

2017

HUMANITARIAN RESPONSE PLAN YEAR-END REPORT

— OF FINANCING, ACHIEVEMENTS AND RESPONSE CHALLENGES —

JANUARY - DECEMBER 2017



AFGHANISTAN



320.7 MILLION
US\$ RECEIVED AS OF DEC 2017



4.1 MILLION
BENEFICIARIES ASSISTED





REQUIREMENTS (US\$)


PEOPLE TO BE ASSISTED



\$409M


3.6 M

 0.7M
conflict displaced

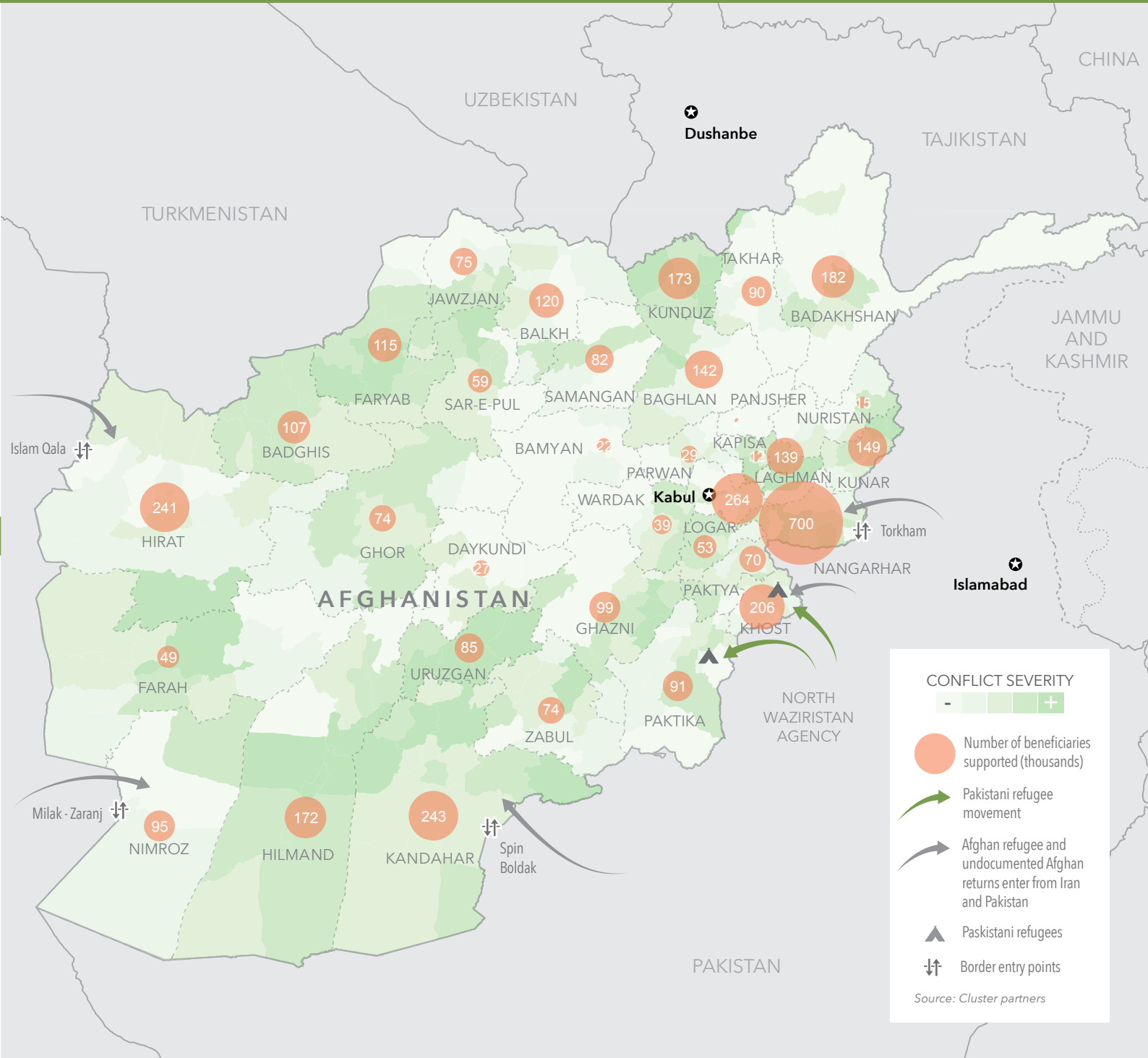
 0.14M
nat. disaster affected

 2.5M
access. to ess. services

 0.1M
Pakistani refugees

 0.5M
Afghan returnees

 0.7M
severely food insecure





AVAILABLE (US\$)


BENEFICIARIES REACHED


\$320.7M


4.1M*


 1.1M
conflict displaced

 0.2M
nat. disaster affected

 1.2M
access. to ess. services

 0.1M
Pakistani refugees


















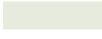




 0.8M
Afghan returnees

 1M
severely food insecure




















ACHIEVEMENTS

AGAINST THE HRP

FUNDING FOR 2017

Clusters	Orig. Request	Revised Requirements	Received	Rep. Partners
 Emergency Shelter & NFIs	US\$31m	US\$36m 	US\$27m	25
 Food Security & Agriculture	US\$123m	US\$66m 	US\$91m	16
 Health	US\$49m	US\$30m 	US\$17m	14
 Nutrition	US\$67m	US\$48m 	US\$23m	13
 Protection	US\$57m	US\$54m 	US\$18m	41
 Water, Sanitation & Hygiene	US\$28m	US\$25m 	US\$23m	21
 Education in Emergencies	-	US\$40m 	US\$5m	15
 Multi-Purpose Cash	US\$96m	US\$65m 	US\$26m	18
 Refugee Chapter	US\$171m	US\$20m 		
 Aviation	US\$17m	US\$17m 	US\$13m	
 Coordination	US\$10m	US\$10m 	US\$11m	
Cluster Not Specified			US\$70m	
TOTAL	US\$550m	US\$409m	US\$320m available	

BENEFICIARIES REACHED

Clusters	Target	Reached	Men	Women	Boys (U18)	Girls (U18)
 Emergency Shelter & NFIs	0.58m	151%  0.87m	176,300	182,800	258,300	254,000
 Food Security & Agriculture	1.42m	141%  2m	430,600	392,400	610,300	571,600
 Health	1.78m	43%  0.77m	179,000	359,800	112,100	114,500
 Nutrition	0.67m	89%  0.59m	-	166,300	194,300	231,500
 Protection	1.93m	98%  1.89m	402,400	366,100	612,800	512,300
 Water, Sanitation & Hygiene	0.88m	111%  0.97m	221,200	241,300	251,600	260,600
 Education in Emergencies	0.7m	26%  0.18m	4,800	2,400	89,000	85,500
 Multi-Purpose Cash	0.44m	196%  0.86m	151,700	168,500	273,900	261,100
 Refugee Chapter	0.13m	61%  0.08m	13,500	8,500	30,300	24,200
TOTAL	3.6m	113%  4.1m	857,400	926,400	1,220,700	1,092,500

ACHIEVEMENTS AGAINST TARGETS

AGAINST THE HRP

SO1: IMMEDIATE HUMANITARIAN NEEDS

- 1. Food Security & Agriculture
- 2. Emergency shelter & NFI
- 3. Water Sanitation Hygiene
- 4. Education in Emergencies
- 5. Multi-purpose Cash
- 6. Refugees & Returnees

	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE REACHED					BY AGE AND SEX			
	People targeted	People reached	Conflict displaced	Natural disaster affected	Afghan returnees	Pakistani refugees	Host communities	Access to Essential Services	Severely food insecure	Men	Women	Boys	Girls
ES&NFI ¹	0.6M	0.7M	0.4M	90K	0.1M	-	20K	-	-	0.1M	0.1M	0.2M	0.2M
FSAC ²	0.6M	0.9M	0.4M	89K	0.4M	-	-	-	-	0.2M	0.2M	0.3M	0.3M
Health	0.3M	0.6M	0.4M	-	0.3M	-	-	-	-	0.1M	0.3M	86K	89K
Nutrition	-	49K	-	-	49K	-	-	-	-	-	8K	20K	20K
Protection	0.8M	0.8M	0.7M	24	30K	-	40K	-	-	0.2M	0.2M	0.2M	0.2M
WASH ³	0.5M	0.8M	0.3M	67K	0.3M	-	0.1M	-	-	0.2M	0.2M	0.2M	0.2M
EiE ⁴	-	0.2M	91K	-	-	-	18K	-	-	5K	2K	89K	85K
MPC ⁵	0.4M	0.9M	69K	7K	0.4M	38K	26K	-	-	0.2M	0.2M	0.3M	0.3M
R&R ⁶	-	0.2M	-	-	0.2M	-	-	-	-	35K	34K	52K	46K
TOTAL	1M	2.1M	1M	0.2M	0.7M	-	0.2M	-	-	0.5M	0.5M	0.6M	0.5M

SO2: ACCESS TO EM. HEALTH & PROT. SERVICES

- 1. Food Security & Agriculture
- 2. Emergency shelter & NFI
- 3. Water Sanitation Hygiene
- 4. Education in Emergencies
- 5. Multi-purpose Cash
- 6. Refugees & Returnees

	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE REACHED					BY AGE AND SEX			
	People targeted	People reached	Conflict displaced	Natural disaster affected	Afghan returnees	Pakistani refugees	Host communities	Access to Essential Services	Severely food insecure	Men	Women	Boys	Girls
ES&NFI ¹	-	-	-	-	-	-	-	-	-	-	-	-	-
FSAC ²	-	-	-	-	-	-	-	-	-	-	-	-	-
Health	1.5M	0.1M	-	-	-	-	76K	70K	-	37K	57K	26K	26K
Nutrition	0.7M	0.5M	-	-	-	-	-	0.5M	-	-	0.2M	0.2M	0.2M
Protection	0.9M	1.1M	-	-	-	-	-	1.1M	-	0.2M	0.2M	0.4M	0.3M
WASH ³	0.3M	0.2M	9K	1K	-	-	84K	0.1M	-	45K	48K	59K	59K
EiE ⁴	0.7M	-	-	-	-	-	-	-	-	-	-	-	-
MPC ⁵	-	-	-	-	-	-	-	-	-	-	-	-	-
R&R ⁶	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	2.5M	1.3M	9K	1K	-	-	93K	1.2M	-	0.2M	0.3M	0.5M	0.4M

SO3: SHOCK-INDUCED ACUTE VULNERABILITY

- 1. Food Security & Agriculture
- 2. Emergency shelter & NFI
- 3. Water Sanitation Hygiene
- 4. Education in Emergencies
- 5. Multi-purpose Cash
- 6. Refugees & Returnees

	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE REACHED					BY AGE AND SEX			
	People targeted	People reached	Conflict displaced	Natural disaster affected	Afghan returnees	Pakistani refugees	Host communities	Access to Essential Services	Severely food insecure	Men	Women	Boys	Girls
ES&NFI ¹	26K	0.2M	81K	21K	72K	-	-	-	-	42K	41K	46K	45K
FSAC ²	0.8M	1.1M	5K	-	-	84K	-	0.1M	-	45K	48K	59K	59K
Health	-	-	9K	1K	-	93K	-	1.2M	-	0.2M	0.3M	0.5M	0.4M
Nutrition	-	-	81K	21K	72K	-	-	-	-	42K	41K	46K	45K
Protection	0.3M	54K	45K	-	10K	-	-	-	-	17K	26K	6K	6K
WASH ³	-	-	-	-	-	-	-	-	-	-	-	-	-
EiE ⁴	-	-	-	-	-	-	-	-	-	-	-	-	-
MPC ⁵	-	-	-	-	-	-	-	-	-	-	-	-	-
R&R ⁶	0.1M	76K	-	-	-	76K	-	-	-	13K	9K	30K	24K
TOTAL	1M	1.3M	0.1M	21K	72K	79K	-	-	1M	0.3M	0.2M	0.4M	0.4M

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OVERVIEW OF THE CHANGES IN CRISIS:

SITUATIONAL MONITORING

CONFLICT DISPLACED¹



NATURAL DISASTER AFFECTED²



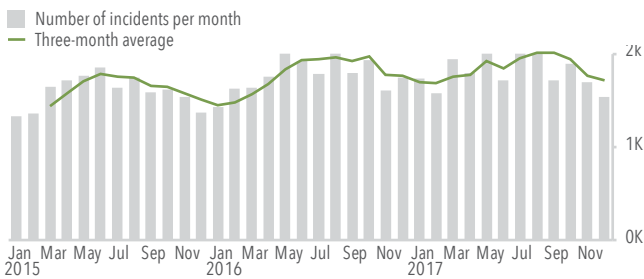
CIVILIAN CASUALTIES³



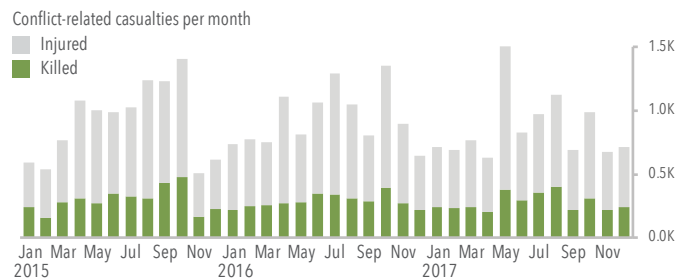
AFGHAN RETURNEES⁴



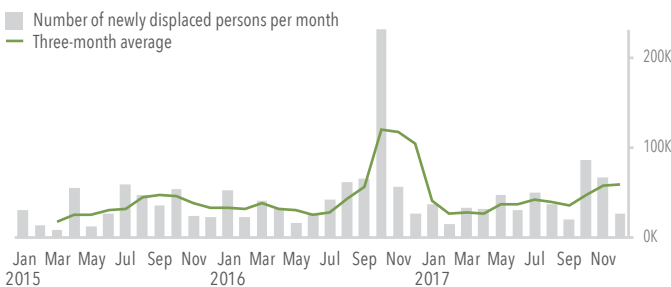
CONFLICT INCIDENTS⁵



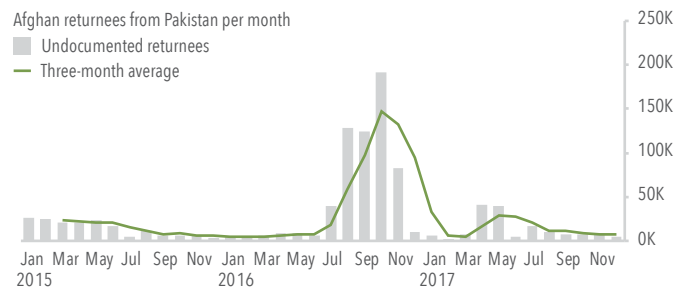
CIVILIAN CASUALTIES³



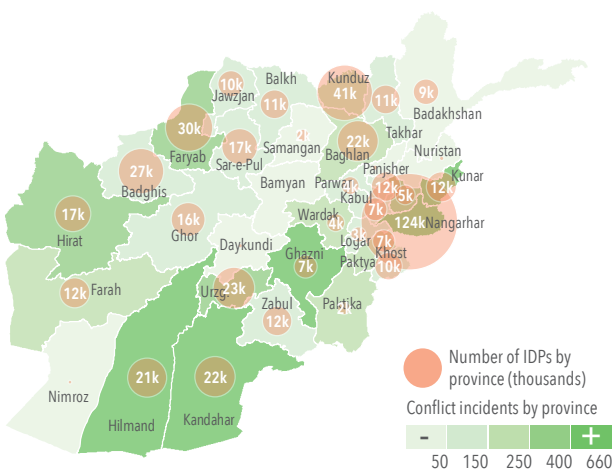
CONFLICT INDUCED DISPLACEMENTS¹



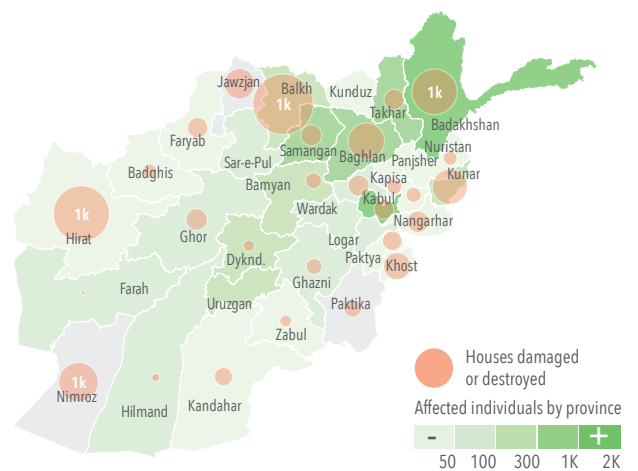
AFGHAN RETURNEES FROM PAKISTAN⁴



CONFLICT AND DISPLACEMENTS^{1,5}



NATURAL DISASTERS²



Notes: All cumulative figures and maps cover 1 Jan to 31 Dec 2017. (1) Conflict displacement figures for 1 Jan to 31 Dec 2017, OCHA; IDP figures prior to Jan 2017 from UNHCR. (2) OCHA & IOM, Jan-Dec 2017. (3) A civilian casualty is defined as a civilian killed or injured resulting directly or indirectly from conflict related violence. Data source: UNAMA Human Rights Unit, Feb 2018. (4) IOM (undocumented Afghan returnees), UNHCR (Afghan refugee returnees). (5) Various sources, Jan 2015 - Dec 2017.

SITUATION

OVERVIEW

The humanitarian situation in Afghanistan continued to remain grave in 2017 despite a reduction in needs at the mid-year mark from 9.3 million to 7.4 million. By the end of the year some 507,000 Afghans had been forced to flee their homes due to violence, almost a quarter of in Nangarhar province which registered a 310 percent increase in the numbers of internally displaced over 2016, mainly due to the Afghan National Defense Security Forces (ANDSF) and coalition forces' escalating campaign to defeat non-state armed groups (NSAGs) in the eastern region. Soaring suicide attacks and airstrikes – which increased by 50 percent and 68 percent respectively on 2016 – as well as more targeted NSAG assaults on military checkpoints and infrastructure also contributed to rising trauma cases.

Although overall civilian casualties decreased by 9 percent, 2017 was the fourth consecutive year with more than 10,000 casualties (3,438 deaths and 7,015 injured). As in previous years, the conflict continued to exact a heavy and disproportionate toll on women and children, with the latter making up 30 percent of all civilian casualties. Unlike in 2016, however, when ground engagements comprised the largest proportion of deaths and injuries, combined improvised explosive device (IED) tactics – including suicide and complex attacks – accounted for 40 percent (4,151) of the total, highlighting the dangers posed to the population by NSAGs who, under increasing military pressure in the regions, are now resorting to asymmetric warfare and inflicting greater harm on areas once considered secure, particularly the capital Kabul.

Other concerning trends which increased in 2017 included the forced closure of healthcare facilities by NSAGs as part of efforts to extract improved medical treatment for their combatants, and which denied up to 1.4 million people (65 percent of them female) from access to essential services at any one point. Attacks on other forms of civilian infrastructure, or the threat thereof, also continued unabated with as many as 1,000 schools closed or inactive due to the conflict according to the Ministry of Education. In order to address these issues and facilitate the creation of a protective environment in which Afghans are safe and free to go about their lives without fear of violence or harm, the protection cluster, in consultation with the HCT and ICCT, is developing a protection strategy in early 2018 to promote measures which support the reduction of civilian casualties and increase compliance with International Humanitarian Law / International Human Rights Law. These include the development of action plans and related advocacy to support

the implementation of the National Policy on Civilian Casualty Prevention and Mitigation and the 1980 Convention on Certain Conventional Weapons, both recently endorsed by the government.

Despite initial projections of 1 million returns from Pakistan in 2017, an improved protection environment saw the arrival of just 156,140 Afghans in 2017 (98,140 undocumented returnees and 58,000 registered refugees). The decision of the Federal Cabinet of Pakistan in January 2018 to nevertheless issue the first ever 30-day extension of Proof of Registration cards to 1.4 million Afghan refugees prompted fears that a mass return was possible, if not imminent, and led to the development of an inter-cluster contingency plan to support 700,000 returnees with immediate humanitarian assistance totaling USD 198 million. Despite the Cabinet's subsequent extension of PoR cards to 30 June 2018, the situation of Afghans in Pakistan remains precarious and subject to political dynamics and the continued acceptance of host communities. Partners on both sides of the border are currently monitoring the protection space for any signs of deterioration. While return figures in 2017 were less than expected, the tendency for existing returnee populations to settle in and around Jalalabad city in Nangarhar province – when combined with the significant numbers of internally displaced – has led to a doubling of the number of informal settlements (from 29 to 66). As of November, more than 750,000 displaced populations lived in informal settlements in Nangarhar province, up from 429,000 in February, two thirds of which are concentrated in the two districts of Behsud and Sukhrod.

While natural disasters followed similar patterns to 2016 with 58,000 people affected (a 20 percent reduction), the arrival of the La Niña weather effect at the end of 2017 has led to the second successive year of low rainfall and the loss of the entire winter cropping season, leaving as many as 1 million people at risk of exposure to drought. In response, the ICCT has developed a contingency plan to provide emergency assistance (both in-kind and in cash) – totaling USD 110.4 million – to the most vulnerable households living across the 20 worst affected provinces.

Overall in 2017, humanitarian partners delivered life-saving assistance to 4.1 million people affected by conflict and natural disasters, sudden population movement and the effects of decades of underdevelopment and chronic poverty. Humanitarian assistance was primarily delivered through medical care to the war wounded; emergency survival supplies of food, water and shelter to displaced and returnee

populations, including multi-purpose cash grants (of which USD 35.9 million was disbursed) and sectoral support such as cash for food and cash for rent. As in previous years, humanitarian resources were also dedicated towards gap-filling for the provision of basic services, including healthcare and nutrition, with funds primarily targeted towards the 9 million people – approximately 40 percent of the population – affected by insufficient coverage of nationally-led systems or living in conflict-affected white areas.

Overall, the HRP received USD 320.7 million in committed funds representing 78 percent of overall requirements, making it the second highest funded HRP globally. As in previous years, the well-defined parameters of the plan, which focused on the provision of life-saving assistance, continued to resonate with donors who recognise the ongoing need for immediate emergency humanitarian assistance to be provided to populations for whom no alternative lifeline exists. The dedicated use of the 2nd CHF allocation 2017 to improve humanitarian response in hard to reach areas also helped to address existing imbalances in assistance provided to crisis-affected populations living in government and non-government held areas, the latter of which have typically been underserved in Afghanistan. During the year, humanitarian partners implemented programmes in almost 50 percent of all hard to reach districts (100) reaching more than 240,000 people in the process with emergency relief and protection

assistance.

Despite these successes, a number of challenges remained. While displacement in 2017 did not occur at the same rates as in 2016 – when an unprecedented 675,000 were forced to flee their home – challenges with the existing IDP petition system led to some delays in the provision of emergency assistance and concerns that alternative models of IDP identification may be required in the future. At the same time, continued internal displacement, combined with ongoing returnee influxes, have contributed to a significant rise in the number of people residing in informal settlements, reinforcing the need for durable solutions which support reintegration, including the allocation of land and adequate housing and for which finalisation of an Executive Decree is still pending. Indeed, with both short and long-term objectives now being pursued in parallel, Afghanistan is a defining example of the humanitarian-development nexus. Moving forward, it will therefore be a test of the humanitarian community's ability to work in close cooperation with all relevant actors (including the UN, NGOs, development partners, the World Bank and donors), and with the government at both national and regional levels, to define collective outcomes and integrated responses, through multi-year joint planning which reduce needs, vulnerability and risk while at the same time building resilience.

Photo: Jim Huylebroek/NRC



PROGRESS AGAINST

STRATEGIC OBJECTIVES



1

Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict

Humanitarian action continued to save lives across Afghanistan throughout 2017. During the year, partners delivered a combination of emergency food, shelter, NFI and cash assistance to over 744,250 conflict and natural disaster affected people, returnees and refugees. Of these, 54 percent (399,265 people) were assisted within one month of the shock occurring, with access constraints and structural challenges associated with the existing IDP petition system the main reason behind operational delays. In line with funding received, 86 percent of undocumented returns from Pakistan and 4 percent of returns from Iran received post-arrival humanitarian assistance in the form of multi-purpose cash and in-kind NFI and health support. Safe drinking water was successfully provided to 420,000 people (56 percent of the target), predominantly due to limited funding in the first part of 2017 that led to late project start dates. Also, by the end of the year, the health cluster reported that a record 231,500 Afghans had received direct trauma care or related support, a significant increase from the 100,000 assisted in 2016. Food assistance was also successfully delivered to over 805,000 in the form of general food distributions and cash transfers. More people were reached by year-end than planned (590,000) following a spike in displacement in the second half of the year.



2

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

Close to 521,000 people living in white areas gained access to health services, including primary health care and emergency health services during 2017. The proportion of women in conflict ‘white areas’ receiving at least two antenatal care visits increased significantly from the mid-year review point when just over 2,000 women had been reached to almost 20,000 women or 92 percent of the target by year-end, primarily due to funds directed from the 2nd Standard CHF allocation which led to the establishment of 8 projects in white areas and the deployment of 12 mobile health teams, up from zero at the beginning of 2017. Similarly, the number of children under five admitted and treated for severe acute malnutrition (SAM) reached 225,000 by the end of 2017, and 163,000 for those suffering from moderate acute malnutrition (MAM). While these percentages indicate strong progress towards annual targets – at 95 percent and 74 percent respectively – they represent minimal inroads against the overall burden of malnutrition (1.3 million) and are a cause for ongoing concern. Although there were no protection specific indicators included under this Strategic Objective in 2017, protection considerations have been reinforced throughout the planning, response and monitoring phases of the action, with the second CHF allocation making the integration of protection activities a mandatory component of all project proposals. At the strategic level, the HC has also been leading the HCT in the development of a protection strategy which promotes measures which supports the reduction of civilian casualties and encourages compliance with international humanitarian law and international human rights law. The strategy is expected to be completed in the first half of 2018.



3

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

Partners struggled to respond to the needs of populations requiring continued or supplementary humanitarian support throughout 2017, particularly for prolonged IDPs. Specifically, no data was collected regarding the food consumption score or coping mechanism of prolonged IDPs due to limited funding which meant that the cluster had to prioritise emergency to acute sudden onset needs. The food security cluster did, however, reach almost 791,500 severely food insecure, prolonged IDPs and Pakistani refugees with food assistance (either in-kind, cash or voucher) by the end of 2017 (148 percent of the target). Livelihoods support also reached approximately 251,500 people, or 76 percent of the 330,000 prolonged IDPs, Pakistani refugees and severely food insecure households targeted. Of note, the cluster response to Pakistani refugees in Afghanistan was underfunded and minimal, all the while the number of food insecure households in Afghanistan continued to increase – from 33 percent to 41 percent to the most recent Afghanistan Living Conditions Survey (ALCS). On the normative front, approximately 65,000 people received counselling services on housing, land and property (HLP) rights, or 78 percent of the target, while at the political level the HLP Task Force continued to support the formulation of the Executive Decree on Land Allocation – approved by the Cabinet in March 2018.



4

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

In 2017 humanitarian partners made significant progress towards improving emergency response in hard to reach areas of Afghanistan, reaching over 241,000 IDPs – more than the first three quarters of the year combined – across 45 districts by year-end (against a target of 32). Such gains were primarily made possible due to the dedication of the entire 2nd CHF Allocation towards improved access in these areas which saw partners implement programmes in 18 districts in the south (in Hilmand, Kandahar, and Zabul) and seven districts in Kunar and eight in Nangarhar in the east. An NGO partner in Paktika province, supported through the 2nd CHF Allocation created two mobile health teams which assisted over 10,000 underserved people with emergency primary care services; more than 1,100 people with trauma care related services and over 250 women with ante-natal care services; while in Kunar province they assisted over 1,460 people with psychosocial support and 1,820 on gender-based violence awareness. Major responses to those displaced by fighting in Nangarhar (Khogyani district) Kunduz (Kunduz City) and Faryab (Maimana) - where almost 200,000 people fled their homes in 2017– also contributed towards the overall attainment. Insecurity and lack of government control along major roads in these areas meant that consistent humanitarian access was not possible for most of 2017. Throughout the year, a number of new initiatives were introduced to strengthen and consolidate humanitarian response in hard to reach areas. These included the establishment of regional HAGs in the southern, northern and western regions to promote a more comprehensive and collective approach to resolving access issues.

2017 REQUIREMENTS (US\$)

 9.5M

FUNDING AVAILABLE (US\$)

 10.6M

**INTER-CLUSTER
COORDINATION**



Needs Assessments & Inter-Sectoral Analysis

In 2017, the Inter Cluster Coordination Team (ICCT) continued to strengthen the evidentiary base upon which humanitarian action in Afghanistan is founded, undertaking a multi-cluster needs assessment (MCNA) in May to better understand the specific vulnerabilities and needs of different population groups living in informal settlements. In so doing, the ICCT moved needs analysis beyond single-sector identification into a more comprehensive understanding of how these needs co-exist and interplays. Moving forward, OCHA intends to build upon this initial MCNA and expand it country-wide to generate more granular and widespread data collection and broaden the humanitarian community's understanding of the needs of different population groups, irrespective of where they reside.

Throughout the year, the ICCT continued to periodically monitor the functionality and adequacy of existing humanitarian assessment tools, undertaking a review of the household level assessment tool (HEAT) in February which saw a streamlining of data collection efforts – including the removal of some 30 questions from the survey – reducing the timeframe required for assessments to be completed and improving the overall efficiency of the response. Refinements to the HEAT tool were reinforced in August 2017 by the launching of an online interactive assessment dashboard providing the humanitarian community with real-time access to assessment related data and findings, improving oversight of assessment coverage, and leading to an increase in the number of partners uploading assessment reports to the existing registry.

Humanitarian Access & Operational Reach

With insecurity continuing to pose a challenge to humanitarian operations in several localised areas, the ICCT worked with the Humanitarian Access Group in the

second half of the year 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 health services, 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 during the year took place in hard to reach areas. The integrated and coherent approach taken by the ICCT towards expanding operational reach resulted in the HC and HCT taking the unprecedented decision in August to dedicate the entire 2nd CHF allocation (USD 20 million) towards improving humanitarian response in hard to reach areas, encouraging partners to explore all possible avenues to reaching the most vulnerable rather than falling back on areas where they already enjoyed access and needs existed, but were not necessarily the most acute. As a result of this initiative, humanitarian partners delivered assistance to more than 240,000 people in 45 hard to reach districts in 2017.

Despite ongoing, and in some areas intensified conflict, operational capacity remained strong in 2017 with 150 national and international partners managing or implementing projects in almost three quarters of the country. Most organisations were working in the eastern and north eastern regions, with 62 and 54 each; followed by the southern (51) and western regions (44), northern and capital (each 40), south eastern (39) and central highlands (10). Humanitarian presence was particularly well established in the four provinces where needs were the most severe – Kandahar, Kunduz, Kabul and Nangarhar – with five partners operating in 90 percent of the latter two. Overall, humanitarian assistance delivered to these four provinces in 2017 represented more than a third of all aid delivered in Afghanistan. Operational response capacity in districts influenced or controlled by

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NSAGs – such as Hilmand, Paktika, Uruzgan and Zabul – was, however, more limited with international NGOs consistently finding it difficult to penetrate due to security concerns – although displacement in these areas was down on 2016 trends. Looking ahead, the expansion of the conflict and shift in NSAG tactics away from large-scale assaults on urban population centres to complex attacks concentrated in Kabul and other provincial capitals will likely have a negative impact on the presence of NGOs in country. Already in 2018 a number of NGOs have reduced their geographical footprint as part of efforts to preserve the safety of their staff and assets. Protecting humanitarian space and expanding the operational reach of partners will therefore remain a priority for the ICCT in 2018.

The Centrality of Protection

Throughout 2017, the ICCT, supported by the humanitarian leadership, have continued to reinforce the centrality of protection in humanitarian response. The CHF 2nd Standard Allocation made the integration of protection activities a mandatory component of all project proposals, with a number of protection partners piggybacking on existing programmes enjoying a higher level of community acceptance (such as health) to deliver protection services not typically feasible in Afghanistan (such as GBV). Since the last quarter of 2017, the Afghanistan Protection Cluster has also been developing a Protection Incident Monitoring System (PIMS) – a common database which registers protection incidents reported to humanitarian actors nationwide – to enable a more comprehensive understanding of the protection environment per area/population of concern, and allow for trend analysis to be generated on a systematic basis and more relevant/targeted programming as a result.

Gender, Age & Disability

Data collected during 2017 continued to highlight that conflict and displacement affects people differently, with women and girls in Afghanistan systematically disenfranchised throughout all stages of crisis. In 2017, 1,224 women were killed or injured as a result of the conflict – a 1 percent increase on 2016 – while assessments found that 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. 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. Women,

already more vulnerable to conflict-induced displacement, are further exposed to exclusion and marginalisation when displaced in less secure provinces such as Kandahar, Kunduz, and Nangarhar. When displaced in these provinces, women are 56 percent less likely to receive assistance than men residing in safer areas such as Herat or Kabul. Limited to no female health workers across a number of provinces further hinders the ability of women and girls to access basic services and exposes them to additional protection concerns. Among children, displaced girls are 7 percent less likely to be enrolled in school than displaced boys, while in the western region 13 percent of girls are married before the age of sixteen.

Gender in Humanitarian Action

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.

Throughout the year the Gender in Humanitarian Action Task Force (GiHA TF) also continued to build the capacity of humanitarian actors at government, UN and cluster staff, national and international civil society level to ensure that gender sensitive assessments, IASC Gender marker compliant programme development and protection advocacy is enhanced. In this regard, the GiHA TF trained six evaluators from different national and international NGOs, as well as UN agencies, on evaluating proposals for the CHF to ensure the gender marker was streamlined throughout the proposals. The GiHA TF also conducted a training for CHF Strategic and Technical Review Committee (STRC) members in how to analyse the gender marker for the CHF proposal vetting process and participated directly in reviewing project proposals and provided technical gender inputs to partner projects. Efforts to further improve the presentation of sex and age disaggregated data (SADD) and translate it into meaningful analysis which speaks to the different realities people of all genders and ages experience in times of crisis has also been served by an interactive portal, designed by OCHA at the end of 2017, to gather and interpret SADD. To this end, the GiHA TF has already held two trainings with cluster Information Management focal points.

2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



FUNDING AVAILABLE (US\$)



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EDUCATION IN
EMERGENCIES

Cluster reporting provided by: WASH Cluster

Situation Overview

The continued volatile political and security situation in Afghanistan has seriously exacerbated an already weak education system. Conflict related violence has directly impacted access to education in all regions of the country and, according to the Ministry of Education (MoE), approximately 1,000 schools remained inactive or closed throughout 2016/17, mainly due to insecurity. The sustained uncertainty in the security situation and the prevailing danger prevented many families from sending their children to schools.

Nationwide gaps in the education sector in relation to infrastructure, teaching and learning materials, textbooks, and qualified teachers – particularly females who are only 33 percent of the teaching force – also persist, and are particularly bad in the rural settings. Furthermore, in 2016 and 2017, more than half a million Afghans returned from Pakistan, while an additional 1 million Afghans were displaced inside Afghanistan. Despite the majority of school age children not being able to access schools due to already overstrained facilities or lack of such facilities in the displacement areas, quality education is a top priority for children and

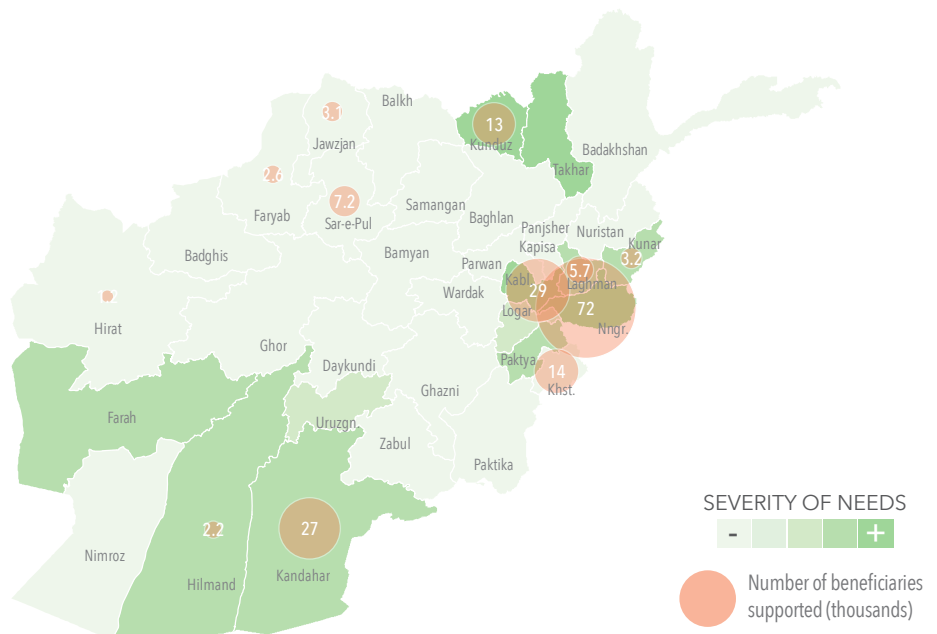
parents who have been displaced by conflict or returned to Afghanistan as demonstrated in multiple assessments.

Summary of achievements

- The EiE Sector reached 48 percent of the 2017 HRP target of 375,000 children. Of these, 51 percent were female learners.
- 7,200 teachers (55.4 percent of the target) were recruited and trained out of 13,000. These were trained on EiE, PSS and pedagogy. Additionally, 5,760 teachers were provided with teaching kits. The under-accomplishments are in part due to funding disbursements made late in 2017 which impeded a timely start of the projects and in part due to partner under-reporting.
- 101,164 children benefited from learning materials across the country, out of 375,000 children targeted. This underachievement also is due in part to partner underreporting and late funding disbursements in 2017.
- 2,373 Community Based Schools/TLS were established and accommodated 118,636 children (49 percent females) across the country.



RESPONSE MAP



- Overall USD \$4.5 million (11% percent) was received against the USD \$40 million HRP requirement for 2017.
- 20 partners supported the EiE response in 2017. Kabul, Kandahar and Nangarhar had a large concentration of the partners as opposed to the other provinces. About 3,910 schools/CBS/TLS were supported in 2017 as opposed to only 31 sites where EiE response was supported including for refugee children in 2016.
- One of the key challenges was under reporting by partners on specific projects, specifically: distribution to the end users supply monitoring, fluctuation in the numbers of students and current data due to movement of the population. Staff turnover without proper transitions also contributed to failed or under reporting by some partners.
- EiEWG has developed a monitoring tool with support from the global education cluster and contextualised it and shared it with partners. This standard tool will be used by partners and help reporting against key indicators.

Programming delays, constraints and challenges

One of the biggest challenges remains access to some of the areas including logistics and operational bottlenecks (i.e. supplies distribution, payment of teachers, identifying female teachers to enroll girls in the school, security threats to schools, and communities in conflict affected areas).

Overview of funding received vs requirements and challenges

Successful advocacy throughout the year resulted in funding being secured from the 1st and 2nd CHF allocations (USD \$3 million) and a number of bilateral donors. Another key success was that Afghanistan was also chosen as an ECW recipient (USD \$3.2 million) from the first rapid allocation. Despite receipt of some funding, it was not enough to reach the total number of children (375,000) targeted by the sector in 2017.

Highlights of key assessments

In collaboration with OCHA, the Education in Emergencies Working Group (EiE WG) and other partners, REACH carried out the Joint Education and Child Protection Needs Assessment (JENA) across 12 priority provinces as well as a sample across all the regions, in order to determine the education situation and child protection concerns of children living in displaced households throughout Afghanistan. The JENA was carried out in close coordination with the EiE WG and child protection in emergencies (CPiE) sub cluster, with the research design process supported by a range of humanitarian actors. The JENA provides an evidence-base for humanitarian planning, with findings used to inform the 2018 Afghanistan Humanitarian Needs Overview. In addition, partners such as NRC and Save the Children have carried out their own education assessments in the eastern, southern and western regions.

Protection mainstreaming efforts and achievements

In order to ensure that girls and boys affected by emergencies, attend formal and non-formal education, the EiE WG with its partners responded in conflict and disaster affected areas, in line with EiE WG strategy, mainly with child protection (provision of safe and protective learning environments, psychosocial training for teachers), and support to cross cutting issues such as gender. Protection was part of the mainstreaming in EiE in all aspects of EiE activities in terms of psychosocial support activities for children, lifesaving knowledge and skills under teachers training components.

Review of 2017 programming to inform 2018 planning

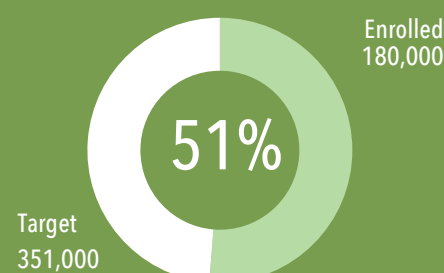
In 2017, the EiE targeted 351,000 children out of school across Afghanistan due to conflict or natural disaster-related displacement and cross-border movements. Many of these 351,000 children attended school prior to their displacement, while most of the returnees had pre-departure access to education. It is also recognised that the longer a child stays out of school the less likely that that child will ever return.

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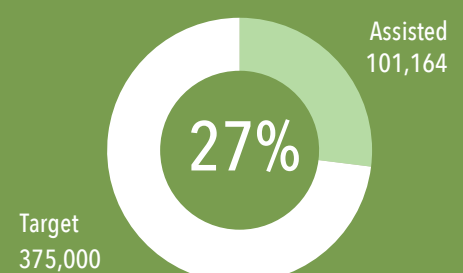
Number of CBS/TLS established



Number of children in need enrolled



Number of students benefiting from teaching and learning materials





2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



EMERGENCY SHELTER & NON-FOOD ITEMS

Cluster reporting provided by: ES&NFI Cluster

Situation Overview

As in previous years, the ES-NFI response in 2017 was mainly focused on meeting the emergency shelter and non-food item needs of families affected by conflict and natural disaster as well as those of returnees and of vulnerable hosting families. This included a large-scale response in Khogyani district, Nangarhar province in December 2017 following the sudden displacement of more than 60,000 people. While the provision of first line emergency assistance was prioritised at all times (e.g. emergency shelter including cash for rent, tents plus plastic sheeting, non-food items including blankets, jerry cans, kitchen sets, soap clothing and eating utensils) throughout 2017 efforts aimed at meeting acute vulnerable medium-term needs, such as through the upgrading of existing makeshift shelters and the construction of transitional shelters, also took place.

million people at the mid-year review point, once it became clear that the high return projected figures would not materialise. Overall, the cluster reached 871,375 individuals with shelter assistance and NFIs (out of a revised target of 0.6 m) comprising 21 percent women, 29 percent boys, 20 percent men and 30 percent girls out of 886,686 individuals assessed across 177 districts, including more than a third percent of the hard-to-reach districts in 34 provinces. Approximately 315,661 individuals received additional shelter and NFIs, including 269,785 vulnerable individuals who received winterisation support to improve their living conditions and mitigate further protection and health associated risks.

ES-NFI objective 1 (HRP SO1): Under this objective, the cluster responded to the shelter and NFI needs of the most vulnerable individuals affected by natural disaster and armed conflict:

- 23,984 individuals were assessed and provided with emergency shelter assistance out of a total 27,352 targeted (87 percent) from 51,332 estimated to be in need;

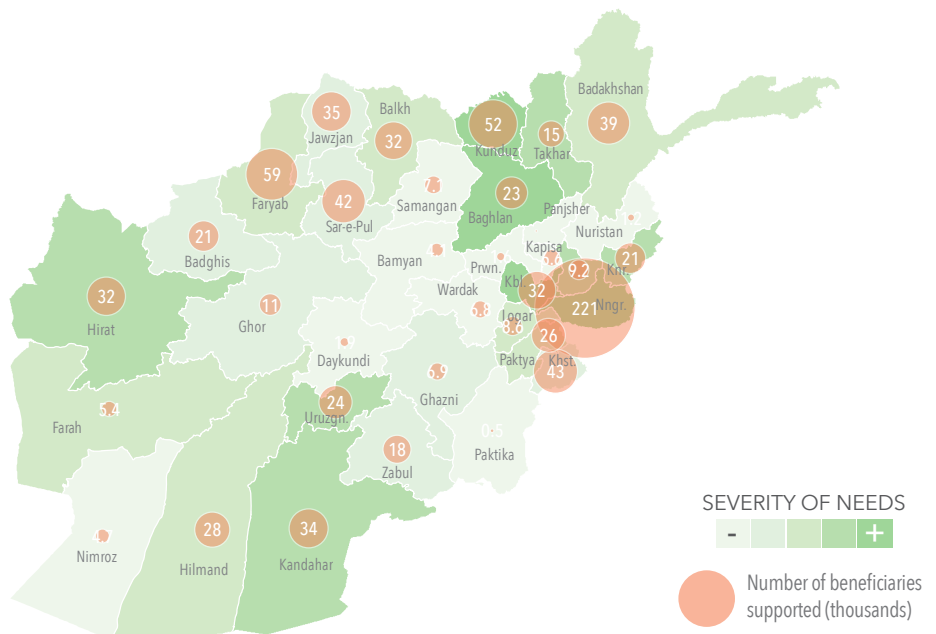
Summary of achievements

At the beginning of the year the projected need was 2.1 million people, revised to 1.1

FUNDING AVAILABLE (US\$)



RESPONSE MAP



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- 506,808 individuals were assessed and provided with NFI packages from 650,000 individuals targeted and estimated to be in need (80 percent);
- 27,183 out of 42,494 individuals assessed as in need of support to reconstruct or repair their shelters received related materials (64 percent). While the assistance provided exceeded the target of 14,000 of the 70,000 estimated in need, more than a third have yet to receive the requisite support.

ES-NFI HRP objective 2 (HRP SO1): Under this objective, the cluster mainly focused on responding to the needs of vulnerable returnees:

- All 57,337 vulnerable individuals assessed were provided with emergency shelter (tents, plastic sheets and cash for rent) of a total 69,318 targeted (83 percent) and 115,530 estimated to be in need (50 percent);
- All 132,020 vulnerable individuals assessed were provided with basic household items including kitchen sets out of a total 77,020 targeted (171 percent) and an estimated 154,040 in need (86 percent);
- All 63,857 extremely vulnerable individuals assessed were supported to construct transitional shelters or upgrade existing shelters in poor conditions out of a total 69,318 targeted (92 percent) and 115,530 (55 percent) estimated in need.

ES-NFI HRP objective 3 (HRP SO3): Under this objective the cluster provided shelter support to extremely vulnerable families to recover from shock:

All 60,186 vulnerable individuals assessed were supported to recover from the shock and obtain adequate shelter out of 93,071 individuals targeted and estimated to be in need.

Feedback mechanisms indicated the assistance enabled safer and dignified living conditions for vulnerable families, especially female headed families, older persons and persons with disabilities.

Compared to 2016, operational capacity increased with a higher number of partners, including national NGOs. This enhanced the coverage of response as a number of partners, including international agencies, made efforts to also access hard-to-reach districts through partnerships with local NGOs

and community engagements.

The major challenge was the difficulty to obtain post distribution monitoring (PDM) reports from partners – only 30 percent of those who received assistance received a follow up mission. Some partners have not yet finalised PDM reports from 2017 while others are planning to conduct them, including for the winterisation response, during the first quarter of 2018. Meanwhile, key feedback and lessons learned from PDM speak to the need for more female staff to participate in needs assessments in order to adequately capture the views of both men and women; and cash, as the preferred modality, as long as it does not have a negative impact on the local market. The Disaster Risk Reduction trainings provided were useful and enabled families to mitigate the significant impact caused by the rains and snow on their shelters. Lastly, more emphasis was placed on livelihood opportunities for sustainability to mitigate further vulnerabilities following the initial emergency response.

Programming delays, constraints and challenges

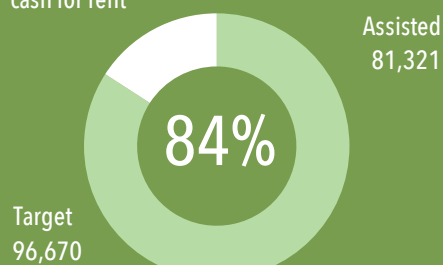
In the aftermath of a shock, access constraints and challenges with the existing IDP petition system prolonged the emergency response for over a month in some cases. The lack of a timely response negatively impacted vulnerable families in particular with some incurring huge debts or selling productive assets to meet immediate needs. To mitigate some of the access challenges, the cluster worked closely with the Afghan Red Crescent Society (ARCS) and with support from ICRC to reach families in the remote hard-to-reach districts.

Overview of funding received vs requirements and challenges

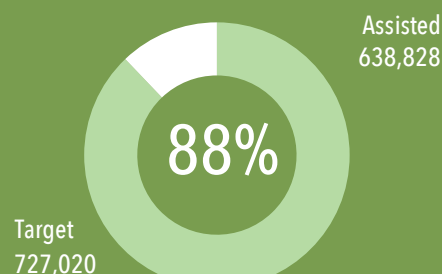
The cluster received USD \$26.9 million against revised requirements of USD \$36 million following the mid-year review, representing 75 percent of overall requirements. More funding is believed to have been received – given resources allocated to the winterisation response – yet some partners have not reported this. In parallel, another major challenge to financial reporting is the recording of funds by donors in

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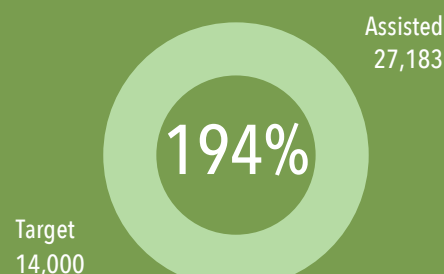
Proportion of vul. individuals (conflict and nat. disaster affected and returnees) receiving em. shelter support inc. tent package and cash for rent



Proportion of vulnerable individuals (conflict and natural disaster affected and returnees) receiving standard NFI packages



Proportion of vulnerable individuals affected provided with materials or cash to reconstruct/repair shelters



2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



FUNDING AVAILABLE (US\$)



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FOOD SECURITY & AGRICULTURE

Cluster reporting provided by: FSAC



Situation Overview

While chronic food insecurity rose throughout 2017 with the number of food insecure people increasing from 33 percent to 41 percent as per the most recent Afghanistan Living Conditions Survey, this was mainly due to households' lack of access to sustainable income, rather than conflict induced displacement and mass returns which was less than initially anticipated. Due to fewer than projected new IDPs and returns, FSAC revised its target figures down from 2.5 million to 1.4 million at the mid-year review point along with the overall budget from USD 136 million to USD 65.6 million.

Ongoing conflict nevertheless continued to impact the agricultural sector by limiting farming families' access to land, and in turn negatively impacting their livelihoods and food security, resulting in decreased household food production and increased dependency on markets. Many IDPs and returnees were in need of humanitarian assistance during the winter and peak hunger season.

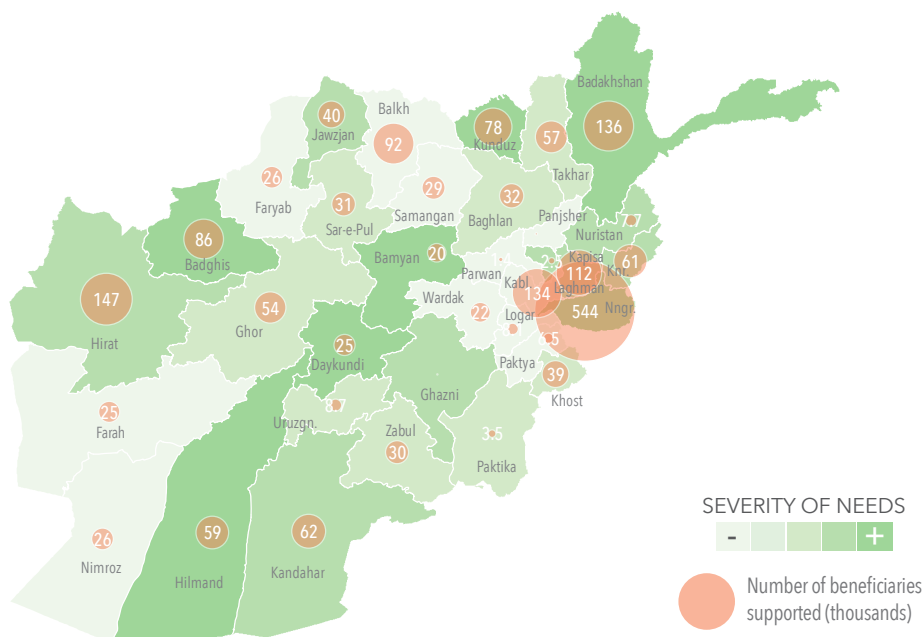
Although natural disasters in 2017 were infrequent and small-scale in nature, pest

attacks on crops and prolonged dry spells had a significantly negative impact on agricultural production, especially in the western region. In Ghor province, for example, production decreased by 97.6 percent compared to the five-year average, while in Badghis province it decreased by 33 percent. Prolonged dry spells also affected range land, negatively impacting fodder availability for millions of animals. Animal disease outbreaks were reported in the east and northeast regions throughout the year.

Summary of achievements

All FSAC targets were revised down at the mid-year review point, however by the end of the year more people were reached than planned due to the significant increase in internal displacement during the second part of the year (which more than doubled). Overall in 2017, FSAC partners reached 1,981,088 people (141 percent) against a revised target of 1,425,000 people. Of this, 1,597,164 people (147 percent) received food assistance against a target of 1,085,000 and 383,924 (71 percent) received livelihoods assistance against a target of 540,000.

RESPONSE MAP



FSAC objective 1 (HRP objective SO1):

For SO1 assistance to conflict-affected people, refugees, documented and undocumented returnees, a total of 805,691 (145 percent) people were reached with emergency food assistance against the revised target of 550,000. Livelihoods assistance was provided to a total of 132,431 (63 percent) people against a revised target of 210,000. The reason for the limited progress was mainly due to an almost non-existent response to documented and undocumented returnees due to a lack of funding.

FSAC objective 2 (HRP objective SO3):

A total of 791,473 (182 percent) people received food assistance against a target of 435,000 prolonged IDPs and severely food insecure Afghans and Pakistani refugees. The livelihoods response reached 251,493 (76 percent) against a target of 330,000 prolonged IDPs, Pakistani refugees and severely food insecure Afghans. The livelihoods response to Pakistani refugees and prolonged IDPs was underfunded throughout the year.

FSAC objective 3 (HRP objective SO4):

To strengthen the response capacity of the partners through contingency planning and capacity building, six regional contingency plans were developed or updated throughout 2017.

In addition, all four assessments and analyses planned for 2017 were conducted during the year. These included a pre-harvest appraisal (now called the Agriculture Prospect Report or APR), a post-harvest seasonal food security assessment (SFSA), a district level seasonal food security assessment in the eastern region, and a food security assessment in informal settlements. One district level IPC analysis for the eastern region and a second national level IPC analysis were also completed based on the SFSA and a district level eastern region assessment.

For the capacity building indicator, FSAC conducted a

training of trainers (ToT) at the national level for 34 NGOs and government staff on undertaking detailed food security and livelihoods assessments. These 34 participants further trained almost 200 MAIL extension workers on data collection for food security and livelihoods. In addition, FSAC organised three trainings on proposal and report writing in Herat and Nangarhar, and a training on emergency food security and livelihoods in Kabul, in which more than 100 staff from 45 organisations participated.

Programming delays, constraints and challenges

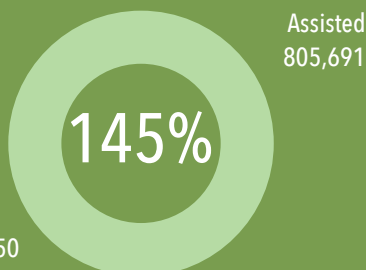
Providing an efficient response remained a considerable challenge for FSAC partners throughout the year, mainly due to access constraints and receipt of timely funding. Conflict induced insecurity in eight districts of Nangarhar (Pachieragam, Deh Bala, Achin, Nazyan, Durbaba, Kot, Lalpur and Muhmanddara), three districts of Laghman (Alingar, Alishang and Dawlatshah), and one district of Faryab (Kohistan) delayed the delivery of food by three months. In Kohistan, these constraints also led to an increase in the prices of food commodities of 50 percent, thereby significantly impacting livelihoods according to WFP’s mobile Vulnerability Analysis and Mapping (mVAM) unit. Due to ongoing insecurity, FSAC asked its partners to report on accessibility with data indicating that 139 districts are inaccessible by government, UN agencies, and national and international organisations. The most inaccessible districts are in Badakhshan, Baghlan, Farah, Ghazni, Paktia, Zabul, Ghor, Helmand and Kandahar provinces.

Access constraints include various hindrances such as poor infrastructure, road closures due to snow, conflict induced insecurity, high security risk premium cost by transporters, and looting.

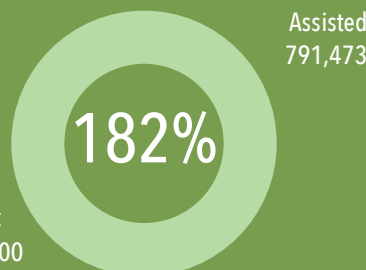
The harsh winter in the northern region seriously compromised the food security of livestock farmers in the first quarter of 2017 according to reports received from DAIL and the livestock directorate which indicated the deaths of 192,856 livestock, affecting 16,875 farming families. Partners were not able to access and verify these numbers because of

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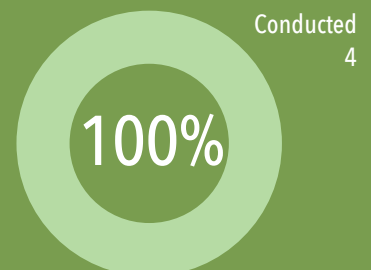
Number of conflict and natural affected people and undocumented returnees assisted with appropriate unconditional food, cash or vouchers



Proportion of severely food insecure, refugees and prolonged IDPs assisted on time with appropriate food/cash/voucher



Number of well-coordinated assessments/analyses conducted



2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



FUNDING AVAILABLE (US\$)



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HEALTH

Cluster reporting provided by: Health Cluster



Situation Overview

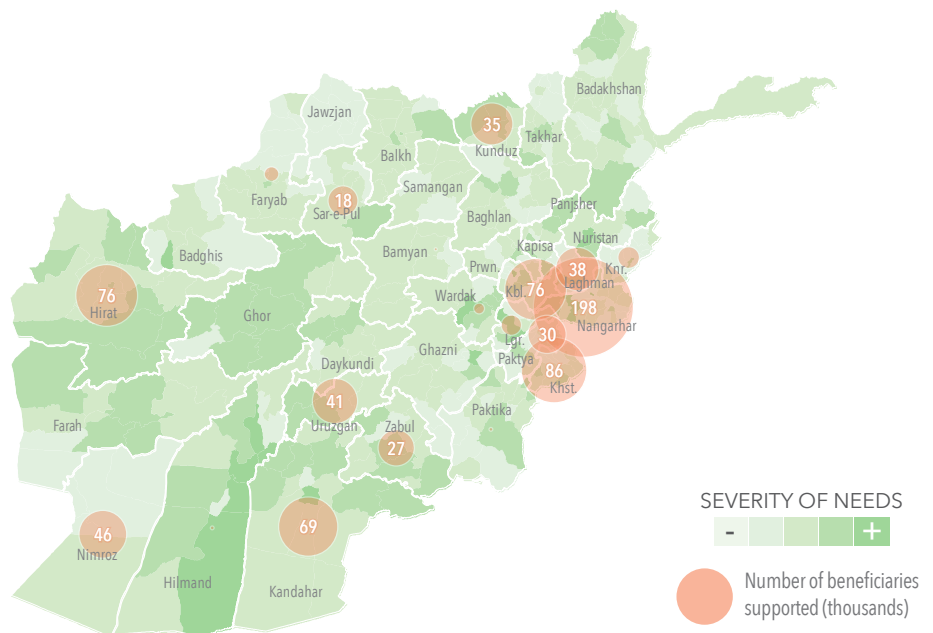
Ongoing population movements as a result of internal and cross-border displacements continued to overburden the already overstretched health system in Afghanistan in 2017. According to the 2017 Health Facility Functional Assessment, provinces with the most IDPs (Kandahar, Nangarhar, Herat and Kunduz) registered a combined 45 percent increase for in-patient and a 53 percent increase for out-patient consultations over 2016 figures. District hospital bed occupancy rates (BOR) in Nangarhar, Kandahar and Herat – all provinces with high numbers of conflict IDPs and returnees in 2017 – also routinely exceeded 126 percent. In Nangarhar province alone, the pediatric ward BOR averaged 145 percent per month and the maternity ward 126 percent per month.

Conflict remains both a primary driver of health needs across Afghanistan while simultaneously compromising the efficacy and delivery of services to affected populations with the geographic expansion of the conflict sparking a 154 percent increase in conflict related mortality*. Conflict-related incidents also left 18 health facilities physically damaged and in urgent need

of rehabilitation and, in some cases, even rendered ambulances non-operational. The loss of key human resources has had significant and long-lasting effects on the provision of healthcare in these conflict-affected provinces. In 2017, 231,489 people received trauma care services of some kind. An increasing number of suicide attacks, particularly in Kabul and other urban centres, highlights the ongoing need for centres providing specialised trauma care.

More frequent attacks and the occupation of healthcare facilities by parties to the conflict continues to limit populations' access to basic health services, particularly in high combat areas, where they are used as bargaining chips – mainly by NSAGs – to extract improved healthcare delivery for their war wounded. At least 147 health facilities were forced to close throughout 2017, leaving 1.4 million people (65 percent female) without any health services at one point. In this context, humanitarian workers have been left with no choice but to provide immediate and life-saving health services to affected people through mobile health teams. Humanitarian actors have provided 267,554 consultations through mobile health teams during these

RESPONSE MAP



*According to 2016 and 2017 HMIS data on trauma related mortality - weapon wounded.

periods.

Lastly, disease outbreaks continue to be a risk nationwide. In 2017, 427 disease outbreaks were reported. Over 70 percent of outbreaks were attributed to measles and 12 percent to Crimean Congo hemorrhagic fever (CCHF), the latter of which were the highest ever recorded since 2007.

Summary of achievements

The health cluster focused on three priorities in 2017:

1. The establishment of trauma care facilities in high risk conflict affected districts, of which an additional 39 were established in 2017, representing 81 percent of the target. Establishment of first aid trauma posts (FATPs) and trauma care units (TCUs) was not possible in Samangan and Takhar due to access constraints and active conflict which means that some districts in these provinces are still without adequate trauma care service; a particular concern given ongoing fighting.
2. The provision of emergency life-saving health services, including reproductive and newborn care, for displaced populations. 520,099 individuals have received emergency primary care services in 2017 which represents 35 percent of the target. The target population included people living in areas with limited access to essential health services. Some of these areas continue to have challenges in terms of providing essential services. 34 conflict affected districts have received basic emergency obstetric care training (85 percent of the target). 19,934 women received at least two antenatal visits in white areas, 92 percent of the target and higher than the national average for the general population although still far fewer than the number of women estimated to be in need (36,000). Progress in this respect has been due to the cluster's focus on reproductive, maternal and newborn health as an integral part of emergency primary healthcare. Under the health cluster, 32 IEHK kits, 16 trauma kits, 10 pneumonia kits and 8 diarrhea kits have been distributed in response to the emergency crisis.

In 2017, Afghanistan recorded 427 separate incidences of disease outbreaks, more than anticipated. This is likely related

to population movements, socioeconomic factors and climatic changes in environment. Surveillance systems continue to be functional and all outbreaks were responded to within 48 hours.

The health cluster continues to conduct gap analyses and partner mapping and recognises that some provinces are particularly underserved. The Health Emergency Risk Assessment began in 2017 and will conclude in 2018. Underserved mapping was also completed in Zabul and Uruzgan and will continue in other conflict affected provinces next year. In Zabul and Uruzgan, 42 percent and 46 percent of the population cannot access health service within two hours by any means. The mapping also shows that in Zabul and Uruzgan provinces, 62 percent and 59 percent of the population respectively, do not have adequate access to secondary referral care. Mapping for other provinces is ongoing.

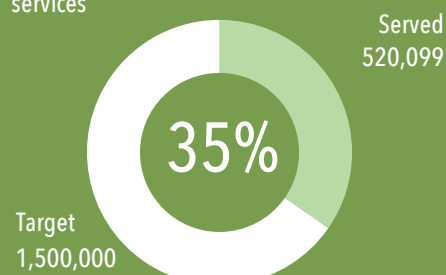
Programming delays, constraints and challenges

The primary constraints impacting programming result from insecurity, including road closures and active fighting within the areas of the health facilities – 68 percent of partners' report access restrictions in their work. An increasing number of threats are now being made against health facilities, including forced closures, while 72 percent of agencies have reported incidences of harassment, abuse or threats to healthcare workers. These trends have had a significant impact on the cluster's ability to respond to assessed needs with attacks on civilian infrastructure and personnel continuing to impact negatively on the progress of health outcomes.

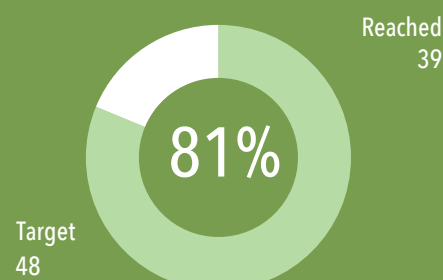
Funding for the health cluster has been an ongoing challenge in 2017 with only 61 percent of the required resourcing secured. Although some priorities shifted (i.e. due to the decreased number of returnees), increased conflict and its subsequent impact on health services has been a constant challenge. Trauma care, particularly referral trauma care in provincial hospitals, is a critical service provided by cluster partners.

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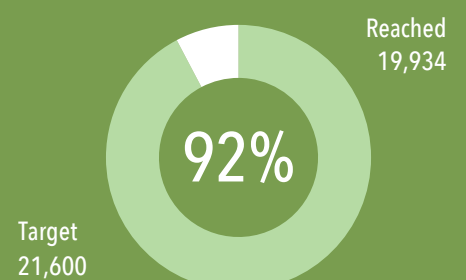
Proportion of conflict affected people in 'white areas' served by emergency PHC/ mobile services



of high risk conflict affected districts with at least one first aid trauma post



Proportion of pregnant women in conflict 'white areas' receiving at least two antenatal care visits



2017 ASSISTANCE REQUIRED



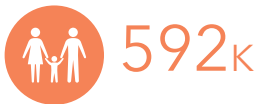
PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



NUTRITION

Cluster reporting provided by: Nutrition Cluster



Situation Overview

In 2017, the nutrition situation has been similar to 2016 with a high burden of malnutrition in children under five years of age and pregnant and lactating women (PLWs). Eight SMART nutrition surveys were conducted across seven provinces throughout the year. A SMART survey conducted in Daykundi province identified emergency levels of acute malnutrition among children under five and a global acute malnutrition (GAM) rate of 26.9 percent. A nutrition response plan was subsequently developed with life-saving activities scaled up within the province. Nutrition surveys conducted in Farah, Jawzjan and Bamayan provinces showed a GAM rate that can be categorised as a 'serious' malnutrition situation – between 10-14.9 percent. Nutrition cluster partners strengthened preventive and referral services in the respective provinces in response to these findings. The nutrition situation in Samangan, Takhar and Laghman provinces was found to be less severe with a GAM rate of less than 10 percent, and therefore not warranting a significant scale up of emergency nutrition services. Nevertheless, improvements in access to safe water, optimal

hygiene practices and better access to secure livelihoods are required in order to prevent a further deterioration of the nutrition status within these provinces.

Overall, nutrition analysis carried out across the country by the end of 2017, and used as the basis for 2018, shows that an estimated 1.6 million acutely malnourished children under five will be in need of treatment services, although a significant proportion of these reside outside of the 120 most conflict affected districts. This is an increase of approximately 300,000 acutely malnourished children under five as compared to the estimated caseload at the beginning of 2017. This increase is likely the result of population growth, food insecurity and influx of returnees and IDPs. It is evident that scaling up the treatment of acute malnutrition is required to meet the needs of the most at risk children with programming required from both humanitarian and development partners.

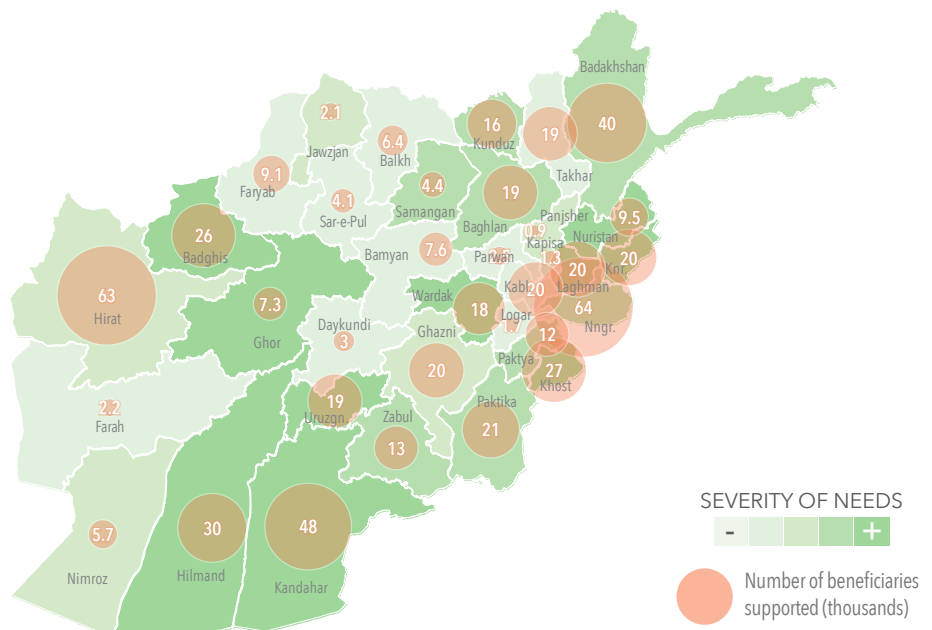
Summary of achievements

From January to December 2017, 234,938 SAM affected children between 0-59 months

FUNDING AVAILABLE (US\$)



RESPONSE MAP



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(99.5 percent of 2017 annual targets, 115,120 boys and 119,818 girls) were identified and admitted for treatment (209,631 as outpatients and 25,307 children with medical complications as inpatients). The outcome indicators are calculated based on the total number of children who exited the program i.e. the cured, defaulted and death rate including children already admitted into the programme. The performance of IMAM has been maintained within SPHERE standards parameters. Out of the 1,028 health facilities providing nutrition services, 60 percent (616), 97 percent (997) and 72 percent (740) met SPHERE minimum standards on cure, death and defaulter rates respectively. In 2017, the average national level cure rates among OPD-SAM children was 84 percent the death rate was 0.02 percent and defaulter rate was 12 percent; while for IPD-SAM, the average cure rate was 86 percent with a death rate and defaulter rate being 3 percent and 10 percent respectively.

Generally, the performance has improved in 2017 compared to last three years. In OPD-SAM, the cure rate in 2017 decreased from 91 percent (in 2016) to 84 percent and the death rate in 2017 has reduced to 0.02 percent compared to 0.3 percent in 2016, while the defaulter rate increased to 11 percent in 2017 compared to 2016 when it was 8 percent. In IPD-SAM, the cure rate in 2017 has slightly decreased to 86 percent compared to 87% in 2016 while the death rate and default rate have stabilized at 3 percent and 10 percent, respectively. On average in OPD-SAM, the cure rates were above 75 percent, the death rate below 10 percent and the default rate below 15 percent, thereby meeting the sphere standards. This can be attributed mainly to the improvement of the IMAM reporting system, in addition to follow-up on the implementation of standard guidelines. Admissions have increased from 160,160 in 2015 to 224,938 in 2017 (as of the end of December). The increase is mainly due to the expansion in treatment sites, the scale up of IMAM services in low performance and coverage provinces such as Panjsher, Kapisa and Parwan, as well as a higher number of cases in Paktika, Warda and Laghman. The mobile health and nutrition team (MHNT) guidelines have been used to rollout mobile teams. This led to an increased case identification and treatment of hard-to-reach populations and therefore increased scale up. The integrated mobile nutrition surveys scaled up through two teams in Faryab and eight teams

in Kandahar, are examples of good initiatives that will be replicated in 2018.

Treatment of moderate acute malnutrition is also an important component of the nutrition cluster response. Through the targeted supplementary feeding program (TSFP) 162,816 moderately acutely malnourished (MAM) children under the age of five and 157,797 PLWs with moderate acute malnutrition (MAM) received treatment services between January and December 2017. The number of MAM children treated during 2017 reached 74 percent of the annual HRP target while the number of PLW reached through TSFP was 130 percent of the HRP target.

Cluster partners have also been responding to the nutrition needs of Afghan children returning from neighbouring countries with 13,520 (45 percent of the target) children under 5 receiving Vitamin A supplements and 10,720 returnee children aged between 2 and 5 receiving deworming tablets (50 percent of the target) throughout 2017. Fewer children were reached as the number of Afghan returnees was less than initially anticipated.

To strengthen preparedness and response capacity during 2017, a total of 25 members from the Ministry of Health, the cluster advisory group and UNICEF cluster coordination team were trained on the cluster coordination approach. In addition, 121 regional health care providers across the country, including the government, the BPHS, NGOs and UN Agencies were trained on nutrition in emergencies.

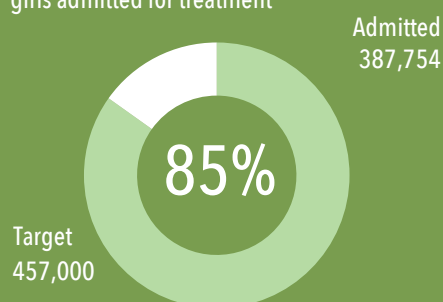
Overall, the nutrition cluster reached a total of 593,765 people through life-saving nutrition services. This represents 90 percent of the nutrition cluster HRP 2017 target.

Programming delays, constraints and challenges

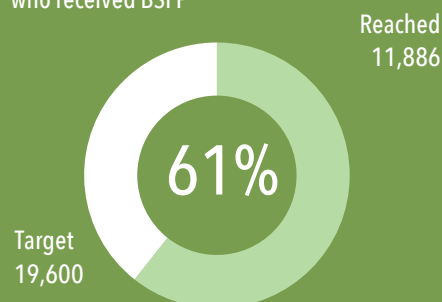
During the 1st quarter of 2017 the border with Pakistan was closed leading to significant delays in the delivery of nutrition supplies and negatively impacting TSFP, BSFP and TFUs programming. Other major challenges included insecurity which, in turn, inhibited access; insufficient health facilities and weak technical capacity at service delivery points; limited monitoring and provision of support to implementers to ensure service quality and limited coverage in relation to the

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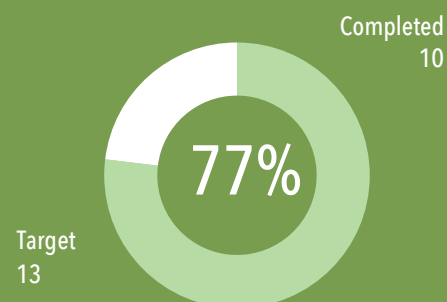
Number and proportion of severely and moderately acutely malnourished boys and girls admitted for treatment



Number and proportion of boys and girls at risk of acute malnutrition in priority locations who received BSFP



Number of provinces where localised nutrition SMART surveys conducted



2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



FUNDING AVAILABLE (US\$)



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PROTECTION

Cluster reporting provided by: Protection Cluster

Situation Overview

The reporting period did not mark significant changes in the needs of Persons of Concern (PoCs) for the Afghanistan Protection Cluster (APC). The wide-spread fighting between the Afghanistan National Defence and Security Forces (ANDSF) and NSAGs continued throughout quarter four, creating displacement, notably in the eastern region, which saw an upsurge in displacement in Khogyani (Nangarhar province) and Alingar (Laghman province) districts.

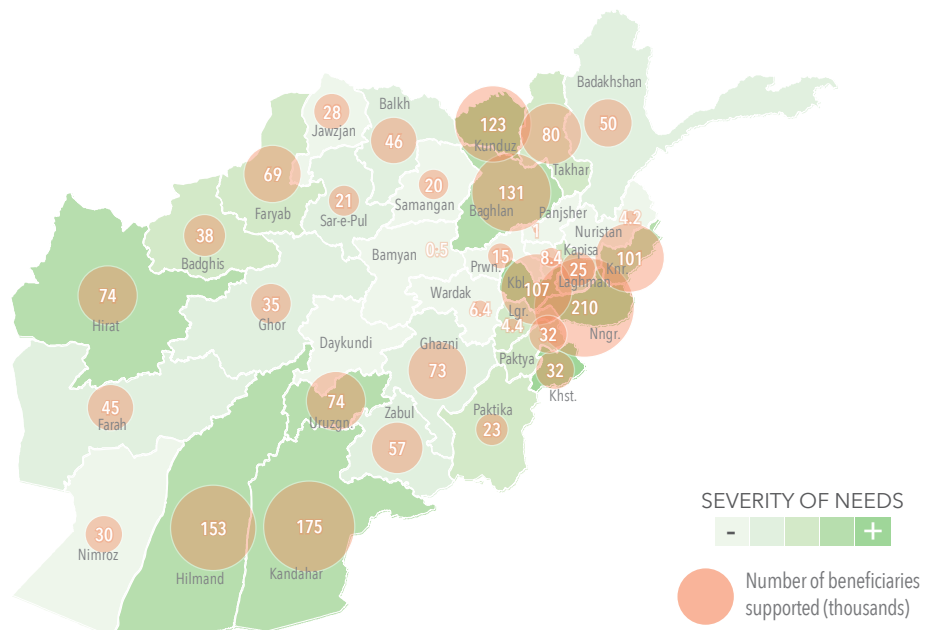
The main driver of displacement in Afghanistan is conflict, along with safety concerns in areas with no active conflict, with some populations of concern being displaced in natural disaster contexts as well. Ongoing fighting throughout the country has led to large-scale internal displacement, albeit on a lesser scale in 2017 than in previous years, and explosive contamination, leaving the population with limited coping mechanisms for survival. The civilian population is often the subject of targeted/indiscriminate attacks by armed forces, forced recruitment and restricted movement, resulting in the rise of major protection concerns. The movement spectrum has remained wide, with populations of concern often undergoing

multiple displacements as fluid battle lines change, while at the same time other displaced populations find themselves in protracted situations, with little perspectives on durable solutions in sight.

However, as a notable environment-building event, Afghanistan has acceded to the Protocol V to the 1980 Certain Conventional Weapons (CCW) Convention in 2017, which obliges authorities to track and mark locations of possible contaminations from unexploded ordnance for potential destruction for which international military forces are obligated to provide technical, financial, material or human resources assistance, and ensure leftover devices are destroyed. Civilians continued to suffer the effects of armed conflict in Afghanistan throughout 2017. Between 1 January and 31 December, UNAMA documented 10,453 civilian casualties (3,438 deaths and 7,015 injured), an overall decrease of nine percent compared to 2016 and the first year-on-year decrease recorded by UNAMA since 2012. While the number of civilian deaths reduced by two percent from 2016 and the number of civilians injured decreased by 11 percent, the overall continuation of high numbers of civilian casualties underscores the enormous human cost of the ongoing armed



RESPONSE MAP



conflict. Between 1 January 2009 and 31 December 2017, the armed conflict in Afghanistan has claimed the lives of 28,291 civilians and injured 52,366 others*.

The Afghanistan GBV sub cluster does not have a strong data collection and statistics system to report on GBV incidents. The centralised GBV data collection is functional under the Ministry of Public Health (MoPH) Gender Directorate through GBV information management system (GBVIMS). However, additional efforts in terms of technical and qualified human resources are still needed for the GBVIMS to secure proper data. The IMS collects incident data through health facilities in 14 provinces where GBV services are provided under UNFPA's Health Sector Response to GBV (HSR). As per the GBVIMS, a total of 17,185 GBV survivors have been reached with GBV services in 17 provinces. In addition, GBV sub cluster members have reached 93,702 GBV survivors through psychosocial services (PSS), including dignity kits, referrals and community outreach as well as community mobilisation activities. 9,600 women, girls, boys, men, community elders and religious leaders have been reached with community dialogues.

The correlation between recent ground engagements involving the use of indirect and/or explosive weapons and ERW impacting civilians is of particular concern. Eight of the provinces with the highest number of incidents of detonation of explosive remnants of war causing civilian casualties in the first half of 2017 also appeared in the ten provinces with the highest number of incidents of use of indirect and/or explosive weapons causing civilian casualties during ground fighting between 1 January 2016 and 30 June 2017.

The Government of Afghanistan is obligated by the CCW (Protocol V) to track and mark locations of possible contamination from unexploded ordnance for potential destruction, and international military forces are obligated to provide technical, financial, material or human resources assistance, and ensure leftover devices are destroyed.

Afghanistan continues to make progress towards its Ottawa Mine Ban Treaty 2023 commitments despite the challenges

of continued contamination and lack of sufficient funding. Serving as the Presidency of the States Parties to the treaty throughout 2018 offers an important opportunity for Afghanistan to highlight the alarming casualty figures attributed to explosive hazards in Afghanistan and stress the humanitarian nature and neutrality of the national mine action programme (the Mine Action Programme of Afghanistan [MAPA]) and the importance of safe passage for mine action personnel.

Access to the populations of concern has remained a challenge with the Humanitarian Access Group (HAG) recording a total of 343 access incidents by December 2017, which represents an increase of 58 percent compared to the same period of 2016. Reported incidents have been caused by all parties to the conflict with the majority of incidents occurring in Nangarhar, Badghis, Hilmand, Uruzgan, and Kabul provinces, which host over one third of all new IDPs in 2017. 2017 witnessed a rise in humanitarian casualties, with 19 humanitarians killed compared with 16 the previous year, and another 35 wounded and 47 abducted.

Summary of achievements

In 2017, APC has registered achievements across most HRP indicators:

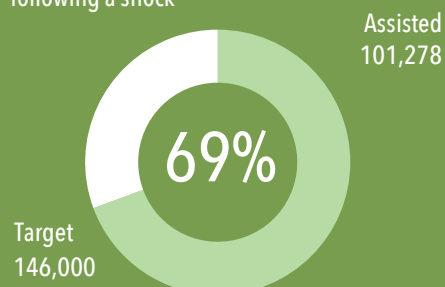
- 111 percent of targeted individuals were directly assisted with rights-based targeted assistance and support in order to prevent, mitigate and respond to protection concerns;
- 97 percent of targeted PoCs were consulted through protection monitoring;
- 80 percent of prioritised mine/ERW – impacted PoCs were reached with Mine Risk Education (MRE);
- 69 percent of affected PoCs were reached with targeted protective assistance and services addressing acute protection needs in the immediate aftermath of shock.

Protection response to the displacement and conflict has mainly focused in the provincial and district capitals that have become the catchment areas. At the same time, numerous displaced people in the country remain inaccessible in NSAG

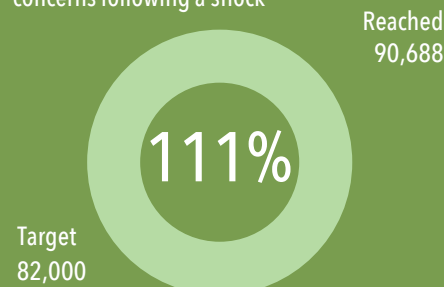
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*UNAMA - Afghanistan Protection of Civilians in Armed Conflict, Annual Report 2017

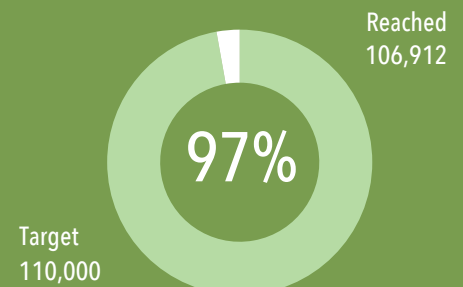
Individuals assisted with protective assistance and protection needs services immediately following a shock



Individuals assisted with rights-based assistance and responding to protection concerns following a shock



of individuals consulted through protection monitoring



2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



FUNDING AVAILABLE (US\$)



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WATER, SANITATION & HYGIENE

Cluster reporting provided by: WASH Cluster



Situation Overview

WASH cluster partners provided life-saving assistance to 974,705 people in 2017. Of these, 32 percent were conflict IDPs (312,541 people); 24 percent returnees (230,903 people, of whom 85 percent were undocumented); 7 percent natural disaster affected (67,607 people) and 26 percent communities hosting IDPs and returnees (251,730 people). In addition, 9 percent of the assistance recipients (83,906 people) were Pakistani refugees living in Khost and Paktika.

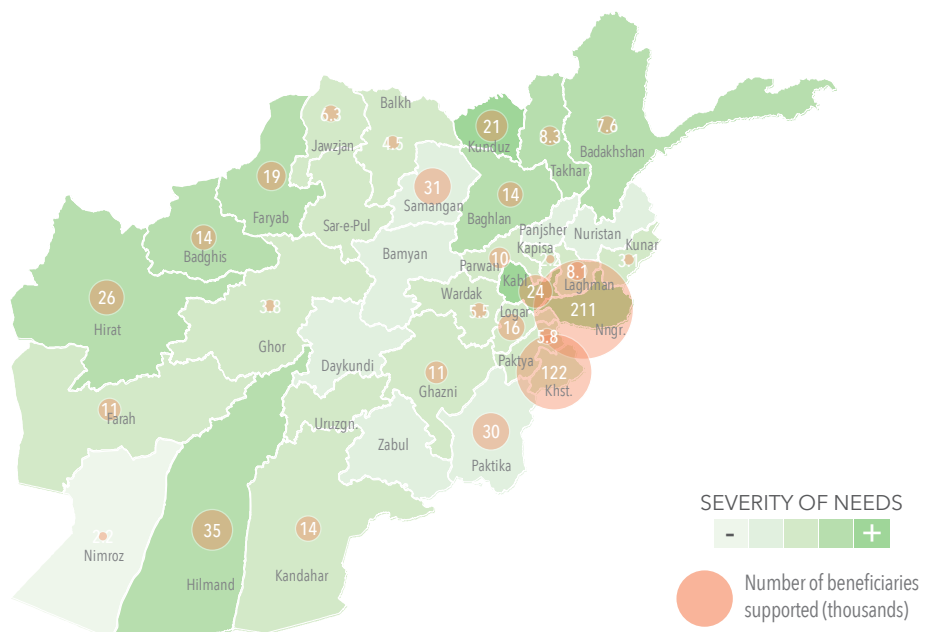
The reason for a significant number of people from host communities receiving services was due to an increased focus on needs-based rather than status-based assistance, such that where services in host communities were strained by sharing resources and infrastructure with IDPs and returnees they were supported by cluster partners.

Unlike in previous years, the WASH cluster also paid greater attention to the WASH needs of health and education institutions that are providing services to populations affected by emergencies. As many as 57 of these institutions were supported in 2017 (15 health facilities and 42 schools, both formal

and community-based learning centres). The CHF strategy for the 2017 2nd allocation encouraged partners to plan and deliver a multi-sector response wherever possible and to integrate protection within programme delivery. This focus has continued into 2018 with 80 percent of the 16 proposals received for the WASH sector under the 1st CHF allocation incorporating a mixed package of services and mainstreaming gender and protection.

While addressing the urgent needs of emergency affected populations, cluster partners were also encouraged to support sustainable programming, particularly for IDPs and returnees living in settlements where families had purchased land and the government allows durable solutions to be provided. Since more than 60 percent of the water supply response (such as the rehabilitation and installation of new boreholes and handpumps) can be used over multiple years they act as durable solutions in the locations they are implemented – which according to partner reporting contributed to the smooth integration of returnees and IDPs within host communities.

RESPONSE MAP



Cluster managed emergency repositioning of WASH stockpiles has also been a success story in 2017. Of 18,000 hygiene kits procured with funding received from the CHF, 14,000 families have been supported (with 75 percent of the stock released) in over 20 projects by 10 partners. Since the stocks are kept in seven strategic locations around the country and can be accessed by any partner that has conducted a needs assessment and obtained cluster approval, prepositioned supplies have enabled timely humanitarian response.

Summary of achievements

Some 31 partners provided humanitarian WASH assistance in 2017 reaching 974,705 people in need, thereby delivering the following achievements against the 2017 WASH HRP targets: a) 420,002 people reached with access safe drinking water, 56 percent of the WASH Cluster’s revised target of 750,000 people; b) 235,618 people reached with functioning sanitation facilities, 52 percent of the cluster target of 450,000 and c) 726,392 people reached with access to water and soap for handwashing, 83 percent of the cluster target of 880,000. Amongst the 974,705 beneficiaries reached, 241,343 are women and 260,586 are girls, representing more than half of all people assisted.

In addition to the beneficiaries representing different categories (IDPs, returnees, natural disaster affected people, communities hosting returnees and IDPs and returnees at the zero point and the transit centres), a total of 45 institutions supporting emergency affected populations also benefitted from WASH services. The following achievements were recorded in this area:

1. Approximately 18,000 school children benefited from WASH improvements (such as the rehabilitation or installation of new water supply systems and sanitation facilities; and the provision of hygiene kits and hygiene promotion) in 15 primary and secondary schools;
2. Some 1,000 children attending 27 community based learning centres benefited from emergency WASH

services;

3. WASH improvements in 15 primary health care facilities with an estimated catchment population of 150,000.

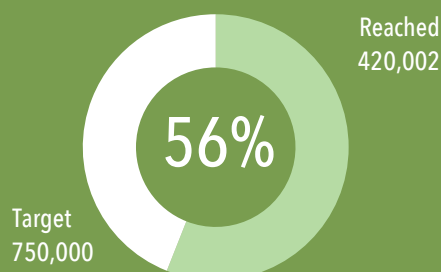
The number of people reached across different activities is much lower than anticipated, especially in relation to access to water (420,002 people assisted, 56 percent of the target) and access to sanitation (235,618 people, 52 percent) due to fewer than anticipated returns from Pakistan and limited funds received in the first half of the year (only USD 15.6 million, 65 percent of the target was available at the end of quarter 2 in comparison to USD 8.4 million in the last quarter [September to December]). As a consequence, a significant number of projects are currently ongoing, with as many as 18 expected to be completed [and reach 140,000 beneficiaries] by the end of the quarter 2 of 2018.

The Ministry of Rural Rehabilitation and Development (MRRD) has provided its feedback on the draft WASH in Emergency (WinE) Guidelines developed by the cluster. The guidelines were disseminated to all WASH partners including the WASH sector working group with, a number of organisations reporting that they found the document useful in emergency preparedness and response and have already started using the guidelines for developing donor proposals, including CHF. The document is currently awaiting MRRD endorsement.

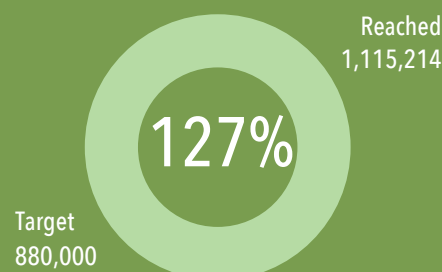
Transition of cluster leadership to MRRD is the fourth and final objective of the WASH cluster. Due to the absence of a full-time national co-lead, progress towards this objective has stalled significantly although following extensive negotiations with MRRD by UNICEF (the cluster lead agency), a co-lead joined the cluster on 20 January 2018. The national co-lead is based in MRRD and will provide full-time support to the cluster, particularly in relation to strengthening the coordination capacity of PRRD (provincial department for rural rehabilitation and development) with a strong link with Provincial Disaster Management Committees. At the same time a second cluster co-lead from NCA (the first is from DACAAR), joined in September 2017 and has been actively supporting the cluster activities since then.

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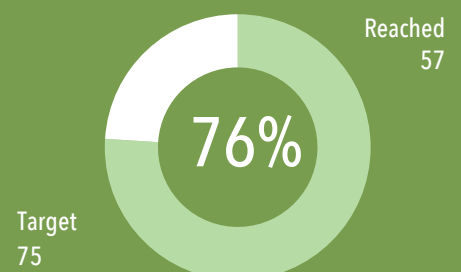
Proportion of population in need with access to at least 15lpcd of drinking water



Proportion of population in need whose WASH needs are assessed within two weeks after being affected



Proportion of institutions in need with access to appropriate WASH facilities



2017 ASSISTANCE REQUIRED



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



REFUGEES CHAPTER

Reporting provided by: Refugee and Returnees Chapter



Situation Overview

Under its mandate, UNHCR registers asylum-seekers in Afghanistan as a protection tool, with the aim to identify and assist PSN; to support access to humanitarian assistance and essential services including education and health care; to ensure freedom of movement and uphold basic rights; and to provide a minimum safeguard against refoulement.

Afghanistan hosts a protracted population of Pakistani refugees, who fled North Waziristan Agency (NWA) in 2014 as a result of military operations which displaced almost half a million civilians. As of December 2017, more than 38,000 refugees in Khost province are biometrically registered with active cases (approximately 14,000 registered individuals in Khost are currently inactive or on hold, as they have not collected recent food distributions). In 2016, UNHCR verified the registration of almost 36,000 refugees in Paktika province, where access remains a challenge on account of insecurity as NSAGs control or contest a substantial amount of territory. Some 11,388 refugees receive shelter and other essential services in the Gulan camp in Khost province, while most

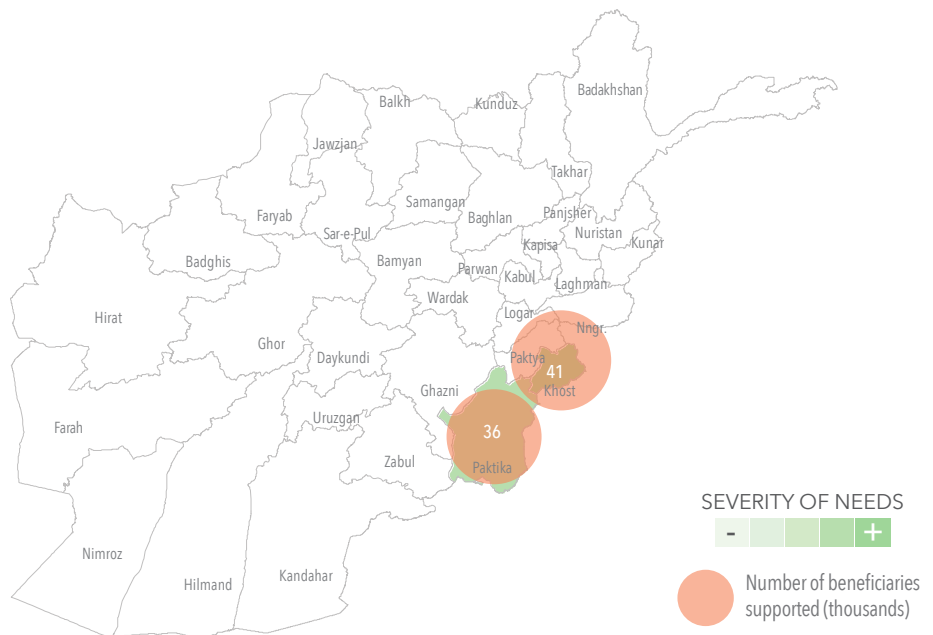
live alongside Afghan host communities in various urban and rural locations.

Summary of achievements

38,365 refugees from NWA were biometrically registered in Khost province in 2017, including 11,388 in Gulan camp, while 35,949 refugees from NWA were re-verified in Paktika province (in 2016). 3,838 families received wheat and other food assistance in November 2017; as of 1 December, 1,392 tents and 401 NFI kits with blankets, essential household utensils and sanitary items, along with 27 gas cylinders, have been distributed in 2017. Some 11,388 refugees receive shelter and other essential services in the Gulan camp in Khost province.

In Afghanistan, UNHCR coordinates with national and international humanitarian agencies to provide targeted assistance to persons with specific needs (PSN) among the NWA refugee population in Khost and Paktika provinces, and implements community-based protection measures to build the resilience of refugees as well as the host population, promoting peaceful co-existence through livelihoods initiatives,

RESPONSE MAP



FUNDING AVAILABLE (US\$)



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shelter, education, healthcare, nutrition, WASH projects, and NFI distributions.

Programming delays, constraints and challenges

UNHCR envisages a gradual transfer of responsibility to Afghan government authorities for registration of asylum-seekers and refugees, including the NWA refugee population. The lack of birth registration for refugee children is a significant protection concern due to the risk of statelessness and long-term disadvantage. Access in the two provinces (Khost and Paktika) remains a challenge, especially for Paktika. In 2017, UNHCR managed to renew missions to Paktika.

Overview of funding received vs requirements and challenges

As noted, in 2017 IOM received approximately USD 17 million for returnee response actions from an initial request of USD 52.8 million revised to USD 26m at the mid-year review stage. Fundraising for Iran remains a gap as perceptions about Afghans moving to and returning from Iran remain economic migrant focused despite serious and severe protection concerns with this population which is largely driven by instability and conflict in Afghanistan.

According to the latest information available on FTS, the R&R chapter received USD \$1.4 million, or 7.3 percent of requirements.

Highlight of key assessments

A number of key assessments were conducted in the course of 2016.

UNHCR and WFP have conducted a joint food security and livelihoods assessment of refugees in Khost and Paktika in May-June 2017. The key findings are as follows:

1. 12 percent of households are headed by women. The percentage of female-headed households varied by location with the highest found in Gulan camp (25

percent) with none found in Nadir Shah Kot, and only a few in Spera.

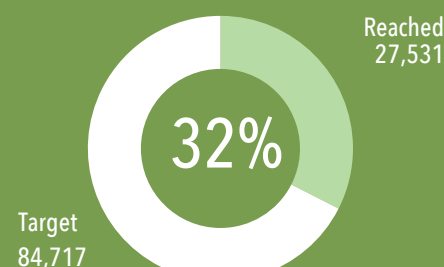
2. 14 percent of refugee households and 12 percent of resident households had a disabled member while 7 percent of all household heads were disabled.
3. In terms of refugee safety and protection, for nearly all communities, the refugees feel safe, have physical and social access to markets and also feel that the host community supports them.
4. The most common challenge in accessing education is physical access to schools. Some of the locations are remote and there are no schools nearby. For girls, their biggest obstacles after access are the lack of female teachers, lack of the family's permission to attend school and language.
5. Debt: When asked if refugees had borrowed money in the past month, 86 percent of refugee households in Khost reported that they had, compared to 71 percent among the host community, 56 percent of refugee households in Paktika and only 49 percent of resident households in Paktika. Most refugee households borrowed money to purchase food (75 percent), while one-quarter borrowed money to pay for medical care (20 percent).
6. Income: 38 percent of refugee households rely on daily labour, while almost 20 percent use zakat as an income source. A lesser number of refugees rely on sewing and embroidery (7 percent) and remittances (7 percent). 7 percent of households reported no cash income at all.
7. 51 percent of refugee households in Khost and 63 percent of refugee households in Paktika report that their children go to school.
8. The main barriers reported by refugees for boys are language problems (27.8 percent), no school in the vicinity (26.7 percent) and lack of school capacity (18 percent). The main barriers for girls are the following: no school in the vicinity (31.4 percent), no female teachers (16.6 percent) and family not allowing (15.4 percent).
9. Access to health care is limited for both host community and refugees due to the poor coverage of services in the area. Health care is reported among key priorities of the host community, and especially for the female headed

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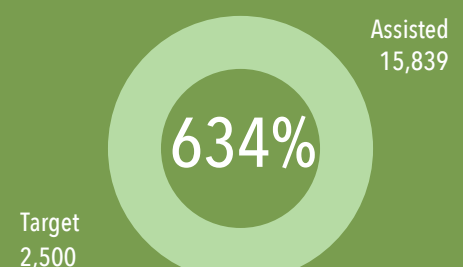
Proportion of NWA refugees registered



Proportion of NWA refugees provided with food per month



Proportion of vulnerable NWA refugees provided targeted assistance



PEOPLE TO BE ASSISTED



REQUIREMENTS (US\$)



BENEFICIARIES ASSISTED



MULTI-PURPOSE CASH



In 2017, over 853,000 people received a combined total of over USD 57.2 million in cash transfers – including multi-purpose cash (MPC) grants and sector-specific grants (e.g. cash-for food, shelter, NFI, livelihoods, winterisation transportation and protection). While this represents a 154 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 refugees to Afghanistan and the decrease in the value of the UNHCR repatriation grant (from USD \$400 per person to USD \$200).

Indeed, cash grants disbursed as part of emergency response increased substantially throughout 2017 with USD \$16.1 million disbursed to 433,500 newly-displaced populations to support immediate survival needs. ERM partners accounted for 81 percent of all multipurpose cash transfers provided to sudden onset crisis affected populations, and were complemented by cash transfer programming grants provided by other NGOs. At the same time, in 2017, WFP transferred USD \$8.9 million in cash-for-food transfers to 236,000 people, as it transitioned away from in-kind food assistance in areas where markets are functional and accessible; UNHCR distributed USD \$11.6 million to 58,000 refugee arrivals and USD \$8.2 million to 312,000 vulnerable individuals in need of winterisation support.

In May 2017, ERM partners adopted the Survival Minimum Expenditure Basket (SMEB) approach as a basis for determining the cash transfer value crisis-affected populations. The SMEB is the cash value equivalent of a selected group of basic goods or services that are necessary to ensure household survival for two months. In 2018, humanitarian partners plan on further scaling up MPC programmes, including with through the Dutch Relief Alliance (DRA) – Afghanistan Joint Response programme, and through IOM’s transition towards providing cash to undocumented returnees (instead of in-kind NFIs and transport assistance).

On cash coordination, the Cash and Vouchers Working Group (CVWG) was re-activated in April 2017 with NRC taking up position as co-lead alongside WFP. The group’s main achievements in 2017 were standardising cash DMs, across sectors and streamlining cash reporting. To enable better tracking of MPC programmes specifically, a separate reporting mechanism for MPC was created in Report Hub. Ten partners are now uploading MPC beneficiary numbers and cash transfer details on a monthly basis (this is in addition to the reporting of sector-specific cash assistance, such as cash-for-food or cash-for-shelter, which is still done through individual cluster pages in Report Hub).

RESPONSE MAP

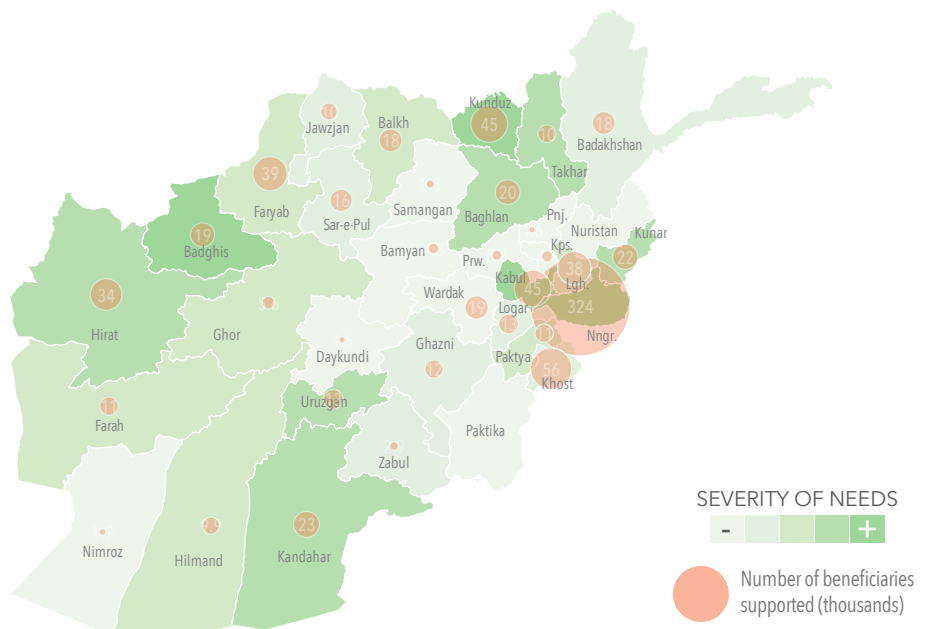
FUNDING AVAILABLE (US\$)



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PROGRESS AGAINST CLUSTER OBJECTIVES CONTINUED

INTER CLSUTER COORDINATION

Continued from page 13

Emergency Preparedness

As part of ongoing efforts to strengthen early warning, improve contingency planning and promote a proactive rather than reactive approach to collective response readiness, Afghanistan continued to undertake semi-annual reviews of emergency response preparedness (ERP) capacity in 2017. 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. The first ERP completed in March 2017 showed 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 second CHF standard allocation in 2017 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. With Afghanistan identified in 2018 by INFORM as the most risk-prone country in Asia – and the fourth most exposed globally – 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.

EDUCATION IN EMERGENCIES

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Education contributes to restoring normalcy in the lives of children, a return to familiar routines and instils hope for the future, mitigating the psychosocial impact of violence and displacement.

The chosen modalities to bring these targeted school-aged children back into education are by double- (or triple-) shift teaching in the formal schools, catch-up classes, the establishment of temporary learning spaces, whenever possible set up near a formal school, community-based education, early 1-3 multi-grade teaching in the community itself protecting younger children from having to travel to the nearest school until they are old enough to transition to the formal school. These modalities are all supported by EiE WG agreed minimum standard teaching and learning materials in the form of classroom kits, teacher kits, as well as individual student kits.

Crucial for the quality and relevance of education and most importantly for good learning outcomes – whether the focus is humanitarian or development actions – is teacher qualifications and capacity. The EiE planned response for 2018-2021 is therefore to increase the quality of EiE activities by having a strong focus on recruitment and training of new teachers, preferably from the target community to ensure cultural and linguistic harmony, including the ability to use the mother tongue as a bridging language when language of instruction differs.

In 2018, EiE also aims to strengthen coordination and information management systems, including preparedness and response planning, contributing to reduced risk and vulnerabilities linked to emergencies, and being better at reaching the school-aged children in hard-to-reach areas as well as areas outside of government control.

EMERGENCY SHELTER & NON FOOD ITEMS

Continued from page 17

the Financial Tracking System (FTS) for the ES-NFI cluster which is actually intended for other sectors. Partners were informed to ensure that emergency funds are recorded under

the appropriate sector or cluster and the necessary corrective measures taken.

Highlight of key assessments

In addition to several rapid multi-sectoral assessments to respond to emergencies and the REACH multi-sectoral assessment in informal settlements (which sampled approximately 7,000 households), nine specific shelter and NFIs needs assessments were conducted in fifteen provinces including 35 percent of the hard-to-reach districts across the southern, western, eastern and northern regions, covering 200,034 individuals (returnees, IDPs and host families). Results indicate fear of imminent eviction due to the lack of secure land-tenure; overcrowded shelter conditions exposing women and girls to protection risks; families living in makeshift or damaged shelters which provide minimal protection from the harsh weather conditions and pose significant health risks; a lack of basic household items (in particular kitchen sets) and a lack of livelihood opportunities to sustain families.

In addition, one nationwide winterisation household level assessment was conducted to identify the most vulnerable families in need of winterisation assistance. Approximately, 90,747 families (635,229 individuals) were assessed. The assessment results showed that together with a low income, 88 percent of the assessed people reported that they had no fuel or no heating device for the forthcoming winter. Out of the people assessed in need, 19.3 percent were female headed households, 2.5 percent child headed households and 30 percent of families had chronically ill family members – all factors that increase the vulnerability of affected people. Further, 45 percent of families reported that they planned to sleep in overcrowded rooms to survive through the cold, while 46 percent planned to reduce the number of meals per day as a coping strategy. In 81 percent of cases, women and children did not have sufficient clothing. The assessment results informed the 2017 response and planning for the 2018-2021 humanitarian response plan.

Protection mainstreaming efforts and achievements

The ES-NFI cluster uses a community and rights-based needs approach in all its activities. Priority is given to the most vulnerable IDPs, returnees and hosting community members based on needs assessment and vulnerability criteria. Moreover, the cluster developed a vulnerability score card that was utilised specifically for the winterisation response. This mechanism ensures a transparent process and provides assistance according to priority based on the highest score. Awareness was conducted to inform communities about the winterisation response plan and the targeting criteria of most vulnerable families to ensure communication with the communities and mitigate tensions.

Assistance for the upgrading of existing shelters targeted the most vulnerable families' in particular female headed households to mitigate further protection risks as well as ensure greater privacy and dignity. Moreover, ramps were added to shelters constructed in disaster prone areas with reinforced foundations and high stairs to increase the

mobility and access of persons with disabilities. The cluster advocated for families to secure tenure and prevent eviction and other housing, land and property (HLP) issues through local community arrangements. With support from NRC, HLP trainings were provided to enhance partners' capacity and a common understanding in dealing with HLP issues to mitigate the risk of eviction as well as the "do no harm principle" in the delivery of shelter assistance.

Review of 2017 programming to inform 2018 planning

The provision of cash is the preferred assistance modality for the affected population. The cluster is looking to increase cash based programming in 2018 and work towards putting in place guidelines consistent with global guidance. Focus on cash follow-up for rent programmes will be a top priority to ensure that emergency assistance is followed by more sustainable programmes through linkages with development activities including livelihoods. The lack of consistent follow up after emergency assistance is putting populations at risk of developing further negative coping strategies. Depending on the situation, support will be solicited from the global shelter cluster to build capacity of partners on cash-based programming. Another focus is to improve targeting of vulnerable families through a prioritisation process with the adoption of the vulnerability score card used in the winterisation response. The cluster will also enhance inter-cluster coordination and joint programming, especially with WASH to ensure a holistic response as some donors are reluctant to fund sanitation facilities with shelter projects since this is part of WASH activities. The cluster will continue to coordinate with the protection cluster including the HLP taskforce and GiHA TF to improve protection and gender mainstreaming. With the establishment of the inter-agency call centre, the cluster is expected to strengthen communication with communities and accountability through this common system complementing individual agencies' complaint and feedback mechanisms. Priority activities will include:

- Ensuring access to basic life-saving services through the provision of emergency shelter and NFIs including winterisation assistance;
- Further mitigating protection risks to allow for safe and dignified living conditions through the provision of tools, materials and technical support for the upgrading of existing makeshift and poor shelter conditions;
- Enhancing coordination and response capacity in the field by putting in place contingency plans, prepositioning of emergency shelter and NFIs in strategic locations, capacity building, and strengthening coordination mechanisms including with government and development actors;
- Monitoring and reporting including assessments, information products, PDM.

Supporting efforts towards durable solutions through the provision of tools, materials and technical support for the

construction of transitional shelters, integrated programming with other clusters, and establishing linkages with livelihood

actors and advocacy.

FOOD SECURITY & AGRICULTURE CLUSTER

Continued from page 19

FSAC received various petitions and formal requests from MAIL to: support poor farmers by providing inputs to control pest attacks in Ghor and Badghis; provide agriculture inputs to conflict affected farmers; provide inputs for natural disaster affected families; and provide livestock support for the livestock protection activities. However, lack of timely funding remained an obstacle to addressing these needs. Food assistance to seasonal food insecure and to new and prolonged IDPs was also inadequate due to limited resourcing. Rain-fed wheat production was at a record low in 2017 when only 588,000 MT were produced – 71 percent of what was produced in 2016 and 54 percent compared to the five-year average.

Overview of funding received vs requirements and challenges

FSAC's financial requirement was revised downward from the original USD \$136 million to USD \$75 million due to the decrease in the number of returnees from Pakistan, the number of conflict affected IDPs, and the number of natural disaster affected communities at the time of the mid-year review. However, the number of IDPs increased during the second half of the year to reach almost 450,000 people by December. Prolonged dry spells also affected the main livelihoods of Afghans (agriculture and livestock) and the number of food insecure people increased to almost two million.

According to in-country reporting, FSAC partners received USD \$91,391,244 (122 percent) against a mid-year revised target of USD \$75 million. Nonetheless, insufficient funding to address food insecurity challenges among the seasonal food insecure, prolonged IDPs, and natural disaster affected communities limited partners' capacity to provide food and agriculture/livestock protection responses.

Highlight of key assessments

FSAC conducted three major assessments during 2017: a post-harvest SFSA, an assessment in informal settlements of Kabul and Nangarhar province with the technical support of REACH and financial support from the global food security cluster, and a detailed food security and livelihoods assessment in the eastern region with the financial support of MAIL, WFP, FAO and UNHCR. These assessment reports helped to produce two IPC analyses, one at the national level and one at the district level for the eastern region.

Results from the REACH informal settlement assessment showed an alarming of food insecurity, with 68 percent of households being severely food insecure and only 9 percent

food secure. Despite severely food insecure households being included in the HRP, only a minimal response was provided due to a lack of funding.

The detailed food security and livelihoods assessment for the eastern region showed a poor regional food security status with 13 percent considered severely food insecure compared to the national average level of 6 percent. Overall, 62 percent of the region's population was either severely or moderately food insecure against the national average of 40 percent. In some cases, host communities had worse food security than IDPs or returnees. Assessment results were used to justify scaling up responses, which included assistance provision on the basis of vulnerability rather than the demographic status of a household.

The SFSA assessment results showed that 1.9 million people in Afghanistan (7.3 percent of the total population) are severely food insecure; results were also used by partners for fundraising and informed the national level IPC analysis. The report helped FSAC to identify and target the severely food insecure groups for its response. FSAC partners targeted 750,000 seasonally food insecure people during 2017, including 400,000 people for food assistance and 300,000 people for emergency livelihoods assistance.

Protection mainstreaming efforts and achievements

FSAC made considerable achievements in mainstreaming protection in its partners' programme design and implementation. Major achievements included: 1) agreeing on needs-based beneficiary selection criteria and putting protection principles at the forefront of beneficiary targeting; 2) agreeing on guidelines for protection principles to be included in cash transfer programmes; 3) conducting a joint review of all CHF proposals with gender and protection clusters/sub-clusters; 4) agreeing that cash as a programme modality to deliver food and agriculture assistance provides choice and dignity to men, women, and children for selecting commodity types; and 5) conducting joint field missions to identify collective needs as part of multi-sectoral response planning, such as during the Khogyani crisis in Nangarhar in December. FSAC is also working with WFP and UNHCR to finalise a concept paper on addressing the capacity of partners to strengthen protection mainstreaming.

Review of 2017 programming to inform 2018 planning

Based on lessons learned and the results of assessments conducted during 2017, FSAC has identified its priorities for 2018. The plan has not changed significantly as the cluster

is targeting almost exactly the same groups as in 2017, with the exception of the seasonal severely food insecure (removed from the 2018-2021 HRP). The HRP calls for continued support to conflict and natural disaster affected families, returnees and Pakistani refugees; however, priority will be given to conflict affected IDPs and undocumented returnees as they are more vulnerable than other groups. In addition, Afghanistan is facing one of the worst prolonged dry spells affecting crop cultivation and livestock production, especially in rain-fed areas. FSAC partners and MAIL are recommending responding to farmers in these areas through

the HRP and to scale up responses to avoid malnutrition, asset depletion and forced migration.

FSAC partners have increased cash transfer programming due to functioning markets and stable food commodity prices. FSAC partners will continue to scale up cash transfer programming through a multi-sector response approach. Multi-sector needs assessments and post distribution monitoring tools have been introduced in Afghanistan by the cash and markets working group under the leadership of the ICCT.

HEALTH

Continued from page 21

Overview of funding received vs requirements and challenges

Despite the increased demand, expanding areas that are underserved and overburdened, and cluster added activities, the health cluster continued to work within the revised budget of USD \$30 million.

Highlight of key assessments

The district level Health Emergency Risk Assessment (HERA) began in 304 districts in 2017. The assessment, which covers 32 provinces, is a process that includes the analysis of hazards and vulnerabilities, assessment of capacities, a risk calculation and prioritisation. The assessment provided detailed district level risk analysis including the likelihood, magnitude, and impact of hazards, information on the means that a community needs to cope with an emergency, information on mitigation and preparedness planning and prioritisation of the hazards and geographical locations with the highest risk. It also provides the baseline data that is useful to assess damages, needs, and capacities during the response phase, enhances inter-sectoral coordination and collaboration and provides better information for decision-making, especially when resources are limited.

A total of 21 cluster specific assessments have been carried out by partners in Nimroz, Kandahar, Hilmand, Daykundi, Nangarhar, Kunduz, Kunar, and Jawzjan. Results show an overall increase in trauma care and a significant gap in post-trauma rehabilitation care. There is also an identified gap in conflict related psycho-social support. Emergency obstetric care is also identified as a gap particularly in conflict affected districts which coincide with a high maternal mortality rate in those areas.

Assessments were conducted with the standard tool from the health cluster looking at existing health services, gaps, accessibility, as well as accountability to affected populations. The assessment tool is in the process of being refined.

In rural districts of Kandahar, Hilmand, Daykundi, Kunduz, and Kunar assessments found that maternal and antenatal healthcare have been neglected with maternal mortality rates

up to 45 percent higher in rural districts and infant mortality rates 35 percent higher than the national average. In addition, availability and therefore accessibility of antenatal care is particularly deficient in rural districts of assessed provinces. This is primarily due to the fact that antenatal services are not available in many rural health programmes. There is a dire lack of female health workers in rural districts. There are no female health workers in 21 out of the 55 assessed districts. The health cluster is working with partners to address innovative ways to recruit and empower female health workers.

Provinces with significant returnee populations including Nimroz, Kandahar and Nangarhar were found to have health services unable to cope with the increased population size. This includes services related to maternal and newborn health, trauma care and psychosocial support, as well as vaccinations. Maternal mortality rates, infant mortality rates are higher in districts where there are a significant number of returnees – as much as 32 percent*. Disease screening, particularly TB, is urgently needed in entry points for returnees. Spin Boldak Zero Point is particularly deficient in the provision of essential life-saving services.

Protection mainstreaming efforts and achievements

The health cluster ensures that all partners' health service delivery is based on needs that are inclusive and non-discriminatory. Health assessment guidelines include participation from vulnerable groups within affected communities. The health cluster encourages female health workers in facilities if at all feasible and practical to allow for culturally appropriate services for women and girls.

Data is disaggregated by age and sex to better inform program and policies if at all possible.

Reproductive health care has been identified and prioritised for women and girls, including survivors of gender-based violence. The health cluster ensures that health workers are sensitised to respond to survivors of gender-based violence

*Afghanistan Health Survey, 2018 (preliminary data)

and familiar with 'standard operational procedures on gender based violence' and respect for confidentiality through extensive capacity building while working together with the gender based violence sub-cluster.

The health cluster is beginning to address mental health and psychosocial support and is aware of referral services which also involve communities, both men and women, in assessments, planning and implementation of projects based on the standards of accountability to affected population. This is particularly relevant in conflict-affected areas.

In the cluster's education campaign, community leaders, women's groups and youth associations are encouraged to play a role in disseminating information and educating peers about the prevention and treatment of diseases and other health risks.

Review of 2017 programming to inform 2018 planning

In view of the current humanitarian situation, for 2018 the cluster will focus on the provision of emergency health services including trauma care to those affected by conflict, IDPs, returnees and those living in under-served and hard-to-reach areas, as well as addressing the public health risk of emergencies with the aim of controlling communicable diseases. From 2017 programming, the cluster has identified a significant gap in post-trauma rehabilitation (prosthetics, physiotherapy) and post-conflict psychosocial support. The health cluster has expanded its priorities under trauma care to include rehabilitation and psychosocial support in health emergencies to cover the full spectrum of trauma care. These will be added as a cluster priority to ensure a continuum of trauma care from first aid to functionality.

Similarly, the replenishment and stockpiling of emergency

supplies and kits will remain a pillar that allows for the timely delivery of relief in response to acute shocks which supports the delivery of basic health care services and effective response to the outbreak of diseases. The cluster will continue to stockpile required medical supplies. In addition, assessments carried out in 2017 show that a third of IDPs and returnees have been diagnosed with chronic non-communicable diseases (NCD) such as diabetes and hypertension which were left untreated due to lack of sufficient medical supplies – a finding that is supported by HMIS and Afghanistan Health Survey 2018 preliminary data. NCD medical kits will be procured to respond to health emergencies. The existing disease early warning system has been very useful in early detection and timely response to disease outbreaks, providing trend data which is now used for targeting and programming under the response plan as well as the development of contingency plans. In 2018, the cluster will strengthen surveillance systems and continue to respond to outbreaks.

In addition, 2017 has seen an unprecedented number of attacks on healthcare facilities. The health cluster has prioritised awareness of IHL and will engage in more systematic incident monitoring in 2018 through a standardised reporting matrix for all provinces developed in collaboration with the Ministry of Health – as well as heightened advocacy for respect of health services. Health facilities, provincial and district emergency preparedness and response (EPR) committees will report incidents to the Ministry of Public Health through the health cluster supported central command centre. The verification process will be supported by the health clusters and its partners.

Lastly, the health cluster has prepositioned supplies in response to a potential mass return from Pakistan and prolonged dry spell and resultant food security crisis.

NUTRITION

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treatment of malnourished PLWs.

The cluster continues to find it difficult to receive timely and complete data/reports from partners despite constant follow-ups and reminders. In 2018, the nutrition database will be upgraded as per the nutrition cluster work plan and additional regular partner updates and reporting follow-ups have been incorporated as a running agenda item in the meetings of cluster and assessment and information management working group (AIM WG), during which all partners who are not reporting will be highlighted and wherever necessary orientation of the focal points will be carried out by the IMO.

Another cluster challenge relates to poor financial reporting and as a result the funding status on FTS may not reflect the actual funding received by partners through bilateral funding mechanisms.

Overview of funding received vs requirements and challenges

According to in-country reporting, the cluster has received USD \$22.7 million in 2017 against overall requirements of USD \$48 million representing 46 percent resourcing, and making it difficult to respond to the deteriorating situation in Daykundi Province. Partners have not, however, updated FTS for the last quarter of 2017. The cluster also faced challenges in securing sufficient funding to pay for supplies required for MAM treatment.

Highlight of key assessments

Between January to December 2017, cluster partners conducted three SQUEAC survey, eight SMART surveys and five rapid nutrition assessments. Nutrition surveys conducted in Farah, Jawzjan and Bamyan provinces showed a GAM rate that can be categorised as a 'serious' malnutrition situation.

Nutrition cluster partners took into account the findings of the surveys and strengthened preventive and referral services in these provinces. The nutrition situation in Samangan, Takhar and Laghman was found to be less severe, with a GAM rate of less than 10 percent which did not warrant a significant scale-up of emergency nutrition services.

Protection mainstreaming efforts and achievements

The nutrition cluster continuously reinforces the need to mainstream protection activities throughout nutrition programming and therefore data analysis is disaggregated by sex and age.

Review of 2017 programming to inform 2018 planning

The malnutrition situation in Afghanistan has not shown any significant improvement in 2017. The dire nutrition situation across many provinces is attributed to poor access to safe water, poor hygiene practices, inadequate access to

basic health services, inappropriate infant and young child feeding practices, food insecurity and inadequate access to secure livelihoods. Conflict further aggravates the risk of malnutrition among children under five and PLWs. Only a third of severely acutely malnourished children are currently accessing treatment services, leaving a significant majority at risk of increased morbidity. Acutely malnourished children under five and PLW in hard-to-reach areas are more at risk and have less access to nutrition services.

Given the situation is unlikely to improve in 2018, the nutrition cluster will work towards increasing the coverage of life-saving nutrition services across priority districts, particularly for those populations living in hard-to-reach areas. Introducing the integrated mobile nutrition services provision modality will also be a priority in 2018. The nutrition cluster works towards coordinating with nutrition sensitive clusters such as health, FSAC and WASH to improve effectiveness and the synergies of a multi-sector response.

PROTECTION

Continued from page 25

controlled areas and areas with ongoing fighting. GBV, CPiE and HLP partners have limited capacity and geographical coverage, however Mine Action partners providing mine risk education, surveyance and EOD removal have the most access among protection partners.

The main constraints and challenges in meeting identified protection needs in the reporting period were:

Access: a combined series of constraints have prevented partners from reaching all targeted affected populations, i.e. physical access to the area (security not permitting) and access to all the affected population groups (limited number of trained female staff). There are limitations related to security with regard to the implementation of specific stand-alone protection activities and the cluster has continued working with partners to integrate protection into other sectors to improve access, increase community acceptance and improve outreach to conflict affected people.

Limited funding: protection partners have limited independent funding aside from the CHF with USD 18.3 million received in 2017 against total requirements of USD 54.4 million following the mid-year revision (34 percent). Further, there is lack of reporting on the side of number of partners with regards to funding received so the overall total might, in fact, be higher.

Limited geographical reach: Projects are concentrated in urban areas with limited outreach to peri-urban and rural areas and areas with active fighting. This is a challenge for all other cluster/humanitarian actors; the APC is focusing on integrated protection, working with local organisations and employment of local liaison officers (in some organisations)

in order to gain further access to hard to reach areas (among which are areas with active fighting).

Programming delays, constraints and challenges

Activities implemented as per the protection objectives of the HRP were generally on track as far as timing goes; however, not all targets were achieved, due to a mixture of insufficient funding and access issues. The APC will continue efforts to integrate protection in the programming of other clusters/agencies in order for protection outcomes to be achieved for populations of concern in hard to reach areas. Also, particularly for hard to reach areas and those experiencing active conflict, the APC will continue advocacy efforts, by issuing key messages for advocacy actors and also supporting the drafting of the HCT Protection Strategy in 2018. As a side note, the key messages drafted in December 2017 for HCT advocacy on Protection of Civilians were finalised in early 2018. With regard to the HCT Protection Strategy, the recruitment of a suitable ProCap Protection Adviser took longer than anticipated, but will start in late February and the strategy should be drafted within the first half of 2018.

Reporting on Report Hub has also been a challenge – addressed in January 2018 through a refresher training provided by IMMAP to APC members in order to streamline reporting.

With a view on focusing activities and obtaining a thorough protection analysis of the situation in Afghanistan, the APC will draft its strategy for 2018-2021 in the first quarter of 2018, as well as roll out the Protection Incident Management System (PIMS), both processes endorsed by the APC SAG

and plenary constituency in 2017.

Overview of funding received vs requirements and challenges

APC has received USD 18.3 million against total requirements of USD 54.4 million in 2017; however, there are also unrecorded funding modalities that different APC members have used in 2017 in order to achieve HRP outcomes for PoC. As an example, the surpassing target (111 percent) on indicator 2.1 PO 2 is due in large to UNHCR's direct engagement in protection monitoring, which was funded outside of the HRP.

It was observed during 2017 that APC members, as well as members of other clusters, need more orientation on the CHF process and procedures, as well as on integrating protection in the programming of other clusters/agencies; APC will continue to support related efforts in 2018.

Highlight of key assessments

No standalone assessment took place during 2017, however APC members have been carrying out numerous assessments and monitoring exercises of a more localised nature:

- The Nangarhar community protection assessment led by the eastern regional protection cluster (ERPC) and involving 17 partners took place in April-May 2017 and covered 113 communities in Kunar, Laghman and Nangarhar, consulting with men, women, girls and boys on their priority needs and protection risks. Using a participatory approach, the ERPC partners have carried out 480 focus group discussions and interviewed 120 key informants among returnees, IDPs and host communities. The main issues identified were a lack of civil documentation – a major barrier to accessing basic services, such as education and health – decreased capacity to generate income, men as main breadwinners experiencing additional stress due to the need to take care of their family in displaced situations with a low income, and child recruitment in areas in proximity to fighting.
- In the first half of 2017 UNHCR and partners have carried out over 1,000 protection monitoring missions. This has informed UNHCR and APC programming and advocacy.
- The protection cluster has been making referrals at the regional level to address the needs and concerns of the affected population, whilst also informing high level advocacy on the developments in hot spot areas (Tirinkot, Kunduz, Faryab etc.). Protection monitoring partners and the regional protection cluster coordination team regularly present findings of assessments and monitoring in the OCTs, HRTs and regional protection cluster meetings to coordinate response. NRC co-leads have also undertaken missions to districts beyond regional hubs, participating in numerous joint assessments and carrying out independent protection assessments to

inform targeted advocacy and programming as well as overall situation analysis for regular cluster updates and advocacy, including the newly introduced APC regional fact sheets.

- APC has contributed to the development of the methodology/questionnaire for the nation-wide joint education assessment with a child protection component (JENA), which was finalised in the second half of 2017.
- DDG is reviewing the current mine/ERW materials and will conduct knowledge attitude and practice (KAP) surveys at UNHCR encashment centres, with results intended to be available by December 2017.
- Under a 2-year DFID funded consortium to develop durable solutions for IDPs in Herat, Afghan Aid, DACAAR, NRC and UNHABITAT have begun profiling IDP settlements in Herat; the exercise will continue in 2018 with support from JIPS.
- A joint ES-NFI/APC assessment in Kabul Informal Settlements (KIS) started in December 2017 and is still in progress at the time of reporting.
- NRC completed the “Challenges to IDP Protection Study II – Secondary Displacement” in late 2017 and launched it in January 2018.

Protection mainstreaming efforts and achievements

In 2017, the APC has continued to prioritise protection mainstreaming within its areas of responsibility and other clusters. Engagement has included sensitisation, training, advocacy and the dissemination of briefing notes and fact sheets.

In 2017, key protection mainstreaming activities and outcomes of the APC and regional protection clusters have included:

1. Coordination:

- Coordinating protection response and mainstreaming for IDPs, returnees and host communities in communities, multi-sectoral humanitarian forums, working groups and with government;
- Sensitising multi-sectoral partners in protection responses in multiple locations beyond regional hubs including but not limited to districts and villages in Jalalabad, Kunar, Laghman, Torkham Border, Baghlan, Kunduz, Sar e Pul, Balkh, Faryab, Jawzjan, Kandahar, Uruzgan, Herat, Baghhdhis and the Islam Qala Border;
- Undertaking service mapping in all regions to inform response and the referral system;
- Contributing to Emergency Response Contingency Planning in all regions;
- Working with the ECHO funded Emergency Response Mechanism (ERM) partners to develop protection components of ERM programming including orientation to services, service mapping and principles of data

confidentiality;

- Participating in joint assessment teams and specific protection assessments to monitor protection concerns and joining IDP screening committees to ensure accountability of the petition process;
- Providing technical support to partners submitting 33 proposals and conducting the protection mainstreaming review of all shortlisted applications for the CHF first allocation.

2. Advocacy:

- Developing the framework of the HCT advocacy strategy on International Humanitarian Law and Protection of Civilians;
- Developing a briefing note for the HCT and ICCT and presenting on the attempted collapse of Kunduz in April and humanitarian needs in Uruzgan including the impact of explosive violence on civilian casualties, protection concerns and measures to be undertaken to improve the coordination of response across clusters, as well as updates on the new waves of displacement in Khogyani and Alingar in the eastern region.
- Advocacy from the Western RPC and HLP-TF has prevented the forced eviction of 48 IDP families living in Naw Abad, Herat, until the government had an alternative for their relocation.
- The north and north-east RPCs developed a briefing note on the situation of 19 schools occupied by the ANDSF for military purposes in Kunduz, Baghlan and Faryab. The bilateral advocacy and coordination in relevant regional forums resulted in 17 schools being vacated and reopened. The western RPC has also been coordinating with the provincial education department (PED), CPiE and EiEWG on the official closure of 41 schools in Badghis province.
- The north RPC advocating to the PED in Faryab, resulting in displaced children being able to enrol in school, whilst the PED retrieves documents from their place of origin. The north-eastern RPC has also been advocating successfully to the Department of Education in Kunduz to allow children to enrol in schools in the place of displacement until they are able to present their transfer transcript.
- The north and north-eastern RPCs advocating to humanitarian agencies to focus efforts on underserved areas resulting in access to people in need of response in hard to reach areas of Kunduz, Baghlan and Samangan provinces through negotiation with community elders.
- Coordinating response to preventing early and forced child marriages by the western RPC through cluster meetings, consultations with IDPs, community leaders, UNICEF Child Friendly Spaces, meetings with Imams and Friday prayer khatibs of mosques in Herat and other provinces.
- The Western RPC and HLP-TF raising protection concerns to authorities of the lack of government capacity to build shelters, inability of IDPs to buy land and lack

of compensation for IDPs due to demolishing makeshift shelters to upgrade the Maslakh site as part of the implementation of the Provincial Action Plan in Herat. Key achievements have included government agreeing to revise the Maslakh Master Plan to include upgraded plot sizes to accommodate 10,000 IDPs (currently over 80 percent of existing IDP shelter has been destroyed).

- Continuing to advocate at national and sub-national level for the referral of protection concerns from HEAT assessments and data sharing to improve protection risk analysis and identification of needs – one partner is now sharing emergency alerts with the APC to help improve coordination
- Drafting key advocacy messages on Protection of Civilians for Afghanistan HCT.

3. Training:

1. Delivering 26 training and sensitisation sessions by the regional protection clusters to 386 participants in the field – including assisting partners to facilitate training including the NRC Protection Mainstreaming, Gender and Access in Humanitarian Response (funded by ECHO) for protection and joint assessment team staff in all regions; PUAMI's training in psycho-social support in the East and training for other clusters in protection principles

Conducting a one-day protection mainstreaming workshop for 22 staff of Mine Action implementing partners and DMAC personnel. To ensure cultural sensitives are acknowledged, Mine Action Partners have also been ensuring male and female trainers are able to provide mine risk education sessions to men and women in separate facilities.

Review of 2017 programming to inform 2018 planning

APC strategic priorities are as follows:

- Protection of Civilians: close cooperation with UNAMA, joint advocacy, improving access to populations of concern (especially in hard to reach areas).
- Internal displacement: movement monitoring, support to authorities in assessments and delivery of assistance, guidance on engagement.
- Access to land and basic services by displaced populations: monitoring, advocacy, cooperation with other clusters and actors.
- Protection incident monitoring: PIMS established, integration with existing systems, integrated protection response, Afghanistan Protection Analysis.
- Durable solutions for displaced populations: identification and profiling of caseloads, consultations with communities, durable solutions assessments, cooperation with DSWG and all actors involved, support to the authorities.

The APC intends to further strengthen coordination and

delivery of protection services to PoC by adopting the APC Strategy in the first quarter of 2018, as well as rolling out the PIMS in the same timeframe; as a result, the APC intends to conduct the Protection Analysis for Afghanistan during 2018. Close cooperation with UNAMA and the HAG are among the identified operational priorities, as well as support to the inter agency call centre, newly established in Afghanistan. The APC is also working closely with REACH on a nationwide protection assessment as well as on the protection assessment on fragmented families.

Furthermore, APC will continue to strongly support the CHF process, by providing feedback to applicant organisations

and being a constant STRC member. In terms of field coordination, APC will continue the partnership between UNHCR and NRC on co-ordination, at both national and regional levels, and will better integrate the coordination mechanisms by conducting joint field missions in all relevant regions of Afghanistan.

Last but not least, APC will adopt a comprehensive referral system and continue efforts to mainstream protection in the programming of other clusters/organisations. APC will use the newly created inter-agency call centre for accountability purposes as well as a robust complaint mechanism for PoC, and also for referrals and protection monitoring.

WASH

Continued from page 27

Building sub-national capacity of the cluster was one of the primary goals of the WASH cluster in 2017. In this regard, a ToR for a provincial WinE coordination team was developed and disseminated to all PRRD focal points in March 2017. A total of 17 provinces also established an emergency coordination system, mostly under the leadership of PRRD directors, with the exception of Khost, Herat and Nangarhar where UN or INGO partners are leading such activities. All these provinces have also drafted a contingency plan to respond to new emergencies. The remaining three provinces which have yet to develop plans, include Kunduz, Takhar and Badakhshan. The WASH cluster will prioritise this for early 2018.

Programming delays, constraints and challenges

The HCT push to expand humanitarian presence and emergency response within hard to reach areas has been well received by WASH partners with several now implementing projects in contested or NSAG-held districts in Kandahar, Uruzgan, Hilmand, Kunduz, Nangarhar, Ghazni and Paktika provinces. At the same time, there have been instances where partners have had to suspend response activities for a number of weeks due to threats received by communities from NSAGs. In Shams Sahib village in Ghazni centre, for example, a local community requested an NGO partner to stop work after preparatory activities had been completed and implementation was about to start following threats from NSAGs and leading to the project being moved to another village.

Overview of funding received vs requirements and challenges

As of December 2017, a total of USD 22.5 million was available for WASH programmes (96 percent of the overall funding requirement of USD 25 million). Of this, USD 16,028,130 was raised in 2017. CHF, ECHO and OFDA were the largest donors with contributions of USD 6.10 million, USD 4.5 million and USD 3.9 million respectively. Some USD 8.4 Million was received in the last quarter of 2017.

Highlight of key assessments

A total of 105 projects were active in 2017 across 30 provinces in Afghanistan, of which 87 were completed. This included 24 projects carried forward from 2016 and 81 new projects in 2017. In 2017, WASH partners have carried out 47 needs assessments and submitted 33 assessment reports. The number of people identified as requiring assistance was 1,115,214 of which 974,705 have been assisted in 2017. The remaining 140,509 are being assisted through 18 ongoing projects to be completed in early 2018.

Protection mainstreaming efforts and achievements

The cluster partners provided WASH assistance to 974,705 people of whom 51.5 percent were women and girls. WASH facilities in 42 schools and 15 health clinics were provided and took into account the safety, privacy and dignity of both boys and girls and men and women. Separate toilets for women and men, consulting women in selecting water points and involving both women and men in hygiene promotion sessions using male and female hygiene promoters (couples) were the commonly applied approach to mainstream gender. With the ICCT and HCT agreeing on integrating protection across all activities, WASH partners took necessary measures to improve the protection environment and ensure the safety of women and girls while accessing services. WASH partners distributed as many as 45,000 hygiene kits to the most acutely affected families. The distributed hygiene kits included all the basic needs of family hygiene including for women and adolescent girls to allow for safe management of menstrual hygiene.

The introduction of new WinE Guidelines with dedicated chapters on protection, gender and disability has further enhanced the cluster's ability to promote the safety and dignity of girls, boys, women, men and people with special needs (e.g. elderly, disabled and pregnant women). However, the cluster recognises that having tools and

means is only a small step towards the actual realisation of safe and uninterrupted access to services by all. Hence, the WASH cluster will take advantage of efforts by the ICCT to reinforce protection mainstreaming and push for improved implementation of cross-cutting issues by introducing a specially designed monitoring and reporting tool. The learning from currently ongoing CHF projects where protection is integrated, will also provide greater clarity on the way forward for further strengthening gender and protection in WinE.

Review of 2017 programming to inform 2018 planning

The cluster coordination team conducted its Cluster Coordination Performance Monitoring (CCPM) survey in December 2017 to assess its overall performance. The survey was completed by 29 humanitarian WASH agencies, or 83 percent of the 35 regular WASH participating agencies in the cluster. The following were the key findings of the online survey:

1. 92 percent of agencies (27 out of 29) were a regular participant of the cluster meetings;
2. On the question of level of participation, 44 percent of agencies reported participation by junior staff with limited authority;
3. On the question of the cluster giving strategic direction (e.g. on needs, gaps, priorities), 82 percent responded as being very useful;
4. On the question of CHF allocation prioritisation, 96 percent reported their satisfaction on the strategy and criteria shared;
5. On the question of monitoring, partners suggested for

a common monitoring system to enhance the quality of response;

6. On participation in cluster meetings, partners suggested to be stricter on application of the code of conduct: those not participating regularly (at least 33 percent of the time - 4 out of 12 monthly meetings annually) should be removed from the active partners list and disqualified from making future CHF applications.

Overall, the approach taken by the cluster in 2017 was in line with the ICCT strategy and has produced good results. WASH assistance reached 140 districts across 30 provinces with support from 31 partners. Information sharing and support by the cluster to partners is also strong as demonstrated by 13 proposals received for the 2017 2nd CHF allocation and 16 received for the 2018 1st allocation.

Inter-sector coordination has also improved with 57 institutions reached with emergency WASH services and partners now increasingly focusing on integrated approaches along with meaningful gender and protection mainstreaming actions. In addition, the HCT and ICCT promoted approach of targeting hard to reach and underserved areas has been well received by WASH partners. The cluster will continue to expand its presence and operational capacity in hard to reach areas in 2018 as well.

The WASH sector is slightly different to others in terms of the support it provides to host-communities. The cluster's area and rights-based approach of (a) providing water and hygiene promotion to all affected populations: IDPs/ returnees and host communities and (b) refraining from blanket latrine subsidy and distribution of hygiene kits, and only targeting displaced families based on their verified needs has received positive feedback from partners. This will also continue in 2018.

REFUGEE CHAPTER

Continued from page 29

households.

10. Refugees in Khost had the worst food consumption, with nine percent classified as 'poor' and another two-thirds with 'borderline' consumption. Residents in Khost had the second worst household food consumption while both refugee and returnee households in Paktika appear to be better off and have similar levels of dietary diversity and food frequency.
11. There are major differences between refugee and resident households on how they source the cereals they consumed. Refugee households rely on food assistance mostly while resident households rely on purchase and some production. This is consistent between the provinces.
12. Overall the refugee households in Khost are the most likely to be food insecure with 70 percent being severely or moderately food insecure. They are followed by the resident households in Khost. The food security situation in Paktika is better with nearly 60 percent of refugee households being moderately food secure and only 26 percent of resident households being food insecure.
13. Nearly half of all refugees in both locations could collect drinking water within 15 minutes of their homes while another third in Khost province could collect water in 15-30 minutes from their homes. For refugees in Paktika, access to drinking water took longer with about 20 percent collecting in 15-30 minutes.
 - About half of the refugee households in Khost use a traditional latrine compared to only one-quarter in Paktika where 60 percent had no toilet. About two-thirds of the residents in Khost used traditional latrines compared to only one-third in Paktika, who had the best access to traditional improved latrines. Only a small share of all households was using improved sanitation practices.
 - Nearly half of all refugees in both locations could collect drinking water within 15 minutes of their homes; however, 60 percent of refugee households in Paktika have no toilet (traditional latrine). It is recommended to request WASH cluster to work with the communities to construct latrines to minimise open defecation in Paktika.

- In terms of housing, refugees in Khost were more likely to live in tents or under plastic temporary shelters (55 percent), followed by living in a room in a relative's place (12 percent) or renting (22 percent). Refugees in Paktika have similar housing arrangements except less likely to rent a room and more likely to live in a room in shared place.
- The districts with tents as predominant shelter type are Spera, Barmal and Gulan Camp.
- 66 percent of refugees in Khost and 86 percent of refugees in Paktika have indicated a desire to stay in their current location. 95 percent of those who did not express a desire to stay, are willing to return to Pakistan

Additionally, MADERA has carried out social and economic profiling along with a market assessment:

There are many refugees that are work force aged and eager to work. Due to the unavailability of knowledge and technical skills they are not able to enter the work force.

- Refugees have been involved in profitable occupations while they were in Pakistan and upon migration to Afghanistan are unable to resume their business due to lack of tools and capital. Many of the refugees who have lower level skills and education do not want to continue their studies in school structures anymore due to the burden of livelihood problems. For them to gain a good livelihood in the long term, apprenticeships may be a more suitable option.
- Based on the survey findings, there are many refugees who have skills that have been learned from practical observation of their elders or other skilled people. In order to improve their skills and increase the efficiency of their contribution, there is a strong need for the provision of market-based skill building and vocational trainings. This would improve their skills and increase the demand for them in society thus providing them a better livelihood opportunity in the longer term.

There are many refugees based on the socio-economic survey findings that have no income and are not in a position to be trained or educated in skills. This explains why for many of them their children accompany them to work to generate some additional income and cover their expenditures. That said, the market assessment revealed that the number of labour working days have reduced over the past few years.

Protection mainstreaming efforts and achievements

UNHCR promotes safety, dignity and rights of refugees across its programmes. Staff mandatory compliance with code of conduct and complaint mechanisms for refugees, both at the camp and out of camp, are important elements of the practical protection mainstreaming. Further, refugee registration as a protection tool, allows to profile populations and identify the most vulnerable persons in order to target them for additional assistance. This prevents exclusion from

assistance and promotes serving the most vulnerable people in need. Additionally, UNHCR and its partners include host communities that have shown huge generosity in helping refugees, into its programming, to promote peaceful coexistence and build hosting capacity.

Further, UNHCR has applied the participatory approach to its programmes, which means community consultations, and providing safe space to express opinion to people of different age and gender. These participatory assessments inform UNHCR programmes and guide all the interventions, ensuring inclusion, participation, women's empowerment and identification of the most vulnerable persons.

Additionally, UNHCR carries out trainings for partners on the code of conduct and participatory approach.

Review of 2017 programming to inform 2018 planning

The Government of Afghanistan acceded to the 1951 Convention relating to the Status of Refugees and its 1967 Protocol in 2005. UNHCR continues to advocate for the enactment of a Refugee Law as a member of a taskforce comprised of the Ministry of Refugees and Repatriation (MoRR), Ministry of Foreign Affairs (MoFA), Ministry of Interior (MoI), and other government agencies, and provides technical support to enable the Government to meet its international commitments. A workshop on international refugee law and protection principles was co-facilitated on 7 November by UNHCR and MoRR in Kabul. At present, however, there is no national asylum framework to regulate issues of refugee protection in Afghanistan.

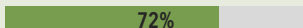
UNHCR coordinates with the Department of Refugees and Repatriation (DoRR) at provincial levels and with the MoRR at a national level, noting that the responsibility for refugee protection primarily rests with the Government of Afghanistan, as a signatory to the 1951 Convention and 1967 Protocol. Through ongoing dialogue with MoRR, as well as the MoFA and MoI, UNHCR will continue advocacy and provide technical support to develop a government registration process for asylum-seekers and training in refugee status determination (RSD), subject to passage of a national Refugee Law, to maintain and enhance the asylum space for refugees in Afghanistan.

STRATEGIC OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS & TARGETS

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


% of affected people receiving appropriate life-saving assistance within 1 month

In need: 744,250 Baseline: - Target: 558,188 Assist. <1M: 399,265  **72%**

% of health facilities with male and female staff trained on providing an appropriate response to Gender Based Violence

In Need: 60% Baseline: 292,538 Target: 60% Q4 Progress: 47%  **78%**

% of districts hosting shock affected populations where outreach protection specific services are provided

In Need: 336 Baseline: - Target: 252 Q4 Progress: 275  **109%**

% of affected population receiving Mine Risk Education


In Need: 3,688,000 Baseline: - Target: 2,240,000 Q4 Progress: 1,799,540  **80%**

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

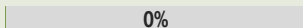
% of population in identified 'white areas' assisted to access basic and emergency health services

In Need: 2,800,000 Baseline: - Target: 1,500,000 Q4 Progress: 520,099  **35%**

Number and % of boys and girls under 5 with acute malnutrition admitted for treatment

In Need: 1,335,000 Baseline: N/A Target: 457,000 Q4 Progress: 387,754  **85%**

Prevalence of under 5 acute diarrhea among targeted underserved communities maintained below the national average of 14.5%

In Need: - Baseline: N/A Target: 15 Q4 Progress: 0%  **0%**

Number and % of women in identified 'white areas' receiving antenatal and delivery care

In Need: 36,000 Baseline: 0 Target: 21,600 Q4 Progress: 19,934  **92%**

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


% of targeted prolonged IDPs with acceptable food consumption score

In Need: 385,000 Baseline: - Target: 288,750 Q4 Progress: 0  **0%**

Reduction in percentage of targeted individuals resorting to negative food-based coping mechanisms

In Need: 1,980,000 Baseline: - Target: 1,584,000 Q4 Progress: 0  **0%**

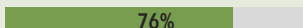
Number and % of shock affected vulnerable households supported to recover or obtain adequate shelter

In Need: 93,071 Baseline: - Target: 93,071 Q4 Progress: 60,186  **65%**

Number of vulnerable individuals receiving legal assistance / counselling / representation in regards to civil documentation and Housing, Land and Property rights

In Need: 100% Baseline: 9,000 Target: 83,000 Q4 Progress: 65,049  **78%**

Number and % of undocumented returnees provided with basic reintegration assistance

In Need: 185,100 Baseline: - Target: 142,000 Q4 Progress: 108,189  **76%**

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

% of hard-to-access districts assessed using new approaches				
In Need: 100	Baseline: -	Target: 32	Q4 Progress: 43	134%
% of IDPs in hard-to-access areas assessed and responded to				
In Need: 90,000	Baseline: -	Target: 13,500	Q4 Progress: 167,652	186%
% conflict affected districts not covered by BPHS benefiting from improved access to emergency healthcare				
In Need: 105	Baseline: 57	Target: 48	Q4 Progress: 39	81%

SECTOR OBJECTIVES, INDICATORS AND TARGETS

EDUCATION IN EMERGENCIES WORKING GROUP OBJECTIVES, INDICATORS & TARGETS

EiE WG Objective 1: Boys and girls affected by emergencies have access to continued quality education opportunities				SO2
Number of CBS/TLS established				
In Need: 30,000	Baseline: -	Target: 23,333	Q4 Progress: 2,373	10%
Number of children in need enrolled				
In Need: 900,000	Baseline: -	Target: 351,000	Q4 Progress: 180,000	51%
Number of students benefitting from teaching and learning materials				
In Need: 900,000	Baseline: -	Target: 375,000	Q4 Progress: 101,164	27%

EiE WG Objective 2: EiE/INEE/IM/coordination and planning of MoE, partners, communities and teachers at national, subnational and local levels is strengthened				SO2
Number of national & provincial EiE coordination mechanisms				
In Need: 200	Baseline: -	Target: 200	Q4 Progress: 180	90%
Number of MoE, partners trained at national and sub-national levels trained on EiE preparedness, response, planning, coordination, monitoring				
In Need: 500	Baseline: -	Target: 500	Q4 Progress: 200	40%
Number of teachers trained on EiE related methodology/pedagogy				
In Need: 20,000	Baseline: 0	Target: 887	Q4 Progress: 0	233%

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

ES&NFI Objective 1: Coordinated and timely ES-NFI response to families affected and displaced by natural disaster and armed conflict				SO1
% of assistance provided on the basis of an inter-agency household level assessment of need and vulnerability				
In Need: 557,975	Baseline: N/A	Target: 691,352	Q4 Progress: 557,975	81%
Proportion of vulnerable individuals affected receiving emergency shelter support including tent package and cash for rent				
In Need: 51,332	Baseline: N/A	Target: 27,352	Q4 Progress: 23,984	88%
Proportion of vulnerable individuals affected receiving standard NFI packages				
In Need: 650,000	Baseline: N/A	Target: 650,000	Q4 Progress: 506,808	78%

Proportion of vulnerable individuals affected provided with materials or cash to reconstruct/repair shelters

 In Need: 70,000 Baseline: N/A Target: 14,000 Q4 Progress: 27,183 **194%**

% of responses followed up with post distribution monitoring

 In Need: 557,975 Baseline: N/A Target: 273,295 Q4 Progress: 117,760 **43%**

ES&NFI Objective 2: Coordinated and timely ES-NFI response to returnees
SO1


% of assistance provided on the basis of an inter-agency household level assessment of need and vulnerability

 In Need: 253,214 Baseline: N/A Target: 215,656 Q4 Progress: 253,214 **117%**

Proportion of vulnerable individuals affected receiving emergency shelter support including tent package and cash for rent

 In Need: 115,530 Baseline: N/A Target: 69,318 Q4 Progress: 57,337 **83%**

Proportion of vulnerable individuals affected receiving standard NFI packages

 In Need: 154,040 Baseline: N/A Target: 77,020 Q4 Progress: 132,020 **171%**

Proportion of permanent shelter needs met

 In Need: 115,530 Baseline: N/A Target: 69,318 Q4 Progress: 63,857 **92%**

% of responses followed up with post distribution monitoring

 In Need: 253,214 Baseline: N/A Target: 87,510 Q4 Progress: 23,922 **27%**

ES&NFI Objective 3: Families falling into acute vulnerability due to shock are assisted with ES-NFI interventions to address humanitarian needs in the medium term
SO3


% of shock affected vulnerable individuals supported to recover or obtain adequate shelter

 In Need: 93,071 Baseline: N/A Target: 93,071 Q4 Progress: 60,186 **65%**

Number of additional services provided to vulnerable individuals in meeting their basic needs

 In Need: 1,149,612 Baseline: N/A Target: 578,689 Q4 Progress: 315,661 **55%**

% of responses followed up with post distribution monitoring

 In Need: 60,186 Baseline: N/A Target: 15,375 Q4 Progress: 3,589 **23%**
FOOD SECURITY & AGRICULTURE OBJECTIVES, INDICATORS & TARGETS

FSAC Objective 1: Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher)
SO1


Proportion of conflict IDPs, natural disaster-affected, and returnees receiving timely food assistance with appropriate transfers (food, cash, or voucher)



 In Need: 738,000 Baseline: 600,000 Target: 555,950 Q4 Progress: 805,691 **145%**



Reduction in poor Food Consumption Score (<=28) for targeted people

 In Need: NA Baseline: 15% Target: 80% Q4 Progress: 0% **0%**








Proportion of conflict IDPs, natural disaster-affected individuals, and returnees receiving emergency livelihood support (agriculture/livestock)

 In Need: 345,000 Baseline: 46,545 Target: 210,000 Q4 Progress: 132,431 **63%**

 Objective 2: Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition SO3 				
Proportion of severely food insecure, refugees and prolonged IDPs assisted on time with appropriate food transfer (in-kind, cash or voucher)				
In Need: 1,925,200	Baseline: 281,855	Target: 435,000	Q4 Progress: 791,473	182%
Reduction in percentage of severely food insecure, refugees and prolonged IDP households with poor Food Consumption Score (<=28)				
In Need: NA	Baseline: 15%	Target: 1	Q4 Progress: 0%	0%
Proportion of severely food insecure, and prolonged IDPs receiving livelihood protection support (livestock/ agriculture inputs, and livestock vaccination)				
In Need: 1,082,700	Baseline: 206,353	Target: 330,000	Q4 Progress: 251,493	76%

 FSAC Objective 3: Strengthen emergency preparedness and response capabilities of partners through development of contingency plans, timely coordinated food security assessments and capacity development especially in hard to reach areas SO3 				
Number of regional contingency plans developed and/or updated for natural disasters (flood, extreme winter, crop failure and drought) through improved capacity of FSAC partners and enhanced coordination.				
In Need: 8	Baseline: 8	Target: 6	Q4 Progress: 6	100%
Number of trainings on food security and vulnerability, assessments (SFSA, IPC analysis, pre-harvest) conducted, and number of participants trained.				
In Need: 6	Baseline: 6	Target: 6	Q4 Progress: 6	100%
Number of well-coordinated assessments/analyses (Pre-harvest Food Security Appraisal, SFSA, IPC, ad-hoc assessments) conducted				
In Need: 6	Baseline: 5	Target: 4	Q4 Progress: 4	100%

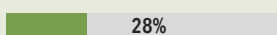
HEALTH OBJECTIVES, INDICATORS & TARGETS

 Health Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people SO1  SO2  SO4 				
# of high risk conflict affected districts with at least one first aid trauma post				
In Need: 95	Baseline: 57	Target: 48	Q4 Progress: 39	81%
Number of individuals receiving direct clinical treatment of trauma care services				
In Need: 57,000	Baseline: 57,000	Target: 45,600	Q4 Progress: 48,637	107%
# of provincial hospitals with effective trauma care services				
In Need: 28	Baseline: 10	Target: 12	Q4 Progress: 14	117%
# of provincial hospitals with mass casualty management plan and minimum response capacity				
In Need: 34	Baseline: 20	Target: 8	Q4 Progress: 9	113%
 Health Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements SO2  SO4 				
Proportion of conflict affected people in 'white areas' served by emergency PHC/ mobile services				
In Need: 2,800,000	Baseline: 1,712,565	Target: 1,500,000	Q4 Progress: 520,099	35%


of health facilities in priority districts scaled up with standard Basic Emergency Obstetric and Newborn care (BEmONC) services

In Need: 47 Baseline: 7 Target: 40 Q4 Progress: 34  85%

Proportion of children 12-23 months in 95 priority 'white area' districts covered by the measles vaccination

In Need: 15,000 Baseline: 67% Target: 12,000 Q4 Progress: 3,412  28%


Proportion of pregnant women in conflict 'white areas' receiving at least two antenatal care visits

In Need: 36,000 Baseline: 0 Target: 21,600 Q4 Progress: 19,934  92%

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

SO1  SO2 
SO3  SO4 

Proportion of outbreak alarms investigated within 48 hours from notification

In Need: 287 Baseline: 98% Target: 281 Q4 Progress: 427  152%

Proportion of people served by life-saving assistance due to public health outbreaks

In Need: 2,800,000 Baseline: 1,198,768 Target: 1,500,000 Q4 Progress: 4,000,000  267%

NUTRITION OBJECTIVES, INDICATORS & TARGETS

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

SO1  SO2 
SO3  SO4 


Number of provinces where localised nutrition SMART surveys conducted

In Need: N/A Baseline: 11 Target: 13 Q4 Progress: 10  77%

Number of provinces where coverage assessments conducted

In Need: N/A Baseline: 4 Target: 4 Q4 Progress: 3  75%

Number of locations where Rapid Nutrition Assessments for new emergencies conducted

In Need: N/A Baseline: 5 Target: 5 Q4 Progress: 500%  100%

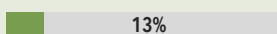
Number and proportion of provinces with operational sentinel sites (facility-based and community based)

In Need: N/A Baseline: 7 Target: 34 Q4 Progress: 34  100%

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

SO1  SO2 
SO3  SO4 


Number and proportion of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority provinces (Wardak, Paktya, Laghman)

In Need: 260,000 Baseline: - Target: 130,000 Q4 Progress: 17,204  13%

Number and proportion of severely acutely malnourished boys and girls 0-59 months admitted for treatment

In Need: 595,000 Baseline: 151,934 Target: 236,000 Q4 Progress: 224,938  95%


Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment

In Need: 740,000 Baseline: 140,604 Target: 221,000 Q4 Progress: 162,816  74%

Proportion of boys and girls aged 0-59 months discharged cured from management of severe acute malnutrition programs

In Need: 107,328 Baseline: 90% Target: 80,496 Q4 Progress: 165,315  205%

Proportion of boys and girls aged 6-59 months discharged cured from management of moderate acute malnutrition programs

In Need: 68,974 Baseline: 90% Target: 51,731 Q4 Progress: 70,275  136%

Number and proportion of acutely malnourished pregnant and lactating women admitted for treatment

In Need: 395,000 Baseline: 157,255 Target: 121,500 Q4 Progress: 157,797 **130%**

Number of emergency mobile teams established in priority provinces

In Need: N/A Baseline: 0 Target: 18 Q4 Progress: 12 **67%**

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

SO1  SO3 

Number and proportion of returnee children 6-59 months who received vitamin A supplementation

In Need: 159,200 Baseline: 17,148 Target: 38,300 Q4 Progress: 13,519 **36%**

Number and proportion of returnee children 24-59 months who received deworming tablets

In Need: 109,450 Baseline: 11,463 Target: 27,375 Q4 Progress: 10,072 **37%**

Number and proportion of returnee children 6-59 months screened for acute malnutrition and referred for treatment as needed

In Need: 15920000% Baseline: 12,153 Target: 38,300 Q4 Progress: 14,757 **39%**

Number and proportion of boys and girls aged 6-23 months at risk of acute malnutrition in priority locations who received BSFP

In Need: 69,200 Baseline: - Target: 19,600 Q4 Progress: 11,886 **61%**

Number and proportion of and pregnant and lactating women at risk of acute malnutrition in priority locations who received BSFP

In Need: 4,800 Baseline: - Target: 4,800 Q4 Progress: 2,737 **57%**

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

SO1  SO2 
SO3  SO4 

Number of staff trained on nutrition in emergencies

In Need: N/A Baseline: 26 Target: 200 Q4 Progress: 121 **61%**

Number of staff trained on cluster coordination and cluster approach

In Need: N/A Baseline: 2 Target: 150 Q4 Progress: 25 **17%**

Proportion of activities from the cluster performance monitoring action plan implemented

In Need: 100 Baseline: 0 Target: 75% Q4 Progress: 0 **0%**

PROTECTION OBJECTIVES, INDICATORS & TARGETS

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


SO1  SO2 

of affected individuals directly assisted with targeted protective assistance and services addressing acute and urgent protection needs immediately following a shock

In Need: 1,751,000 Baseline: N/A Target: 146,000 Q4 Progress: 101,278 **69%**

of individuals consulted through protection monitoring

In Need: 1,400,000 Baseline: N/A Target: 110,000 Q4 Progress: 106,912 **97%**

Protection Objective 2: Evolving protection concerns, needs, and violations are monitored, analysed, and responded to, upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations SO3 

of affected individuals directly assisted with rights-based targeted assistance and support, preventing, mitigating, and responding to evolving protection concerns following a shock

In Need: 767,000	Baseline: N/A	Target: 82,000	Q4 Progress: 90,688	<div style="width: 111%;"><div style="width: 100%;"></div></div> 111%
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of individuals profiled in areas with large numbers of returnees and prolonged or protracted internally displaced

In Need: 642,000	Baseline: N/A	Target: 133,000	Q4 Progress: 24,546	<div style="width: 18%;"><div style="width: 100%;"></div></div> 18%
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Protection Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations SO1  SO3 

of affected individuals partaking in community-based prevention and mitigation initiatives, contributing to an environment enabling effective protection responses

In Need: 2,518,000	Baseline: N/A	Target: 270,000	Q4 Progress: 101,787	<div style="width: 38%;"><div style="width: 100%;"></div></div> 38%
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of prioritised mine/ERW impacted individuals provided with Mine Risk Education

In Need: 3,688,000	Baseline: N/A	Target: 2,240,000	Q4 Progress: 1,799,540	<div style="width: 80%;"><div style="width: 100%;"></div></div> 80%
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of individuals in prioritised mine/ERW impacted communities visited by EOD teams conducting surveyance, demarcation, and spot-clearance

In Need: 1,170,000	Baseline: N/A	Target: 742,000	Q4 Progress: 320,705	<div style="width: 43%;"><div style="width: 100%;"></div></div> 43%
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WATER, SANITATION & HYGIENE OBJECTIVES, INDICATORS & TARGETS

WASH Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population SO1  SO2 
SO4 

Proportion of population in need with access to at least 15lpcd of drinking water




In Need: 2,727,500	Baseline: -	Target: 750,000	Q4 Progress: 420,002	<div style="width: 56%;"><div style="width: 100%;"></div></div> 56%
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Proportion of population in need with access to a functioning sanitation facilities

In Need: 1,680,000	Baseline: -	Target: 450,000	Q4 Progress: 235,618	<div style="width: 52%;"><div style="width: 100%;"></div></div> 52%
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Proportion of population in need with access to water and soap for handwashing

In Need: 2,727,500	Baseline: -	Target: 880,000	Q4 Progress: 726,392	<div style="width: 83%;"><div style="width: 100%;"></div></div> 83%
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WASH Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies SO1  SO2 
SO4 


Proportion of institutions in need with access to appropriate WASH facilities

In Need: 100	Baseline: -	Target: 75	Q4 Progress: 57	<div style="width: 76%;"><div style="width: 100%;"></div></div> 76%
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WASH Objective 3: Ensure timely and adequate assessment of WASH needs of the affected population SO1  SO2 
SO4 




Proportion of population in need whose WASH needs are assessed within two weeks after being affected



In Need: 2,727,500	Baseline: -	Target: 880,000	Q4 Progress: 1,115,214	<div style="width: 127%;"><div style="width: 100%;"></div></div> 127%
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 WASH Objective 4: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion				SO1 	SO2 	SO4 
Transition plan developed and endorsed by MRRD						
In Need: 1	Baseline: -	Target: 1	Q4 Progress: 0	0%		
National Cluster co-lead in place and embedded in MRRD						
In Need: 1	Baseline: -	Target: 1	Q4 Progress: 1	100%		
Number of national cluster meetings chaired by national co-lead from MRRD						
In Need: 24	Baseline: 14	Target: 28	Q4 Progress: 31	111%		

REFUGEE CHAPTER OBJECTIVES, INDICATORS & TARGETS

 Refugee Chapter Objective 1: Protection interventions provided to NWA refugees				SO1 
Proportion of NWA refugees registered				
In Need: 125,000	Baseline: 54,717	Target: 84,717	Q4 Progress: 76,451	103%
Proportion of NWA refugees provided with food per month				
In Need: 125,000	Baseline: 25,000	Target: 84,717	Q4 Progress: 21,453	32%
Proportion of vulnerable NWA refugees provided targeted assistance				
In Need: 12,500	Baseline: 2,500	Target: 2,500	Q4 Progress: 3,047	634%

 Refugee Chapter Objective 2: Essential services delivered to returnees while pursuing durable solutions				SO1 	SO3 
Proportion of refugee returnees provided with information and referrals to facilitate reintegration					
In Need: 200,000	Baseline: -	Target: 200,000	Q4 Progress: 58,817	29%	
Proportion of undocumented returnees registered					
In Need: 153,000	Baseline: 227,510	Target: 153,000	Q4 Progress: 114,947	75%	
Proportion of undocumented returnees receiving a government approved ID					
In Need: 185,100	Baseline: 29,422	Target: 185,100	Q4 Progress: 18,322	10%	
Proportion of undocumented returnees provided with post-arrival assistance					
In Need: 185,100	Baseline: 63,090	Target: 142,000	Q4 Progress: 108,189	76%	

 Refugee Chapter Objective 3: Immediate humanitarian needs for vulnerable refugee returnees, undocumented returnees, deportees are met				SO1 
Proportion of vulnerable population identified and assisted				
In Need: 71,125	Baseline: -	Target: 27,330	Q4 Progress: 54,605	200%

REPORTING ORGANISATIONS BY SECTOR

SECTOR	ORGANISATIONS	NUMBER OF PARTNERS
Education in Emergencies	NRC, ACTED, ADA, AWEC, COAR, INTERSOS, IRC, WCC, CIC, BEST, HRDA, OHW, UNICEF, PED, SCI, WCUK, CC, CCO, SCH, WADAN	20
Emergency Shelter and Non-Food Items	ACTED, AFGHANAID, CONCERN, IOM, ME, UNHCR, UNICEF, IRC, NRC, DRC, PIN, CARE, SC-USA, SI, ACF, RI, WC-UK, SC-UK, ZOA, SCI, ADA, IMC, DHSA, AIESO, CORDAID, NCRO, NRCO, APA, CA, HRDA, IR, MISSIONEAST, NCA, PUA, SCU, WSTA	36
Food Security and Agriculture	FAO, ACTED, NEI, WFP, NRC, DRC, CARE, CARITAS-G, MEDAIR, SI, ACF, COAR, SCI, RADD, PACCO, WHH, IRC, RI, NCRO, OXFAM, AIESO, FGA, ANCC, AHDA, CCO, CG, HRDA, MADERA, WVI	29
Health	SI, TDH, AHDS, HI, YHDO, UNFPA, DHSA, MRCA, EMERGENCY, HANDICAP, JOHANNITER, ORCD, PUI, SCI, SHRDO, UNICEF, WHO	17
Nutrition	AKHS, CAF, MOVE, BDN, BARAN, AHDS, AADA, MRCA, ORCD, ACTD, MOPH, MEDAIR, HEERO, OPHM, AMI, SC, SCA, SAF, IMC, OHPM, SM, HADAA, ACF, ACT ALLIANCE, AFDS, AGCD, HEPO, NCA, PUR, UNICEF, WFP, WHO, YODO	33
Protection	AAR JAPAN, ACF, ACT ALLIANCE, ACTED, AFDS, AFGHANAID, AGCD, APA, AREA, ATC, CCO, DDG, DRC, HALO TRUST, HEPO, HRDA, HRPO, IMC, INTERSOS, IOM, IRC, MADERA, MCPA, MDC, NCA, NERO, NCA, NRC, OMAR, ORCD, RINTE, SCH, TDH, THI, UNFPA, UNICEF, UNMAS, WHH, WHO, YHDO, YODO	42
Water, Sanitation and Hygiene	ACTED, DACAAR, ME, WHO, IRC, CRDSA, UNICEF, NRC, ACBAR, CARITAS, SI, AHDA, SCI, COAR, APA, ACF, WVI, ZOA, NCA, TLO, NCRO, ADA, IMC, MADERA, OHW, RI, CCO, DHSA, ICRC, INTERSOURCE, MRRD, NPO, RRAARRAA	33
Refugee Chapter	UNHCR	

ACRONYMS

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

WHAT IF?

...WE FAIL TO RESPOND

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



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

FOOD INSECURITY IS ON THE RISE



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

LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO DISEASE & DEATH



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

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



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

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



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

THREATEN THE HEALTH & DIGNITY OF THOSE MOST VULNERABLE



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

LACK OF RESPONSE LEADS TO GRAVE HUMANITARIAN CONSEQUENCES



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

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

www.humanitarianresponse.info/operations/afghanistan

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

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

DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



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

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

For information on how to make a contribution, please contact

chfafg@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



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

