluster standard. Number of affected people receiving hygiene kits and hygiene promotion as per cluster standard 	<ul style="list-style-type: none"> 400,000 550,000 	<ul style="list-style-type: none"> 650,000 750,000 	<ul style="list-style-type: none"> Call centre data verification WASH cluster reporting
Activities	<ol style="list-style-type: none"> Carry out rapid needs assessment of the affected population/ communities using HEAT (or WASH RAF) to determine the WASH humanitarian assistance. Hygiene promotion activities for families and communities affected by emergencies, including distribution of hygiene kits. Provision of safe drinking water, including by water tankering, rehabilitation or installation of new systems, or by provision of water kits. Provision of gender appropriate emergency latrines and bathrooms to protect the health and dignity of affected population with a particular focus on the needs of women and girls. Monitoring and reporting of WASH activities including gap and response analysis. 				

1.5	 ES-NFI	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> IDP, returnee, refugee and non-displaced conflict-affected women, men and children of all ages are protected from the elements and exposure through safe emergency shelter which reduces the likelihood of disease and death 	<ul style="list-style-type: none"> Proportion of IDP, returnee and non-displaced conflict-affected women, men and children of all ages in need of shelter protected from the elements express satisfaction as to support received 	<ul style="list-style-type: none"> 527,770 	<ul style="list-style-type: none"> 70% (extrapolated from relevant targeted assessments such as HEAT) from 634,459 	<ul style="list-style-type: none"> ES-NFI reporting
	<ul style="list-style-type: none"> The ES-NFI cluster and coordinated response, provides necessary assistance to affected communities and people in a timely manner People affected by seasonal decrease in temperatures are having sufficient resources to ensure protection from the elements to reduce disease and death 	<ul style="list-style-type: none"> Number of people receiving emergency shelter assistance, including through cash for rent support Number of people receiving winterisation standard package for insulation) Number of people receiving basic household items (NFIs) to meet their immediate needs Number of people whose shelter was upgraded allowing for safer and dignified living conditions 	<ul style="list-style-type: none"> 38,700 280,000 531,700 19,500 	<ul style="list-style-type: none"> 163,380 289,044 453,289 136,290 	<ul style="list-style-type: none"> ES-NFI reporting
Outputs	<ul style="list-style-type: none"> Number of people receiving emergency shelter assistance, including through cash for rent support Number of people receiving winterisation standard package for insulation) Number of people receiving basic household items (NFIs) to meet their immediate needs Number of people whose shelter was upgraded allowing for safer and dignified living conditions 				
	<ul style="list-style-type: none"> Number of people receiving emergency shelter assistance, including through cash for rent support Number of people receiving winterisation standard package for insulation) Number of people receiving basic household items (NFIs) to meet their immediate needs Number of people whose shelter was upgraded allowing for safer and dignified living conditions 				
Activities	<ol style="list-style-type: none"> Conduct joint needs assessments to identify humanitarian needs and improve targeting. Improve communication with communities on shelter programmes. Distribute tents and tarpaulin to the people in need as identified by needs assessment. Provide cash for rent support. Distribute winterisation packages. Upgrade shelters allowing for safer and dignified living conditions. Conduct post distribution monitoring. 				
1.6	 PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> The incidence of death and injury to IDP, returnee and non-displaced conflict-affected women, men and children of all ages from Explosive Remnants of War (ERW) is reduced 	<ul style="list-style-type: none"> % of IDP, returnee and non-displaced conflict-affected people in districts of high ERW risk have exhibited learning and knowledge from mine risk education 	<ul style="list-style-type: none"> 0 	<ul style="list-style-type: none"> % (extrapolated from relevant targeted assessment) of 1,103,063 	<ul style="list-style-type: none"> UNMAS reporting
	<ul style="list-style-type: none"> Mine risk education programmes are provided to vulnerable populations affected by the conflict Cross trained teams for response survey and MRE established 	<ul style="list-style-type: none"> Number of MRE programmes delivered Number of IDPs, returnees and non-displaced conflict affected people receiving MRE Number of conflict, mine and ERW affected communities visited by cross-trained teams, responding to Survey, EOD and MRE needs 	<ul style="list-style-type: none"> 0 0 	<ul style="list-style-type: none"> 1,103,063 504 	<ul style="list-style-type: none"> IMSMA (Information Management System for Mine Action)
Outputs	<ul style="list-style-type: none"> Number of MRE programmes delivered Number of IDPs, returnees and non-displaced conflict affected people receiving MRE Number of conflict, mine and ERW affected communities visited by cross-trained teams, responding to Survey, EOD and MRE needs 				
Activities	<ol style="list-style-type: none"> Provision of MRE. Carry out mine/ERW clearance operations – including explosive ordnance disposal (EOD) and response to the mine action hot line. Conduct mine clearance operations. Provide victim awareness. 				

1.7	 MULTI-PURPOSE CASH	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> Recent IDPs, returnees and people affected by natural disasters can meet their basic needs through multi-purpose cash without having to resort to severe negative coping strategies. 	<ul style="list-style-type: none"> % of households who receive multi-purpose cash assistance who have medium or low coping as measured by the reduced coping strategies index (rCSI), at the time of post-distribution monitoring 	<ul style="list-style-type: none"> 0% 	<ul style="list-style-type: none"> 90% 	<ul style="list-style-type: none"> ERM and DRA partners and IOM post-distribution monitoring (PDM)
Outputs	<ul style="list-style-type: none"> Recent conflict-affected IDP are provided with timely multi-purpose cash grants to meet their basic needs. People affected by natural disasters are provided with timely multi-purpose cash grants to meet their basic needs Vulnerable undocumented returnees are provided with IOM multipurpose and/or specialized protection cash grants upon arrival in Afghanistan, to meet their basic needs and/ or protection needs 	<ul style="list-style-type: none"> Number of recent conflict-induced recent conflict IDPs in need of assistance receiving who receive multi-purpose cash transfers grants to cover their basic emergency needs Number of natural disaster-affected people recent conflict receiving who receive multi-purpose cash transfers grants to cover their basic emergency needs Number of vulnerable undocumented returnees who receive multipurpose cash grants from IOM upon arrival, to cover NFI and transport needs Number of particularly vulnerable undocumented returnees (persons with specific needs) who receive specialized protection cash grants from IOM upon arrival. 	<ul style="list-style-type: none"> 360,000 12,000 N/A N/A 	<ul style="list-style-type: none"> 300,000 17,900 181,000 8,000 	<ul style="list-style-type: none"> ERM and DRA partners reporting ERM and DRA partners reporting IOM reporting IOM reporting
Activities	<ol style="list-style-type: none"> Provision of timely MPC grants to recent conflict-affected IDP (survival minimum expenditure basket). Provision of timely MPC grants to people affected by natural disasters. Provision of IOM multipurpose cash grants upon arrival to vulnerable undocumented returnees, to cover NFI and transport needs. Provision of IOM specialised protection cash grants upon arrival to particularly vulnerable undocumented returnees. 				
1.8	 MULTI-SECTOR	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> WASH, SHELTER, HEALTH and Food Security assistance is delivered to IDP women, men, boys and girls living in hard to reach areas 	<ul style="list-style-type: none"> Number of hard to reach (HTR) districts where IDPs have received assistance 	<ul style="list-style-type: none"> 0 	<ul style="list-style-type: none"> 25% 	<ul style="list-style-type: none"> WASH, ES-NFI, Health and FS reporting
Outputs	<ul style="list-style-type: none"> Strengthening of a coordinated response mechanism that ensures necessary assistance to affected communities and people in a timely manner 	<ul style="list-style-type: none"> Number of IDPs in HTR areas receiving WASH, food, emergency shelter, SMEB and cash for rent assistance Number of IDPs in HTR areas receiving emergency health services from Mobile Health Teams Number of mobile health teams deployed to areas where health facilities have been closed 	<ul style="list-style-type: none"> 40,000 received emergency health services from mobile health teams 30 mobile health teams deployed 	<ul style="list-style-type: none"> 50,000 to receive emergency health services 50 mobile health teams deployed 	<ul style="list-style-type: none"> Cluster reporting
Activities	<ol style="list-style-type: none"> Conduct joint needs assessments to identify humanitarian need and improve targeting. Improve communication with communities on shelter programmes. Distribute tents and tarpaulin to the people in need as identified by the needs assessment. Provide cash for rent support. Distribute winterisation package. Conduct post distribution monitoring. 				





Strategic Objective 2 (SO2): Reduce protection violations and increase respect for International Humanitarian Law


2.1	PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> Reduced or contained civilian casualties among women, girls, men and boys in conflict 	<ul style="list-style-type: none"> % of civilian casualties are reduced compared to same period of previous year Government, AGEs and humanitarian actors showing increased awareness of IHL 	• -3.60%	• -3.6%	• UNAMA PoC reporting
Outputs	<ul style="list-style-type: none"> Advocacy is carried out on basis of evidence collected through protection monitoring and protection assessments 	<ul style="list-style-type: none"> Number of actors, communities and authorities trained and sensitized on IHL and protection outcomes 	• 0	• N/A	<ul style="list-style-type: none"> UNAMA Protection cluster reporting
Activities	<ol style="list-style-type: none"> Conduct protection needs assessments. Carry out protection monitoring. Train and sensitise actors, communities and authorities on IHL and protection outcomes. Conduct advocacy with authorities, humanitarian actors and parties to the conflict on IHL. 				


2.2	PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> Civilian facilities – including schools, hospitals and humanitarian compounds – are not attacked 	<ul style="list-style-type: none"> % reduction in numbers of attacks against education and healthcare facilities, compared to same period of previous year 	• 16%	• 100%	• UNAMA
Outputs	<ul style="list-style-type: none"> Advocacy is carried out on basis of evidence collected through protection monitoring and protection assessments 	<ul style="list-style-type: none"> Number of actors, communities and authorities trained and sensitized on IHL and protection outcomes 	• 0	• N/A	<ul style="list-style-type: none"> UNAMA Protection cluster reporting
Activities	<ol style="list-style-type: none"> Conduct protection needs assessments. Carry out protection monitoring. Train and sensitise actors, communities and authorities on IHL and protection outcomes. Conduct advocacy with authorities, humanitarian actors and parties to the conflict on IHL. 				


2.3	PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> At-risk IDP, returnee, and non-displaced conflict-affected women and children – including separated and unaccompanied IDP and returnee children - live in a safe environment 	<ul style="list-style-type: none"> % of separated and unaccompanied IDP and returnee children assessed, are supported and diverted from inappropriate care placements 	• N/A	• 8,422	• CPIE data
Outputs	<ul style="list-style-type: none"> Establishment of safe spaces in communities for children and women 	<ul style="list-style-type: none"> Number of at-risk IDP, returnee and non-displaced conflict-affected GBV survivors receiving assistance through multisector response (legal, safety, health and psychosocial) 	• 0	• 10,536	• GBV sub-cluster
	<ul style="list-style-type: none"> Appropriate coordinated response, provides necessary protection assistance to affected communities and people in a timely manner 	<ul style="list-style-type: none"> Number of community members involved in community dialogues to prevent and respond to GBV 	• 0	• 75,724	• GBV sub-cluster
		<ul style="list-style-type: none"> Number of dignity kits distributed 	• 0	• 14,880	• GBV sub-cluster

2.3	 PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Activities	<ul style="list-style-type: none"> 1.Sensitise communities on GBV through community dialogues and GBV nationwide assessments. 2.Provide survivor centred multi-sectoral services to GBV survivors, including health, psychosocial, legal and safety. 3.Provide outreach responsive psychosocial support (GBV). 4.Distribute dignity kits. 5.Build capacity and train health workers on GBV. 6.Identify, register and provide family tracing and reunification services for unaccompanied and separated children. 7.Provide case management and referrals to the most vulnerable children in need. 8.Provide psychosocial support to children. 9.Provide victim assistance to children in conflict. 10. Train child protection specialists on the norms and standards of child protection. 11. Advocate and respond to child recruitment. 12. Carry out community based awareness raising on child protection issues. 				

2.4	 PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> • Displaced children are protected from negative coping strategies 	<ul style="list-style-type: none"> • Displaced children are protected from negative coping strategies 	<ul style="list-style-type: none"> • 60% 	<ul style="list-style-type: none"> • 90% 	<ul style="list-style-type: none"> • CPIE monitoring • MRM database
Outputs	<ul style="list-style-type: none"> • Provision of protection services for children affected by the conflict, natural disaster or cross border movement 	<ul style="list-style-type: none"> • % of referrals related to protection violations against children responded to and resolved • Number of IDP and returnee children receiving psychosocial support 	<ul style="list-style-type: none"> • 0 • 0 	<ul style="list-style-type: none"> • 105,709 • 91,905 	<ul style="list-style-type: none"> • UNAMA • Protection cluster
Activities	<ul style="list-style-type: none"> 1.Provide case management and referrals to the most vulnerable children in need. 2.Provide psychosocial support to children. 3.Provide victim assistance to children in conflict. 4.Train child protection specialists on the norms and standards of child protection. 5.Advocate and respond to the child recruitment. 6.Carry out community based awareness raising on child protection issues. 				


2.5	 PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> • Displaced and returnee families seeking temporary shelter and tenure security are not evicted or are resettled in dignified conditions 	<ul style="list-style-type: none"> • Number of internally displaced persons and returnees receive appropriate HLP support and feel less vulnerable 	<ul style="list-style-type: none"> • 0 	<ul style="list-style-type: none"> • 45,000 	<ul style="list-style-type: none"> • HLP-TF reporting
Outputs	<ul style="list-style-type: none"> • Appropriate legal and community service mechanisms in place to provide support to displaced and returnee families 	<ul style="list-style-type: none"> • Number of conflict IDP and returnee boys, girls, women and men gaining legal identity, including civil documentation • Number of IDPs and returnees receiving HLP legal assistance 	<ul style="list-style-type: none"> • 0 • 0 	<ul style="list-style-type: none"> • 19,200 • 14,800 	<ul style="list-style-type: none"> • HLP-TF reporting


2.5	 PROTECTION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Activities	<ul style="list-style-type: none"> 1. Provide legal assistance and counselling for HLP cases. 2. Provide legal assistance and counselling for LCD cases. 3. Conduct housing and property damage assessments. 4. Carry out information and HLP rights awareness sessions. 5. Train displaced persons on HLP rights. 6. Build capacity of duty bearers on HLP and LCD. 				


2.6	 EDUCATION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> • Children and youth (boys and girls) have access to quality primary and secondary education 	<ul style="list-style-type: none"> • Children (affected by emergencies) and youth have access to quality primary and secondary education 	<ul style="list-style-type: none"> • 110,000 	<ul style="list-style-type: none"> • 351,000 	<ul style="list-style-type: none"> • EiEWG partner reporting
Outputs	<ul style="list-style-type: none"> • Resourcing (fiscal) is provided and training programmes are established to ensure quality primary and secondary education can be provided 	<ul style="list-style-type: none"> • Number of new IDP children and returnees that are enrolled in EiE programmes within three months • Number of new TLS established • Number of children (b/g) receiving school supplies • Number of new teachers (f/m) recruited & trained • Number of School Management Shura's trained in social mobilization activities 	<ul style="list-style-type: none"> • 110,000 • 2,500 • 60,000 • 10,000 • 4200 	<ul style="list-style-type: none"> • 351,000 • 6,000 • 351,000 • 1,000 (new recruitment) 15,000 (training of new and old teachers) • 15,000 	<ul style="list-style-type: none"> • EiEWG 4Ws reporting and online report hub • EiEWG 4Ws • EiEWG 4Ws • EiEWG 4Ws • EiEWG 4Ws
Activities	<ul style="list-style-type: none"> 1. Establish temporary learning spaces (tents and/or community-based education, accelerated learning classes). 2. Provide girls and boys with learning materials. 3. Provide training to teachers (newly recruited and host community formal schools teachers) on EiE package. 4. Provide newly recruited teachers (including female teachers) with incentives (i.e. financial remuneration). 5. Enrol new children in newly established community-based schools, accelerated learning classes (ALC) or Formal Schools. 6. Provide teachers with teaching material. 7. Provide training to school management shuras (SMS). 				





Strategic Objective 3 (SO3): People struck by sudden onset crises get the help they need, on time

3.1	 MULTI-SECTOR	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> • People affected by natural disasters – including severe weather conditions – are assessed and responded to in a timely manner preventing loss of life and risk of disease 	<ul style="list-style-type: none"> • % of people affected by natural disasters who receive assistance • % of high-risk provinces where humanitarian stocks are prepositioned identified by the ERP 		<ul style="list-style-type: none"> • 286,000 	<ul style="list-style-type: none"> • Disease Early Warning System • ICCT Stock updates

3.1	 MULTI-SECTOR	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outputs	<ul style="list-style-type: none"> Appropriate coordinated response, provides necessary assistance to affected communities and people in a timely manner 	<ul style="list-style-type: none"> Number of natural disaster affected people receiving WASH, Food, and SMEB assistance 	<ul style="list-style-type: none"> 20% 	<ul style="list-style-type: none"> 286,000 	<ul style="list-style-type: none"> ES-NFI reporting
		<ul style="list-style-type: none"> MT of food assistance pre-positioned in high-risk provinces % estimated people in need are covered with the ES-NFI stocks Number of market studies conducted in high-risk provinces 		<ul style="list-style-type: none"> 100 75% 	
Activities	<p>8. Analysis of country-wide stocks to identify gaps.</p> <p>9. Arrange warehouse facilities and transport ES-NFI stocks in strategic locations as per gaps identified.</p>				

3.2	 COORDINATION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> Financial reserves and emergency funding mechanisms are in place to support effective preparedness and response 	<ul style="list-style-type: none"> % of high-risk provinces as identified by the ERP which are covered by the cash-based emergency response mechanism, and organisations with operational capacity and permanent presence 	<ul style="list-style-type: none"> 0 	<ul style="list-style-type: none"> 4 	<ul style="list-style-type: none"> ICCT reporting
		<ul style="list-style-type: none"> % of people affected by sudden onset crises supported by ad-hoc and additional emergency donor funds 	<ul style="list-style-type: none"> 0 	<ul style="list-style-type: none"> 100,000 	
Outputs	<ul style="list-style-type: none"> Fiscal resources and appropriate disbursement (fiscal and supply) mechanism is in place to respond in a timely manner An appropriate mechanism is resourced to provide data collection, collation and analysis of relevant data 	<ul style="list-style-type: none"> Number of organisations with a permanent presence or implementing activities in high-risk provinces that can support cash disbursements 	<ul style="list-style-type: none"> Unknown 	<ul style="list-style-type: none"> TBD 	
		<p>1. Identify the high risk provinces through a consultative process with local actors.</p> <p>2. Identify and mobilise organisations who have the capacity to distribute cash through a 4W analysis.</p>			









3.3	 COORDINATION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> A contingency plan that includes an in-depth analysis of risk, vulnerabilities and capacities is developed and regularly updated 	<ul style="list-style-type: none"> Inter-regional ERPs are updated every six months within the first and third quarter 		<ul style="list-style-type: none"> 2 	<ul style="list-style-type: none"> ERP reports
Outputs	<ul style="list-style-type: none"> An appropriate mechanism is resourced to provide data collection, collation and analysis of relevant data 	<ul style="list-style-type: none"> Number of provinces in which inter-regional ERPs are held Number of recommendations coming out of the ERP that are actioned by the HCT and at the national level 	<ul style="list-style-type: none"> 1 1 	<ul style="list-style-type: none"> 5 3 	<ul style="list-style-type: none"> ERP reports
Activities	<p>1. Conduct ERP workshops in January and July in all five regions of the country.</p> <p>2. Share recommendations of the ERP with HCT biannually and follow up on implementation.</p>				

3.4	 COORDINATION	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION
Outcomes	<ul style="list-style-type: none"> Decision-makers have access to robust and rigorous data on internal and cross-border population movements, needs, response and gaps that enable them to make funding and programme decisions accurately 	<ul style="list-style-type: none"> % HEAT data shared for the inter-cluster analysis to inform response and gaps Protection analysis for Afghanistan is developed and informs programming 	<ul style="list-style-type: none"> 0 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> Humanitarian Coordinated Assessment Working Group Protection cluster
	<ul style="list-style-type: none"> Joint needs and sectoral assessments are conducted. Needs, response and gap overview is carried out regularly by the clusters and ICCT to inform HCT decisions and funding advocacy Regular overview of the population affected by conflict, natural disaster and cross-border movement is produced 	<ul style="list-style-type: none"> Number of provinces where baseline mobility community assessments are conducted Clusters present to the HCT on a quarterly basis overview of needs, response and gaps 	<ul style="list-style-type: none"> 15 provinces 0 	<ul style="list-style-type: none"> All 34 provinces 16 presentations 	<ul style="list-style-type: none"> DTM Clusters
Activities	<ol style="list-style-type: none"> Partners carry out needs assessments DTM takes place in the provinces of highest return and displacement. Clusters analyse the needs, response and gaps. 				

PARTICIPATING ORGANISATIONS BY SECTOR

SECTOR	ORGANISATIONS	NUMBER OF PARTNERS
Education in Emergencies	ACTED, ADA, AWC, AWEC, CiC, COAR, ECW, HRDA, INTERSOS, IRC, NRC, OHW, PED, SCA, SCI, UNICEF, WADAN, WCC, WCUK	19
Emergency Shelter and Non-Food Items	AAD, AARJ, ACF, ACTED, ADRA, AIESO, APA, ARCS, CA, CAHPO, CAI, CARE, CoAR, Cordaid, DRC, HRDA, IMC, IOM, IRA, IRC, NAC, NCA, NCRO, NRC, IMMAP, Oxfam, PIN, PU-AMI, QRCS, REACH, RI, SCI, UNHCR, UN-Habitat, UNICEF, WCUK, WHH Afghanistan, WSTA	38
Food Security and Agriculture	ACTED, ABM, ACF, ActionAid, ADA, Afghanaid, ANCC, AREA, CARE international, Caritas Germany, CoAR, Concern, CRS, DRC, FAO, HRDA, IR, IRC, Madera, Medair, NCRO, NEI, NPORRA, NRC, OHW, ORCD, ORCD, Oxfam, PAC, PIN, RCDC, RI, SCI, Shelter for life, SI, SOFAR, UNHCR, WFP, WHH, World Vision, ZOA	40
Health	AADA, ACTD, AHDS, ARCS, EMERGENCY, HealthNet TPO, HI, ICRC, IMC, Johanniter, MRCA, ORCD, PU-AMI, SCI, CAF, SCA, SHRDO, TDH, UNFPA, YHDO	21
Nutrition	AADA, ACF, ACTD, AHDS, AKHS, BARAN, BDN, CAF, Caritas G., CHA, FHI360, HADAAAF, HEERO, HNTPO, IMC, InterSOS, MEDAIR, MMRCA, MoPH, MOVE, MRCA, OHPM, ORCD, PU-AMI, SAF, SCI, UNICEF, WFP, WHO, WVI	30
Protection	AAR, AHDA, AREA, ASCHIANA, ATC, CIC, CRDSA, DDG, DRC, HealthNet TPO, HT, IMC, IOM, MDC, NRC, OHW, OMAR, PIN, SCI, SC-USA, TDH, UNAMA, UN HABITAT, UNFPA, UNHCR, UNICEF, UNMAS, WC-C, WC-UK, WHH, YHDO	31
Water, Sanitation and Hygiene	ACBAR, ACF, ACTED, ADA, ADEO, AHDA, APA, ARCS, Christian AID, CARITAS Germany, CAWC, CoAR, CRDSA, DACAAR, GNI, HAPA, ICRC, IFRC, IMC, IOM, IRC, MADERA, MEDAIR, Mission East, MRRD, NCA, NCRO, NPO/RRAA, NRC, RCDC, RI, Save the Children, SDO, SI, UNHCR, UNICEF, WHH, WHO, World Vision, ZOA	40
Multi-Purpose Cash	ACF, ACTED, Afghanaid, Care, Cordaid, DRC, IOM, IRC, NRC, Oxfam, PIN, SI	12
Refugee Chapter	CoAR, IMC, ACTD, SI, UNHCR, WFP, NRC	7

















PLANNING FIGURES: PROJECTED ASSISTANCE REQUIRED

PEOPLE IN NEED (PROJ. 2018)	BY STATUS							BY AGE	TOTAL	
	Conflict displaced	Conflict affected	Natural disaster affected	Undoc. returnees	Refugee returnees	Host communities	Pakistani refugees	% men, women, children*	Acute humanitarian needs	Chronic needs
 CAPITAL	21K	394K	20K	18K	108K	16K	-	19 22 59%	0.6M	1.7M
 CENTRAL HIGHLAND	3K	21K	3K	3K	-	1K	-	22 22 55%	31K	0.4M
 EASTERN	47K	189K	14K	67K	53K	23K	-	20 20 60%	0.4M	0.9M
 NORTH EASTERN	95K	192K	29K	20K	20K	32K	-	21 21 58%	0.4M	1.1M
 NORTHERN	46K	227K	56K	12K	7K	20K	-	22 22 56%	0.4M	1.3M
 SOUTH EASTERN	18K	139K	7K	4K	9K	11K	100K	18 17 65%	0.3M	1M
 SOUTHERN	109K	470K	28K	73K	39K	34K	-	22 22 56%	0.8M	0.9M
 WESTERN	65K	290K	129K	40K	3K	29K	-	22 22 56%	0.6M	1.4M
	0.4M	1.92M	0.29M	0.18M	0.2M	0.17M	0.1M	21 21 58%	3.3M	8.7M

The overall total for returnees is not the sum of returnees in need across the region, as there is an overlap between the returnees at the border and at the place of return.

*Children (<18 years old), adult (18-59 years and above).

PLANNING FIGURES: PEOPLE TO RECEIVE AID

PEOPLE TO RECEIVE AID (2018)	BY STATUS							BY AGE	TOTAL
	Conflict displaced	Conflict affected	Natural disaster affected	Undoc. returnees	Refugee returnees	Host communities	Pakistani refugees	% men, women, children*	People targeted
 CAPITAL	31K	183K	17K	33K	108K	12K	-	19 24 57%	0.38M 
 CENTRAL HIGHLAND	18K	21K	4K	2K	1K	1K	-	21 22 57%	0.05M 
 EASTERN	48K	144K	14K	67K	52K	17K	-	22 19 59%	0.34M 
 NORTH EASTERN	80K	180K	28K	22K	20K	25K	-	21 20 59%	0.35M 
 NORTHERN	49K	202K	47K	11K	7K	15K	-	22 22 56%	0.33M 
 SOUTH EASTERN	17K	98K	7K	5K	10K	8K	100K	19 16 65%	0.25M 
 SOUTHERN	88K	446K	23K	73K	39K	27K	-	22 22 56%	0.70M 
 WESTERN	58K	262K	103K	40K	4K	23K	-	22 22 56%	0.49M 
	0.39M	1.54M	0.24M	0.18M	0.20M	0.13M	0.10M	21 22 57%	2.77M

The overall total for returnees is not the sum of returnees in need across the region, as there is an overlap between the returnees at the border and at the place of return.

*Children (<18 years old), adult (18-59 years and above).

ACRONYMS

ACC	Afghan Citizens Card	MAM	Moderately Acute Malnourished
ACBAR	Agency Coordinating Body for Afghan Relief	MoRR	Ministry of Refugees and Repatriations
ACF	Action Contre La Faim (Action Against Hunger)	MoPH	Ministry of Public Health
ACTED	Agency for Technical Cooperation and Development	MPC	Multi-Purpose Cash
AFN	Afghani (currency)	MRRD	Ministry of Rural Rehabilitation and Development
AGE	Anti-Government Element	MUAC	Mid Upper Arm Circumference
AMRF	Access Monitoring and Reporting	NADRA	National Database and Registration Authority (Pakistan)
ANDMA	Afghanistan National Disaster Management Authority	ND	Natural Disaster
ANDSF	the Afghan National Defense and Security Forces	NDMIS	National Disaster Management Information System
ANPDF	Afghanistan National Peace and Development Framework	NFI	Non-Food Item
APC	Afghanistan Protection Cluster	NGO	Non-Governmental Organisation
BPHS	Basic Package of Health Services	NID	National Immunisation Days
BSFP	Basic Supplementary Feeding Programmeme	NRC	Norwegian Refugee Council
CHF	Common Humanitarian Fund	NiE	Nutrition in Emergencies
Cordaid	Catholic Organisation for Relief and Development Aid	NSAG	Non-State Armed Group
CPIE	Child Protection in Emergencies	NWA	North Waziristan Agency (Pakistan)
CTFMRM	Country Task Force Monitoring and Reporting Mechanism	OCHA	Office for the Coordination of Humanitarian Affairs (UN)
DAC	District Administrative Centre	PGF	Pro Government Forces
DACAAR	Danish Committee for Aid to Afghan Refugees	PIMS	Protection Incident Monitoring System
DHS	Demographic Health Survey	PiN	People in Need
DiREC	Displacement and Returnees Executive Committee	PoC	Protection of Civilians
DRC	Danish Refugee Council	PLW	Pregnant and Lactating Women
DTM	Displacement Tracking Matrix	PMR	Periodic Monitoring Reports
EiE	Education in Emergencies	PND	Public Nutrition Department
EIEWG	Education in Emergencies Working Group	PoR	Proof of Registration
EPHS	Essential Package of Hospital Services	PPIED	Pressure-Plate Improvised Explosive Device
ERM	Emergency Response Mechanism	ProCap	Protection Capability
ERP	Emergency Response Preparedness	PSN	Persons with Specific Needs
ES-NFI	Emergency Shelter/ Non Food Item	RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
EQRA	Education Quality Reform in Afghanistan	RSD	Refugee Status Determination
FAO	Food and Agriculture Organisation	SADD	Sex and Age Disaggregated Data
FGD	Focus Group Discussion	SAFRON	the Ministry of States and Frontier Regions (Pakistan)
FSAC	Food Security and Agriculture Cluster	SAM	Severely Acute Malnourished
FTR	Family Tracing and Reunification	SDG	Sustainable Development Goal
GBV	Gender Based Violence	SFSA	Seasonal Food Security Assessment
GCMU	Grant and Contract Management Unit	SIGAR	Special Inspector General for Afghanistan Reconstruction
HAG	Humanitarian Access Group	SMEB	Survival Minimum Expenditure Basket
HCT	Humanitarian Country Team	SMART	Standardised Monitoring and Assessment of Relief and Transitions
HEAT	Household Emergency Assessment Tool	SSAR	Solutions Strategy for Afghan Refugees
HLP	Housing, Land and Property	SUN	Scale Up Nutrition
HMIS	Health Management Information System	UAM/SC	Unaccompanied Minors/ Separated Children
HNO	Humanitarian Needs Overview	UN	United Nations
HRP	Humanitarian Response Plan	UNAMA	United Nations Assistance Mission in Afghanistan
IAIC	Inter-agency Information Centre	UNDAF	United Nations Development Assistance Framework
IASC	Inter-Agency Standing Committee	UNDP	United Nations Development Programmeme
ICCT	Inter Cluster Coordination Team	UNESCO	United Nations Educational, Scientific and Cultural Organisation
ICRC	International Committee of the Red Cross	UNFPA	United Nations Fund for Population Activities
IDP	Internally Displaced Person	UNHABITAT	United Nations Human Settlements Programmeme
IHL	International Humanitarian Law	UNHCR	United Nations High Commissioner for Refugees
IHRL	International Human Rights Law	UNICEF	United Nations Children's Fund
IHSAN	Initiative for Hygiene, Sanitation and Nutrition	UNMAS	United Nations Mine Action Service
ILO	International Labour Organisation (UN)	UNODC	The United Nations Office on Drugs and Crime
IMAM	Integrated Management of Acute Malnutrition	US	United States (of America)
IMSMA	Information Management System for Mine Action	US\$	United States Dollar (currency)
IOM	International Organisation for Migration	WASH	Water, Sanitation and Hygiene
IPC	Integrated Food Security Phase Classification	WFP	World Food Programme (UN)
IRC	International Rescue Committee	WHO	World Health Organisation (UN)
ISK	Islamic State of Khorasan		
IYCF	Infant and Young Child Feeding		
LCD	Legal Civil Documentation		
MAIL	Ministry of Agriculture, Irrigation and Livestock		

REFERENCES

1. UNAMA Human Rights, Quarterly Report on the Protection of Civilians in Armed Conflict, 1 January to 30 September 2017
2. In 2016, the ADNSF experienced 18,562 casualties (6,785 deaths and 11,177 injuries) and NSAGs 30,500 (18,500 deaths and 12,000 injuries). Quarterly Report of the United States of Congress, Special Inspector General for Afghanistan Reconstruction for Afghanistan, January 2017
3. IDP Protection Study, NRC and Samuel Hall, October 2017
4. Multi Cluster Needs Assessment in Informal Settlements, REACH Initiative, September 2017
5. *ibid*
6. *ibid*
7. Afghanistan Weekly Field Report, OCHA, 12-19 November 2017 https://www.humanitarianresponse.info/system/files/documents/files/20171120_afghanistan_weekly_field_report_12-19_november_2017_en.pdf
8. Afghanistan Poverty Status Update: Progress at Risk, World Bank, May 2017 <http://documents.worldbank.org/curated/en/667181493794491292/pdf/114741-WP-v1-P159553-PUBLIC.pdf>
9. Health Cluster Afghanistan
10. The Government of Afghanistan, Education in Emergencies Response Plan for Afghanistan, Ministry of Education, March 2017
11. UN Levels and Trends in Child Mortality Report, October 2017 https://reliefweb.int/sites/reliefweb.int/files/resources/Child_Mortality_Report_2017.pdf
12. Improving immunisation in Afghanistan: results from a cross-sectional community-based survey to assess routine immunisation coverage, BMC Public Health, April 2017 <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4193-z>
13. Integrated Phase Classification (IPC) Afghanistan, September 2017
14. ACAPS Global Crises Overview Report, forthcoming November 2017
15. Quarterly Report of the United States of Congress, Special Inspector General for Afghanistan Reconstruction for Afghanistan, October 2017 <https://www.sigar.mil/pdf/quarterlyreports/2017-10-30qr.pdf>
16. OCHA Interactive Dashboard, Internal displacement due to conflict as at 30 November 2017 <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>
17. Inter-Agency Standing Committee Policy on Protection in Humanitarian Action, September 2016, https://interagencystandingcommittee.org/system/files/iasc_policy_on_protection_in_humanitarian_action_0.pdf
18. In 2017, the CHF supported integrated protection activities which sought to piggyback on existing programmes that enjoy a higher level of community acceptance.
19. Multi Cluster Needs Assessment in Informal Settlements, REACH Initiative, September 2017
20. Joint Educational and Child Protection Needs Assessment, REACH Initiative, October 2017
21. Multi Cluster Needs Assessment in Informal Settlements, REACH Initiative, September 2017
22. This represents a 13 percent increase on this time last year. UNAMA Protection of Civilians Report
23. Multi Cluster Needs Assessment in Informal Settlements, REACH Initiative, September 2017
24. This compares with a national average of 6 percent and 7 percent respectively. Joint Educational and Child Protection Needs Assessment, REACH Initiative, October 2017
25. Some 94 percent of displaced households are male-headed. Multi Cluster Needs Assessment in Informal Settlements, REACH, September 2017
26. So far in 2017, UNHCR have distributed \$13.5 million to 67,650 registered refugees returning to Afghanistan; WFP distributed USD \$12.4 million to 330,000 people (mainly undocumented returnees and chronically food insecure families); ERM partners distributed USD 9 million in MPC to 209,240 people (mainly new conflict IDPs) and Cordaid, Care and Afghanaid distributed USD 2.2 million in MPC to 62,000 people (mainly undocumented returnees and new conflict IDPs); FSAC and ES-NFI partners, including AIESO, DHS, FGA, IRC, NCRO, Oxfam, Relief International, Save the Children International and War Child UK, distributed USD 3.1 million in cash for food and ES-NFI grants to 172,465 people (mainly new conflict IDPs, natural disaster affected, undocumented returnees and a small number of registered refugee returnees); IOM distributed USD 1.78 million in cash for transportation and ES-NFI grants to 65,605 people; UNHCR have also distributed \$1.3 million in livelihoods assistance.
27. ERM partner reporting, November 2017
28. The ERM partners consist of the following: Action Against Hunger (ACF), ACTED (as an implementing partner of PIN), the Danish Committee for Aid to Afghan Refugees (DACAAR), the Danish Refugee Council (DRC), the Norwegian Refugee Council (NRC), People in Need (PIN) and Solidarities International (as an implementing partner of ACF).
29. ERM partners have distributed USD 9.3 million to 234,000 IDPs recently displaced by conflict or natural disasters, out of the total estimated \$11.2 million provided to 300,000 people.
30. In cases where non-ERM partners were providing in-kind food, shelter or NFI assistance to the same beneficiaries, the SMEB was reduced to only cover needs which were not met in-kind. Such cases of coordinated assistance and joint distributions accounted for the majority of ERM assistance provided in 2017.
31. The AMRF is a global tool used to measure nine categories of access constraints.
32. OCHA Interactive Dashboard, Internal Displacement due to Conflict as at 30 November 2017 <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>
33. Agenda for Humanity, 2016 <http://sgreport.worldhumanitariansummit.org/>
34. UNHCR, 2017 Protection Monitoring reports
35. FSAC, Seasonal Food Security Assessment, 2017 http://fscluster.org/sites/default/files/documents/sfsa_2017_initial_findings.pdf
36. IPC Afghanistan acute analysis 2017 http://fscluster.org/sites/default/files/documents/ipc_afghanistan_2017_final.pdf
37. Grants and Service Contracts Management Unit data, Ministry of Public Health, 2017
38. Afghanistan Demographic Health Survey, 2015; UN Levels and Trends in Child Mortality Report, October 2017 <https://dhsprogramme.com/pubs/pdf/FR323/FR323.pdf>; https://reliefweb.int/sites/reliefweb.int/files/resources/Child_Mortality_Report_2017.pdf
39. 2018 HNO Afghanistan
40. Health Cluster survey in Balkh province
41. Afghanistan Demographic and Health Survey 2015
42. Afghanistan National Nutrition Survey 2013 [https://reliefweb.int/sites/reliefweb.int/files/resources/Report%20NNS%20Afghanistan%202013%20\(July%2026-14\).pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Report%20NNS%20Afghanistan%202013%20(July%2026-14).pdf)
43. IOM, DRC protection monitoring at border
44. INSMA reporting, 2017
45. In 2017, the UNHCR Repatriation grant amounted to \$56 million out of a total ask of \$95 million.

WHAT IF?

...WE FAIL TO RESPOND

EMERGENCY SHELTER & NON-FOOD ITEMS



The lack of shelter will expose vulnerable groups to overcrowded and unhygienic living conditions and particularly for women and girls to heightened protection risks.

FOOD SECURITY & AGRICULTURE



Food insecurity will significantly increase resulting in increased malnutrition, migration, morbidity and mortality.

HEALTH



Access to health services is an immediate need for 36 per cent of the Afghan population with high maternal and child mortality rates. Ongoing targeted attacks and forced closure of health facilities adds to the existing burden. Life will be lost without basic and essential health services.

NUTRITION



Acute malnutrition among children is a life-threatening condition which if left untreated may result in mortality risk as much as 50 per cent among affected cases.

PROTECTION



Severe protection risks will continue to threaten vulnerable people. Without support, explosive hazards remain a threat for civilians, children will continue to be recruited in armed groups, negative coping mechanisms such as child marriage will continue and GBV survivors will be left without vital psycho-social support.

WATER, SANITATION, HYGIENE



Absence of clean water and means of safe hygiene exposes 300,000 children under five and their families to life threatening diseases such as cholera and diarrhoea.

EDUCATION IN EMERGENCIES



A good education is a top priority for children and parents. By not investing in children's immediate right to education in emergency, development outcomes are at risk.

REFUGEE CHAPTER



A generation of refugee children are at risk of permanent disruption to their education, threatening their wellbeing and future prospects. Food insecurity will lead to malnutrition and negative coping mechanisms.

LACK OF RESPONSE LEADS TO GRAVE HUMANITARIAN CONSEQUENCES

If the humanitarian community fails to respond to the needs of refugees, returnees and host communities, many of whom have extremely limited resources will have to bear greater cost. A lack of adequate support to all people affected by crisis could lead to secondary displacement and further endangering the lives of already vulnerable.



GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

www.humanitarianresponse.info/operations/afghanistan

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

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

DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



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

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

For information on how to make a contribution, please contact

chfafg@un.org

IN-KIND RELIEF AID



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

logik@un.org

REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS



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

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

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

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



www.unocha.org/afghanistan



www.humanitarianresponse.info/operations/afghanistan



@OCHA Afg