



OCHA 2010

Afghanistan

2012
**Consolidated Appeal
Mid-Year Review**





ORGANIZATIONS PARTICIPATING IN THE CONSOLIDATED APPEAL

AARREC	COSV	Horn Relief	MDM	TGH
ACF	CRS	HT	MEDAIR	UMCOR
ACTED	CWS	Humedica	MENTOR	UNAIDS
ADRA	DanChurchAid	IA	MERLIN	UNDP
Africare	DDG	ILO	Muslim Aid	UNDSS
AMI-France	Diakonie Emerg.	IMC	NCA	UNEP
ARC	Aid	INTERMON	NPA	UNESCO
ASB	DRC	Internews	NRC	UNFPA
ASI	EM-DH	INTERSOS	OCHA	UN-HABITAT
AVSI	FAO	IOM	OHCHR	UNHCR
CARE	FAR	IPHD	OXFAM	UNICEF
CARITAS	FHI	IR	PA	UNIFEM
CEMIR	FinnChurchAid	IRC	PACT	UNJLC
International	FSD	IRD	PAI	UNMAS
CESVI	GAA	IRIN	Plan	UNOPS
CFA	GOAL	IRW	PMU-I	UNRWA
CHF	GTZ	Islamic Relief	Première Urgence	VIS
CHFI	GVC	JOIN	RC/Germany	WFP
CISV	Handicap	JRS	RCO	WHO
CMA	International	LWF	Samaritan's Purse	World Concern
CONCERN	HealthNet TPO	Malaria Consortium	Save the Children	World Relief
COOPI	HELP	Malteser	SECADEV	WV
CORDAID	HelpAge International	Mercy Corps	Solidarités	ZOA
	HKI	MDA	SUDO	
			TEARFUND	

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Please note that appeals are revised regularly. The latest version of this document is available on <http://unocha.org/cap/>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.

AFGHANISTAN - Reference Map



Disclaimers: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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

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

Provinces

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

- ★ National capital
- ◎ Provincial capital
- Populated place
- International boundary
- Provincial boundary



1. EXECUTIVE SUMMARY

Humanitarian needs in Afghanistan continue to mount while financial resources to respond are declining, as reflected in funding to actions coordinated in the 2012 Consolidated Appeal (CAP) and contributions to the Emergency Response Fund. Funding shortfalls are most likely to affect internally displaced people (IDPs), chronically vulnerable people coping with the consequences of the harshest winter for 15 years, victims of sudden-onset and natural disasters, and communities exposed to communicable disease.

In the first five months of 2012, a combination of factors has worsened humanitarian conditions in Afghanistan and further increased vulnerability of Afghans. While the reported security incidents for the first quarter of the year showed a 40% decrease from 2011, the number of people displaced by conflict has continued to rise. According to the United Nations High Commissioner for Refugees (UNHCR), 86,360 people were displaced by conflict between January and April, representing a 5% increase compared to the same period in 2011, and a 45% increase compared to the first four months of 2010. This increase in displacement is the highest reported for any previous four-month period in the past decade, as recorded by UNHCR.

More than a third of Afghanistan’s population has been displaced. Since 2002, 5.7 million Afghan refugees have returned, with mixed reintegration results. The current figure of about 400,000 recorded IDPs is viewed as a conservative estimate, as the collection of such information is limited by access constraints. The estimated five million documented and undocumented Afghans in

Iran and Pakistan remain a population of concern as they face possible deportation back to Afghanistan, which would significantly impact the country.

Afghan civilians continue to withstand the worst of the conflict as civilian casualties reportedly escalated in 2011. According to the United Nations Mission in Afghanistan and the Office of the High Commissioner for Human Rights, 3,021 civilian deaths were documented in 2011, an increase of 8% from 2010 (2,790 civilian deaths) and 25% from 2009 (2,412 civilian deaths). However, in the first quarter of 2012, the human rights bodies reported a positive trend in that the number of reported civilian casualties in Afghanistan over the first quarter of 2012 had decreased by 21% compared to the same period in 2011. The 2011 global report on Children and Armed Conflict released by UN Secretary General Ban Ki-Moon in June 2012 highlighted that 1,756

Consolidated Appeal for Afghanistan: Key parameters at mid-year 2012	
Duration:	June – December 2012
Key milestones in the rest of 2012:	Harvest: June - September Planting seasons: March to October Winter: November to February
Target beneficiaries:	<ul style="list-style-type: none"> • 600,000 conflict-induced IDPs • 70,000 natural disaster IDPs • 3,000,000 natural-disaster-affected general population • 15,000 projected cross-border displaced • 5.4 million estimated as conflict-affected (no access to basic services) • 162,000 projected refugee returnees • 20,000 projected conflict-induced IDP returnees. • Natural disaster IDP returnees (TBD) • Acutely vulnerable groups (for advocacy efforts)
Total funding requested:	\$448 million

children were killed or injured in 2011 due to the conflict in Afghanistan, amounting to an average of 4.8 children killed or injured per day. (1,396 children were killed or injured in 2010.)

Attacks on educational personnel are a serious concern, including the killing of five and injuring of ten Department of Education staff in Paktika Province; the burning of schools in Badakshan Province; and the alleged poisoning of several hundred female and male students in Takhar, Khost and Ghazni Provinces since the beginning of 2012. Risks for humanitarian workers also remain high: 54 incidents of direct and indirect violence on aid workers, their assets and facilities were reported in 17 provinces across the country from January to May 2012.

The 2011-2012 winter, the harshest on record over the past fifteen years in terms of temperature and severity, had a substantial impact on the poorest Afghans, including residents of informal urban settlements and those in mountainous, avalanche-prone areas of the north-east, central highlands and east. The flooding season, which began in late February and continues until July, has affected Afghans across the country—although communities already beset by drought in northern, north-eastern, and western provinces have been most severely affected. For these communities, who were only starting to recover from the 2011 drought, the flooding season has had a compounding impact on food security and livelihoods. This is particularly devastating given that more than 80% of the population relies on agriculture for their livelihood. The United Nations Office for the Coordination of Humanitarian Affairs recorded 298 natural hazard incidents from January to mid-June 2012 in 160 districts, which claimed 348 lives and damaged or destroyed an estimated 20,100 houses.

The Health Cluster and the World Health Organization (WHO) report a sharp increase in the number of measles outbreaks in the first quarter, with some areas showing a case fatality rate of 14%—three times the international emergency threshold and affecting all age groups. This, combined with an increase in pertussis outbreaks and the declaration of emergency status of polio, has underscored the need to ramp up countywide emergency interventions to improve health and vaccination coverage rates while reducing deaths from preventable diseases. Water, Sanitation, and Hygiene (WASH) Cluster partners continue to struggle with the inordinate number of non-functional water points in Afghanistan and are doubly challenged by the lack of available groundwater, despite the significant snowfall in the winter and rainfall in March. Meanwhile, the Food Security and Agriculture Cluster (FSAC) reports that joint pre-crop assessments predict the 2012 Afghanistan wheat harvest will be 'normal.' However, this does not equate to food security, as availability does not guarantee accessibility.

The five-month closure of the Pakistan border from November 2011 through March 2012 presented major access constraints and came with significant financial costs and constraints, as key supplies were denied passage while also incurring accumulated demurrages waiting in ports and other transit locations.

Despite these and other obstacles, emergency humanitarian operations continued. Education Cluster partners provided support to almost 100,000 schoolchildren through several types of activities, including temporary learning spaces for 64,800 children in 50 schools in three northern provinces, while the Ministry of Education and World Food Programme supported 28,500 schoolchildren and adults through Food for Education (non-CAP) activities. Agencies provided non-food item kits to 207,980 conflict- and natural disaster-induced IDPs and returnees as well as people affected by natural disaster. FSAC partners provided food aid to more than 1.6 million individuals, including IDPs, cross-border displaced people and communities affected by natural

disasters, while 250,000 people received cash transfers and some 100,000 benefited from agriculture interventions.

Health Cluster partners supported some 300,000 people through emergency health care services and treated around 160,000 people. Similarly, the Nutrition Cluster expanded community-based management of acute malnutrition programmes to all health centres in provinces affected by the 2011 drought. However, poor weather and limited accessibility in the programme areas of the north and north-east allowed for only 25% coverage (40,996) of the 167,641 children under five targeted for nutrition interventions. WASH Cluster interventions in the north from January through May reached 100,000 people or 7% of the targeted 1.4 million beneficiaries with safe water assistance in the country.

The Protection Cluster led the development of a Protection of Civilians Strategy, emphasizing engagement with key stakeholders from the Afghan National Security Forces and furthering dialogue with the international military forces. Following a series of emergencies in informal urban settlements and efforts by the National IDP Task Force, in March the Government agreed to update its national IDP policy in line with the Guiding Principles on Internal Displacement, and subsequently requested support from the UN Special Rapporteur on Internal Displacement. The Child Protection in Emergency Sub-Cluster established two sub-national coordination mechanisms. In part of the response not counted in the CAP, Mine Action Program of Afghanistan implementers cleared 259 communities through the clearance or cancellation of 1,348 minefields and 256 battle areas, and destroyed 25,190 anti-personnel mines, 996 anti-tank mines, 158 abandoned improvised explosive devices, and 698,693 explosive remnants of war between March 2011 and March 2012.

Looking forward, however, the humanitarian community is deeply concerned with the insufficiency of funds for emergency operations in 2012. The noted reductions in both CAP and other humanitarian funding is a major concern for future aid planning and programming, as needs are expected to increase in parallel to reductions in development resources, which already started to decrease with the scheduled departures of international military forces.

Despite a 25% reduction in the CAP from US\$582 million in 2011 to \$437 million in 2012, there has been a marked reduction in humanitarian funding so far this year.¹ The 2011 CAP was funded at 50% in June last year whereas this year's appeal stands at only 31% funded. In real terms, the reduction of actual funding levels is significant, not least as funding to non-CAP projects in 2012 also reduced. The current total humanitarian funding in Afghanistan (both CAP and non-CAP) is \$381 million compared to the 2011 total amount of \$891.5 million. The Emergency Response Fund, with a balance of \$194,580, has received no funding in 2012.

The Mid-Year Review of the 2012 Afghanistan CAP maintains the four strategic objectives identified for humanitarian action this year. However, the Humanitarian Country Team reprioritized the rankings to highlight the unmet needs of people affected by natural disasters based on the impact of the harsh winter, seasonal floods, and the continuing impact of the 2011 drought. The total required funding for the remainder of 2012 increases to \$448 million with the CAP mid-year review. The strategic objectives are:

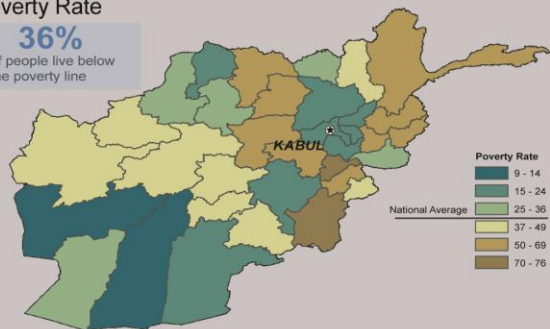
¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

- Planning for and responding to the humanitarian aid and protection needs arising from armed conflict, particularly that of the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government).
- Preparing for and responding to the protection and humanitarian needs arising from annual and seasonal natural disasters and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.
- Protection and initial return assistance to IDPs and refugee returnees.
- Advocating protection support and appropriate development interventions to acutely vulnerable populations targeted by the Millennium Development Goals, whether in rural or urban areas.

Afghanistan: Humanitarian Dashboard - June 2012

Poverty Rate

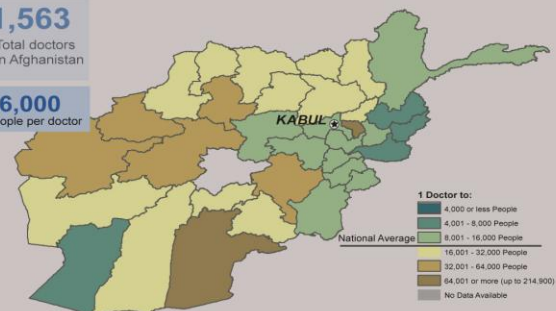
36%
of people live below the poverty line



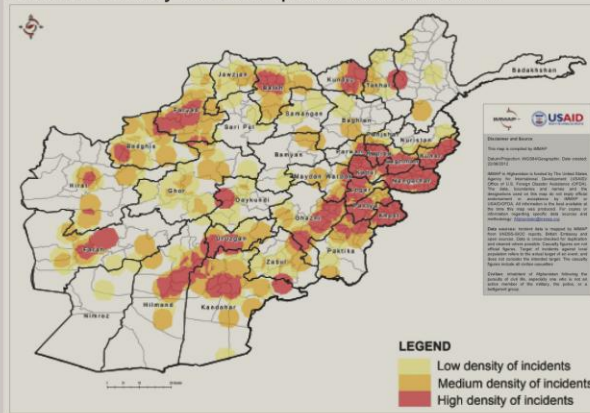
Population Served by Medical Doctors

1,563
Total doctors in Afghanistan

16,000
People per doctor



Civilian Security incidents profile (1 January to 15 June 2012)



Situation Overview

- Afghanistan is in its fourth decade of protracted conflict with continuing insecurity, intimidation, harassment, tribal conflict and cross-border shelling. More than a third of the population has experienced displacement. Conflict induced IDPs increased by 86,360 between January and April, bringing the total to 408,577 IDPs.
- Recurrent natural hazards include extreme winter conditions, avalanches, flooding, landslides, drought and earthquakes. The drought declared in July 2011, the eighth in eleven years, affected almost three million people. International support is required to help improve the Government's capacity to respond to humanitarian needs, better prepare for disasters and build the resilience of communities.
- Afghanistan is 172 out of 187 on the Human Development Index. Preserving some of the development achievements of the last decade is possible but requires prioritization of key sectors such as education, health and livelihoods.
- Humanitarian needs continue to increase as financial resources to respond decrease. Groups most vulnerable and likely to be affected by funding shortfalls include the internally displaced, returning refugees, chronically vulnerable coping with natural disasters, victims of conflict and communities exposed to communicable disease. Continuing international financial assistance must be assured to ensure that Afghanistan achieves parity with other low human development countries.

2012 Funding requirements

CAP 448 million USD 31% funded

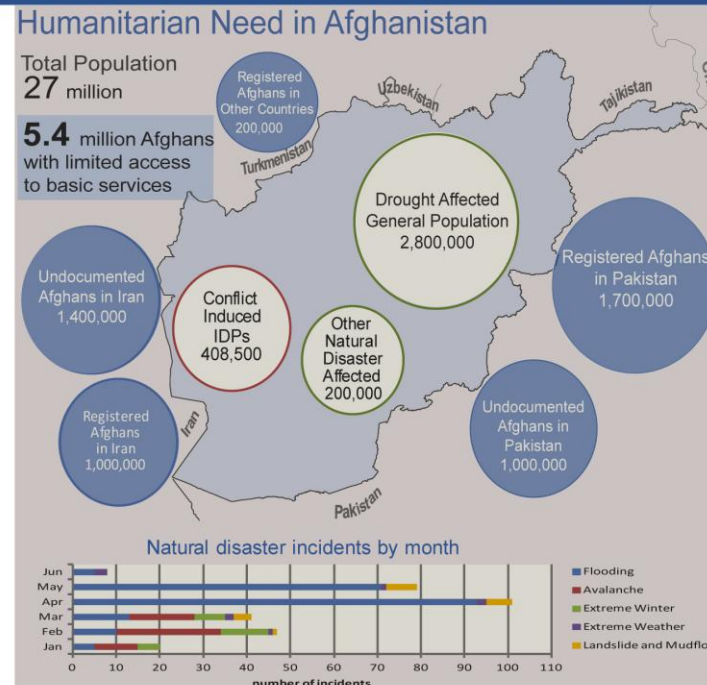
ERF 10 million USD 0% funded

non-CAP 240 million USD*

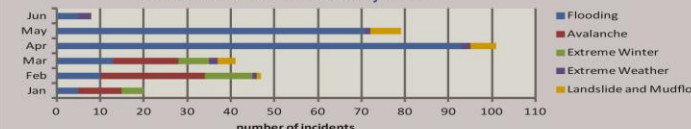
Humanitarian Need in Afghanistan

Total Population 27 million

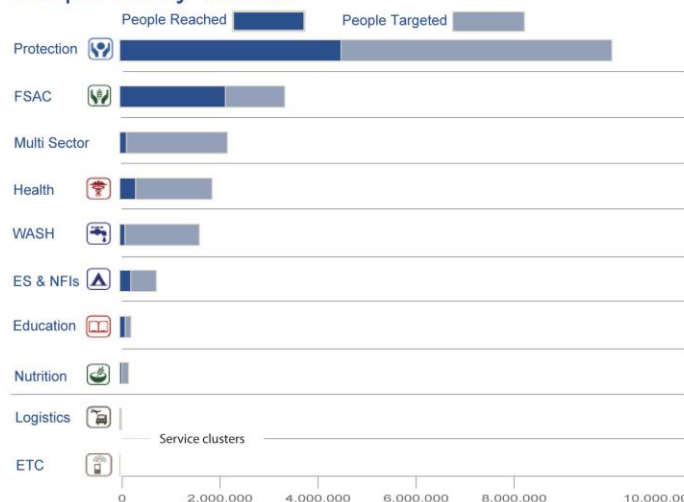
5.4 million Afghans with limited access to basic services



Natural disaster incidents by month



Response by Cluster



Cluster	No. of people		% reached (of target)	Requirement (USD)	Funding Covered
	Reached	Targeted			
Protection	4,170,150	9,267,000	45%	16,050,444	69%
FSAC	1,988,863	3,104,850	64%	114,655,653	29%
Multi Sector	126,946	2,024,050	6%	122,248,551	33%
Health	298,950	1,738,000	17%	32,857,092	5.6%
WASH	100,000	1,426,823	7%	26,426,092	43%
ES & NFIs	207,980	690,000	30%	28,080,274	35%
Education	99,114	211,130	47%	20,867,803	29%
Nutrition	40,996	167,641	24%	49,740,332	27%
Logistics	9,517	(Agencies) 160	n/a	21,970,768	41%
ETC	1,500**	6,000**	25%	200,000	0%

**Humanitarian community workforce

Additional basic humanitarian and development indicators for Afghanistan

Sector	Indicator	Most recent data	Previous data or pre-crisis baseline	Trend *
Demographics	Population	27 million (GoA, CSO, 2012-13 estimate)	26,000,000 (GoA, CSO, 2010 estimate based on 2007/8 NRVA)	↓
	GDP per capita	\$501.5 million in 2010 (The World Bank: national accounts data, and OECD National Accounts)	\$425 million in 2009 (The World Bank: national accounts data, and OECD National Accounts)	↑
Economic status	Percentage of population with income less than cost of basic necessities (target is 21% by 2020)	36% (Millennium Development Goals – Islamic republic of Afghanistan Annual Progress Report, 2010)	42% (Millennium Development Goals – Islamic republic of Afghanistan Annual Progress Report, 2008)	↑
	School attendance	Primary school attendance ratio: male 66% and female 40% in 2009; Secondary school attendance ratio: male 18% and 6% female in 2009 (The State of the World's Children 2011 UNICEF)	42% of school-age children (more than five million) out of school (MoE/UNESCO Draft Interim Plan for Fast Tract Initiative funding)	N/A
	Adult illiteracy	88% adult women illiterate, 61% adult men illiterate (MoE/UNESCO Draft Interim Plan for Fast Tract Initiative funding)	N/A	↓
Food Security and Agriculture	Food security baseline	68% of the Afghan population is affected by some form of food insecurity with 31% food-insecure and 37% borderline food-insecure (NRVA 2007/2008)	N/A	↔
	2011 cereal requirements, production and deficit	Cereal deficit in marketing year 2011/2012: 1.9 million MTs (MAIL, June 2011)	Cereal deficit in 2010, 750,000 MTs (MAIL, June 2011)	↓
Health	Maternal mortality	460/100,000 live births (UN Population Division estimates, 2010)	710/100,000 live births (UN Population Division estimates, 2005)	↑
		327/100,000 live births (Afghanistan Mortality Survey (AMS), 2010)	1,600/100,000 live births (MICS, 2003)	
	Life expectancy	Male: 47.2 years from birth. Female: 47.5 years from birth. (UN Population Division estimates, 2010)	Male: 47 years from birth. Female: 45 years from birth (PRB, 2003).	↑
	Number of health workforce (MD+nurse+midwife) per 10,000 population	55 (HMIS, 2010)	N/A	N/A
	Measles vaccination rate (Six months-15 years)	40% (MICS Survey Data, 2011) 75% (HMIS, 2011)	79% (HMIS, 2010)	↓
	Number of cases/incidence rate for selected diseases relevant to the crisis.	592/million measles incidence (HMIS, 2012 first quarter)	410/million measles incidence (HMIS, 2010)	↓

AFGHANISTAN CAP MID-YEAR REVIEW 2012

	Infant mortality rate (probability of dying between birth and first birthday/1000 live births).	136/1,000 live births (UN Population Division estimates, 2010) 77/1,000 live births (AMS, 2010)	144/1,000 live births (UN Population Division estimates, 2005) 129/1,000 live births (Afghan Health Survey, 2006)	↑
	Under-five mortality (probability of dying between birth and five years of age per 1,000 live births).	202/1,000 live births (UN Population Division estimates, 2010) 97/1,000 live births (AMS, 2010)	215/ 1,000 live births (UN Population Division estimates, 2005) 191/1,000 live births (Afghan Health Survey, 2006)	↑
Nutrition	Global acute malnutrition (GAM) rate:	18% (MICS, 2011)	9% (National Nutrition Survey, 2004)	↓
	Stunting	55% (MICS, 2011)	60% (National Nutrition Survey, 2004)	↑
WASH	Ensure Environmental Sustainability : percentage with sustainable access to improved water source.	Improved - 50% Unimproved - 40% Surface water- 10% (JMP, 2010) Improved – 55.6% (AMS, 2010)	27% (NRVA 2007/2008)	N/A
	percentage with improved sanitation	Improved - 37% Unimproved - 46% Open defecation -17% (JMP, 2010)	5% (NRVA 2007/2008)	N/A
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	Vulnerability Index (VI): 3 Crisis Index: 3 (2011-12)	Vulnerability Index (VI): 3 Crisis Index: 3 (2010-2011)	↔
	IASC Early Warning - Early Action rating	Red	Red	↔
	2010 UNDP Human Development Index score	Ranked 172 of 187 countries (UNDP, HDI, 2011)	Ranked 181 of 182 countries (UNDP, HDI, 2007)	↑

* The symbols mean: ↑ situation improved; ↓ situation worsened; ↔ situation remains more or less the same.

Table I: Requirements and Funding to Date per Cluster

Consolidated Appeal for Afghanistan 2012 as of 30 June 2012 http://fts.unocha.org

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

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
COORDINATION	15,299,289	15,181,789	3,216,396	11,965,393	21%	-
EDUCATION	18,208,484	20,867,803	6,076,733	14,791,070	29%	-
EMERGENCY SHELTER	27,626,271	28,080,274	9,978,184	18,102,090	36%	1,696,292
EMERGENCY TELE-COMMUNICATIONS	748,955	200,000	-	200,000	0%	-
FOOD SECURITY AND AGRICULTURE	123,427,218	114,655,653	33,321,929	81,333,724	29%	1,965,924
HEALTH	15,202,354	32,857,092	1,853,112	31,003,980	6%	-
LOGISTICS	21,970,768	21,970,768	8,921,775	13,048,993	41%	-
MULTI-SECTOR	122,248,551	122,248,551	40,933,755	81,314,796	33%	-
NUTRITION	50,060,806	49,740,332	13,611,289	36,129,043	27%	-
PROTECTION	16,160,651	16,050,444	11,084,658	4,965,786	69%	-
WATER, SANITATION AND HYGIENE	26,187,287	26,426,092	11,471,936	14,954,156	43%	-
CLUSTER NOT YET SPECIFIED	-	-	194,580	n/a	n/a	-
Grand Total	437,140,634	448,278,798	140,664,347	307,614,451	31%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table II: Requirements and Funding to Date per Priority Level

Consolidated Appeal for Afghanistan 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Priority	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
A. HIGH	366,800,965	384,712,646	124,260,603	260,452,043	32%	3,662,216
B. MEDIUM	68,512,968	61,496,127	16,209,164	45,286,963	26%	-
C. LOW	1,826,701	2,070,025	-	2,070,025	0%	-
NOT SPECIFIED	-	-	194,580	n/a	n/a	-
Grand Total	437,140,634	448,278,798	140,664,347	307,614,451	31%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table III: Requirements and Funding to Date per Organization

Consolidated Appeal for Afghanistan 2012 as of 30 June 2012 http://fts.unocha.org						
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AADA	366,467	366,467	-	366,467	0%	-
ACF	3,234,144	3,234,144	1,611,605	1,622,539	50%	-
ACT-Afghanistan	888,864	888,864	-	888,864	0%	-
ACTD	1,708,450	1,708,450	-	1,708,450	0%	-
ACTED	4,035,610	5,331,083	-	5,331,083	0%	-
ActionAid	830,076	830,076	-	830,076	0%	-
ADEO [Afghanistan]	200,000	513,000	-	513,000	0%	-
Afghanaid	5,799,162	2,245,799	491,206	1,754,593	22%	-
AGDO	128,506	394,507	-	394,507	0%	-
AKDN	1,125,203	1,125,203	-	1,125,203	0%	-
AMRAN	425,500	-	-	-	0%	-
ASDO	194,847	194,847	-	194,847	0%	-
CAF	342,741	342,741	-	342,741	0%	-
CARE International	2,851,836	894,979	-	894,979	0%	-
CESVI	350,000	350,000	-	350,000	0%	-
Chr. Aid	929,519	929,519	-	929,519	0%	-
Chr. Aid-UK	-	274,000	-	274,000	0%	-
CoAR	1,707,382	1,450,474	-	1,450,474	0%	-
DHSA	671,810	671,810	-	671,810	0%	-
DRC	-	345,003	-	345,003	0%	-
DWHH	986,720	1,230,044	-	1,230,044	0%	-
EDGAO	411,000	411,000	-	411,000	0%	-
EMERGENCY	3,226,680	3,226,680	187,470	3,039,210	6%	-
ERF (OCHA)	-	-	194,580	n/a	n/a	-
FAO	32,892,714	32,892,714	458,000	32,434,714	1%	-
HAPA	292,000	292,000	-	292,000	0%	-
HAWCA	228,340	228,340	-	228,340	0%	-
HealthNet TPO	590,832	590,832	-	590,832	0%	-
HSDO	652,167	652,167	-	652,167	0%	-
iMMAP	593,244	593,244	593,244	-	100%	-
IOM	19,955,339	19,955,339	14,436,038	5,519,301	72%	-
JUH	1,013,000	1,013,000	-	1,013,000	0%	-
KSRO	-	299,103	-	299,103	0%	-
LSO	197,361	197,361	-	197,361	0%	-
MEDAIR	4,008,973	4,570,655	1,829,233	2,741,422	40%	-
Mercy Malaysia	105,805	105,805	-	105,805	0%	-
MERLIN	440,063	440,063	-	440,063	0%	-
MRAA	112,770	-	-	-	0%	-
MRCA	200,900	401,800	-	401,800	0%	-
NERU	233,290	233,290	-	233,290	0%	-

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Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
NRC	11,914,356	14,007,594	10,634,353	3,373,241	76%	1,696,292
NRDOAW	575,000	575,000	-	575,000	0%	-
OCHA	11,188,198	11,188,198	1,389,368	9,798,830	12%	-
OHW	724,000	378,714	-	378,714	0%	-
ORCD	1,855,579	2,463,643	-	2,463,643	0%	-
OXFAM GB	5,978,418	5,978,418	-	5,978,418	0%	-
OXFAM Netherlands (NOVIB)	7,406,575	7,406,575	771,111	6,635,464	10%	-
PIN	4,743,228	4,743,228	499,937	4,243,291	11%	-
SC	8,162,927	6,162,995	1,532,221	4,630,774	25%	-
SHERDO	178,057	178,057	-	178,057	0%	-
SHPOUL	1,435,125	1,252,934	-	1,252,934	0%	-
SHRDO	660,234	478,642	-	478,642	0%	-
Solidarités	1,232,962	1,232,962	-	1,232,962	0%	-
SRP	137,354	137,354	-	137,354	0%	-
TEARFUND	5,017,275	1,278,407	-	1,278,407	0%	-
UNFPA	698,360	698,360	-	698,360	0%	-
UNHCR	139,569,070	139,569,070	41,912,959	97,656,111	30%	-
UNICEF	31,624,316	44,974,316	22,435,861	22,538,455	50%	-
WEDHA	189,700	189,700	-	189,700	0%	-
WFP	107,085,504	106,536,549	40,487,161	66,049,388	38%	1,965,924
WHO	4,833,081	9,423,679	1,200,000	8,223,679	13%	-
Grand Total	437,140,634	448,278,798	140,664,347	307,614,451	31%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

2.1 Changes in the Context

Afghanistan remains in a state of protracted crisis exacerbated by continuing conflict, insecurity and natural disasters coupled with weak governance systems, profound gender and social inequalities, scarce resources and chronic underdevelopment.

Key trends that have impacted humanitarian operations since the end of last year

- The 2011-2012 winter was the coldest the country has had in 15 years while severe spring flash floods occurred in the north, north-east and other pockets of the country.
- The number of measles outbreaks and cases across Afghanistan dramatically increased over the first four months of 2012, affecting all age groups, and with excessive mortality rates in some circumstances. Combined with an increase in pertussis outbreaks and the emergency status declared regarding polio, this resulted in the need to ramp up a country-wide emergency intervention to improve vaccination coverage rates and reduce morbidities and mortality due to vaccine preventable diseases.
- Cross-border shelling from Pakistan impacted communities in Kunar and Nuristan, while the impending deportation of undocumented Afghans from Pakistan remains a critical concern.
- The closure of the Pakistan border to Afghanistan in November 2011 resulted in some delays to the delivery of humanitarian supplies and assistance up through March 2012.

Continuing challenges to humanitarian aid in Afghanistan

- The number of reported conflict- and natural disaster-induced displacements and forced population movements increased during the reporting period.
- Hostilities and the resulting restrictions on the movement of humanitarian personnel continued to hamper access to vulnerable populations and timely delivery of assistance.
- Travel limitations within the country due to the rugged terrain, underdeveloped and damaged roads, and structures that have continued to deteriorate due to recurring natural disasters and lack of maintenance continue to isolate residential communities and affect their ability to access basic services and assistance.
- Government capacity remains limited, at both national and sub-national levels, impeding its ability to deliver social services and promote good governance. Similarly, community-based government structures also have limited capacity.

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January – December 2012 major events timeline for Afghanistan ²	
January	<ul style="list-style-type: none"> The Taliban sent out a statement claiming that the group had increased its “political efforts to come to mutual understanding with the world in order to solve the current ongoing situation.” The Taliban agreed to open an office in Dubai as a move toward peace talks with the US and the Afghan Government.
February	<ul style="list-style-type: none"> An airstrike on Geyaba village Kapisa Province reportedly killed seven children and one man. President Karzai strongly condemned the airstrike by ‘foreign troops.’ A Taliban spokesman confirmed that the movement’s representatives had met with U.S. officials for discussions in Qatar. At least 24 people were killed in protests about the burning of copies of the Koran at the US Bagram airbase. US officials reportedly believed Taliban prisoners were using the books to pass messages. Two American military advisors working in the Afghan Interior Ministry were shot dead in a secured area inside the Ministry.
March	<ul style="list-style-type: none"> A member of the US forces in Afghanistan was accused of killing 16 civilians in an armed rampage in the Panjwai district of Kandahar. A member of the Afghanistan Local Police (ALP) in Yahya Khel District, Paktika Province poisoned and later shot and killed nine colleagues. UN Security Council unanimously agreed to extend the United Nations Mission in Afghanistan (UNAMA) mandate (Security Council Resolution 2041/ S/RES/2041) until 23 March 2013.
April	<ul style="list-style-type: none"> Koran burning in US by a religious leader. The Taliban announced its "spring offensive" with attack on the diplomatic quarter of Kabul. The Government accused the Haqqani Network of masterminding the co-ordinated assaults. Security forces killed 38 militants and captured several others.
May	<ul style="list-style-type: none"> Geneva conference. One year anniversary of Osama Bin Laden’s death. Arsala Rahmani, a former Taliban minister and key member of the High Peace Council who was crucial in reaching out to rebel commanders, was shot dead in Kabul. The Taliban themselves denied responsibility for the killing. Chicago conference. On 13 May, President Karzai announced the third wave of provinces to enter the transition process. New French President Francois Hollande said France would withdraw its military mission from Afghanistan a year earlier than planned. About 2,000 French will leave by the end of 2012, leaving 1,300 non-combat troops for an unspecified period.
June	<ul style="list-style-type: none"> Heart of Asia regional conference in Kabul. Government of Pakistan deadline for undocumented Afghans to renew their registration cards (18 June). International meeting in Delhi on private sector investment in Afghanistan.
July	<ul style="list-style-type: none"> Tokyo conference.
August	<ul style="list-style-type: none"> Nothing substantial to report.
September	<ul style="list-style-type: none"> Nothing substantial to report.
October	<ul style="list-style-type: none"> International Security Assistance Force (ISAF) mandate (S/RES/2011) in Afghanistan up for renewal by the UN Security Council.
November	<ul style="list-style-type: none"> U.S. Presidential Elections.
December	<ul style="list-style-type: none"> Government of Pakistan deadline for registered Afghan refugees to remain in Pakistan (31 December).

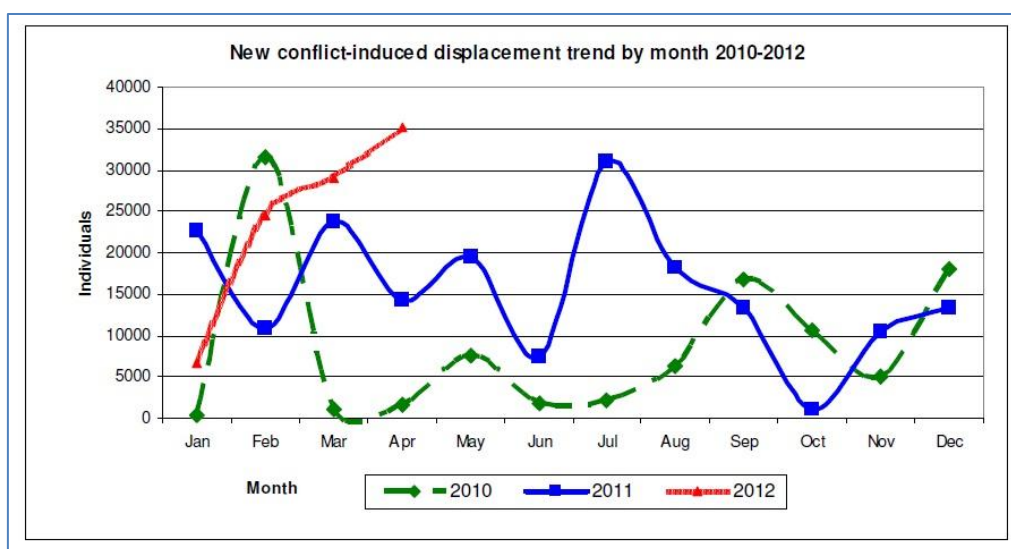
SECURITY AND CONFLICT

The opening months of 2012 have seen significant changes in the conflict dynamic, with security entities reporting a marked decrease of approximately 40% in reported security incidents in the first quarter of 2012 from the same period in 2011. This significant reduction is largely common across all actors involved, with the possible exception of the Afghan National Security Forces (ANSF) who are increasingly taking on greater responsibilities as the level of international military draws down. While it may be too early to regard this lowering of activity as a fundamental shift in strategy, there are nonetheless grounds for cautious optimism that the environment in which humanitarians operate may be more conducive to enabling humanitarian access.

² Sources for this table include BBC News, Afghanistan Profile, 29 May 2012; and other new events.

Notwithstanding the positive trends in the occurrence of security incidents outlined above, conflict-induced displacement has reportedly continued to rise in the first four months of 2012 with 86,360 people newly displaced between January and April, and over 26,250 individuals displaced in April alone.³ This represents a 5% increase as compared with the first four months in 2011, and a 45% increase as compared with the same period of 2010.⁴ Within this increase, the Province of Badghis, at 12.5%, has seen the largest number of displacements, followed by Kandahar (12%), Hilmand (11%) and Kunar (7%). Hirat, at 17%, currently hosts the largest conflict-induced IDP population in the country, followed by Nangahar (16%), Kandahar (13%), and Hilmand (13%).⁵

The reported new increase in displacement has been the highest reported for any previous four-month period in the past decade in Afghanistan. There are also indications that some displacement may arise not just from armed conflict and/or military operations, but also overall insecurity, threats, intimidation and harassment, particularly in the Provinces of Badghis, Ghor and Hirat in the west.



Source: UNHCR Afghanistan, Statistical Summary of Conflict-induced Internal Displacement, 30 April 2011

The 2011 Annual Report on the Protection of Civilians by UNAMA and the Office of the High Commissioner for Human Rights (OHCHR), released in February 2012, highlights that the impact of the armed conflict in Afghanistan incurred a greater human cost in 2011 than in previous years. The report documented 3,021 civilian deaths over the past year, an increase of 8% over 2010 (2,790 civilian deaths) and a 25% increase from 2009 (2,412 civilian deaths).⁶ By the end of May 2012, however, UNAMA and OHCHR reported a positive trend in that the number of reported civilian casualties in Afghanistan over the first quarter of the year had decreased by 21% compared to the same period in 2011.⁷ The study found that there were 579 civilian casualties and 1,216 injuries from January to April. This is the first time civilian casualty figures have dropped since agencies began compiling this data in 2007.⁸

³ UNHCR Afghanistan, Statistical Summary of Conflict-induced Internal Displacement, 30 April 2011.

⁴ UNHCR Afghanistan, May 2012.

⁵ UNHCR Afghanistan, Statistical Summary of Conflict-induced Internal Displacement, 30 April 2011.

⁶ UNAMA and OHCHR, Afghanistan Annual Report 2012, Protection of Civilians, February 2012.

⁷ UN News Center, UN reports drop in civilian casualties in Afghanistan in 2012, 30 May 2012.

⁸ <http://www.un.org/apps/news/story.asp?NewsID=42121&Cr=Afghan&Cr1=#>

⁸ Ibid.

According to a global report on Children and Armed Conflict released by the UN Secretary General, Ban Ki-Moon, in June 2012, children in Afghanistan continue to be killed and injured as a direct result of the ongoing conflict in the country and these incidents are increasing.⁹ The report notes that the number of child casualties resulting from the ongoing conflict increased in 2011, with 1,756 children killed or injured due to conflict in Afghanistan, representing an average of 4.8 children killed or injured per day, compared to 1,396 children killed or injured in 2010.¹⁰

UNAMA, OHCHR, the United Nations Children's Fund (UNICEF) and partners working in protection re-assert the imperative for all parties to the conflict in Afghanistan, including anti-government elements (AGEs) and Afghan national and international military forces, to increase their commitment and efforts to protect civilians, and to fully comply with their legal obligations to minimize loss of life and injury among civilians.¹¹

ACCESS

Risks for humanitarian personnel remained high due to hostilities related to the ongoing conflict, direct and indirect attacks on humanitarian personnel and assets, as well as the proliferation of irregular militias. From January to May 2012, 54 incidents of direct and indirect violence on humanitarian personnel, assets and facilities were reported in 17 of the country's 34 provinces.¹²

During the first half of 2012, severe winter, avalanches and flash floods constrained access and timely provision of assistance to the affected provinces in the north-eastern, northern and western areas of Afghanistan. The need to restore and rebuild physical infrastructure remains an outstanding gap that needs to be addressed.

From the last quarter of 2011 through the first quarter of 2012, the closure of the Pakistan border delayed the delivery of humanitarian goods and increased operation costs through accumulated demurrages or the additional cost of redirecting shipments. The closure, in effect from November 2011, affected supply lines into Afghanistan through the enactment of an amendment to the Pakistan Transit Trade Rule. This rule requires all shipments declared in-transit to Afghanistan to have an insurance guarantee equivalent to the value of customs duty, and taxes that would otherwise be payable on the goods if Pakistan were the final destination. Although the Pakistan Federal Bureau of Revenue issued an advisory to the Pakistan Customs Authority on 20 January 2012 to waive the insurance premium for United Nations (UN) and other humanitarian cargo, none of the 500-plus containers consigned to UN and humanitarian organizations stuck in ports at Karachi as well as on the border posts at Torkham and Chamman were released. Following extended representation with the Government of Pakistan, the containers were released beginning in mid-March.

NATURAL HAZARDS

Recurrent natural hazards in Afghanistan continue to expose the population to high levels of vulnerability and worsen community resilience. The 2011-2012 winter, the harshest on record over the past 15 years, had a substantial impact on the poorest Afghans, including residents of informal urban settlements and those in mountainous, avalanche-prone areas of the north-east, central highlands and east. Flooding, which began in February and is expected to continue through July, further affected many of the same winter-affected communities. The period from

⁹ UNICEF Statement - Deaths and injuries to children increase as a result of the ongoing conflict in Afghanistan, 13 June 2012.

¹⁰ General Assembly, Security Council, Children and Armed Conflict: The Report of the Secretary-General, 26 April 2012.

¹¹ UNAMA and OHCHR, Afghanistan Annual Report 2012, Protection of Civilians, February 2012.

¹² Access monitoring reports consolidated from field sources and mandated security agencies, June 2012.

March to May is also prone to landslides and earthquakes. This is the same period when food insecurity is at its peak after people have depleted their prepositioned winter stocks, with restocking hindered due to heavy rainfall, floods, and landslides and to some extent snow. In 2012, the most natural disaster-affected provinces were primarily in the north, with a few events requiring humanitarian intervention in the west, east and central parts of the country.

There is significant overlap in the regions affected by natural disasters in 2012 and those impacted by drought in 2011. While the affected population was recovering from the effects of drought, there was a secondary vulnerability effect from floods, landslides and erosion of productive agricultural land or crops. This is particularly devastating given that more than 80% of the population relies on agriculture as its means of livelihood. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) recorded 298 natural hazard incidents from January to mid-June 2012, spread over 160 districts, claiming 348 lives and damaging or destroying an estimated 20,100 houses.¹³

In line with Hyogo Framework Priority 5, Humanitarian Regional Teams (HRTs) and clusters produced multi-hazard contingency plans for 2012 that were activated during the floods and other conflict and natural hazards responses. Caseloads on likely scenarios will continue to be reviewed based on the evolving context in Afghanistan. In addition, while there is an approved National Disaster Management Plan that clarifies standard operating procedures (SOPs) and responsibilities, it has not yet been implemented at field level (no dissemination or sensitization, etc). However, the involvement of the Afghan National Disaster Management Authority (ANDMA) and coordination with the humanitarian community has improved over the reporting period.

POLITICAL

From January to July 2012, two key international conferences on Afghanistan took place in Geneva and Chicago, with a third planned for Tokyo in July.

- The International Conference on the Solutions Strategy for Afghan Refugees to Support Voluntary Repatriation, Sustainable Reintegration and Assistance to Host Countries in Geneva from 2 to 3 May discussed ways to help displaced Afghans inside and outside the country. Participants also discussed the reintegration of returnees in Afghanistan, capacity-building, community-based development and preserving asylum space for refugees in neighbouring countries. The meeting looked beyond political and transition timelines, urging the international community to sustain multi-year humanitarian and development support.
- The Chicago Summit from 20 to 21 May set out a strategy for concluding the transition of security responsibility to Afghan forces by the end of 2014, and delivered a strong commitment to supporting the Afghan forces after that date. Alliance leaders agreed that the North Atlantic Treaty Organization (NATO) is ready to work towards establishing, at the request of the Government of the Islamic Republic of Afghanistan (GoIRA), a new post-2014 mission in Afghanistan to train, advise and assist the Afghan forces.
- The Tokyo Conference in July will focus on the non-security elements financial commitments required for a ten-year period beginning in 2014. Participants will include governments, international organizations and other major donors.

¹³ OCHA Afghanistan, field office reports, January – June 2012; NB: The numbers of populations affected by natural hazard incidents for the same period in 2011 was not as thoroughly reported and therefore no comparative data can be provided.

Seen together, Chicago and Tokyo present vital opportunities to lock down international financial commitments to support Afghan stability post transition.

ECONOMIC

According to a World Bank report on Afghanistan “aid has underpinned much of the progress since 2001—including that in key services, infrastructure, and government administration—but it has also been linked to corruption, poor aid effectiveness, and weakened governance”.¹⁴ Moreover, a lot of aid money does not reportedly benefit the Afghan population, with substantive amounts leaving the economy through imports, expatriated profits of contractors and remittances.

The total amount of aid invested in Afghanistan is estimated at \$15.7 billion, which is about the same amount as the country’s 2012 GDP, but it is expected that the large inflows will reduce during and after the transition.¹⁵ The World Bank report concludes that, “Other countries’ experience shows that the impact of large aid reductions on economic growth may be less than expected. The main issue is how to manage this change, mitigate impacts, and put aid and spending on a more sustainable path.”¹⁶

¹⁴ Web article on World Bank Report, “TRANSITION IN AFGHANISTAN, LOOKING BEYOND 2014”, May 2012, <http://www.worldbank.org.af/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/AFGHANISTANEXTN/0,,contentMDK:23052411~menuPK:305990~pagePK:2865066~piPK:2865079~theSitePK:305985,00.html>

¹⁵ Ibid

¹⁶ Ibid

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STRATEGIC OBJECTIVES WITH POPULATION CATEGORIES AND DISAGGREGATED NUMBERS OF AFFECTED POPULATIONS

The table below provides details on population categories and the disaggregated number of affected people being targeted for humanitarian action in the 2012 CAP Mid-Year Review (MYR), as well as details on populations of concern—Afghan refugees and undocumented Afghans in Iran and Pakistan.

Strategic objectives with population categories and disaggregated number of affected people					
The total population number referenced in the 2012 Afghanistan CAP is 27 million (GoA CSO, 2012-2013 estimation).					
Strategic objectives	Category of affected people	Type of assistance in 2012	Affected population (individuals)		Data sources/comments
			Current Total	2012 Projection	
1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including that delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)	Conflict-induced IDPs	Direct assistance and protection support	408,477	150,000	<u>Current Total:</u> UNHCR Afghanistan - Statistical Summary of Internal Displacement in Afghanistan, April 2012. <u>2012 Projection:</u> UNHCR Afghanistan, 2012-2013 Planning Figures, 12 April 2012 – projected new number of displacements.
	Cross-border displacement	Direct assistance and protection support	7,000	15,000	<u>Current Total:</u> UNHCR Afghanistan, October 2011, based on the number of displacements in 2011. <u>2012 Projection:</u> UNHCR Afghanistan, October 2011, based on continued military operations and cross-border shelling from Pakistan; and further military operations in the Federally Administered Tribal Areas of Pakistan.
	Conflict-affected – no access to basic assistance.	Direct assistance and protection support	5,400,000	5,400,000	<u>2012 Projection:</u> OCHA Afghanistan, October 2011, estimated as the populations without access to basic services based on education and health service proxies of the numbers of doctors and teachers in Afghanistan.
	Conflict-affected – no humanitarian access	Direct assistance and protection support	Number not available	Number not available	Not applicable
2: Protection and initial return assistance to IDP and refugee returnees	IDP returnees – conflict-affected	Initial return assistance and protection support	0	20,000	<u>Current Total:</u> UNHCR Afghanistan, April 2012. No assisted IDP returns were recorded in the first four months of 2012. <u>2012 Projection:</u> UNHCR Afghanistan; based a likely scenario of continued conflict while the transition process of handing over security from NATO/ISAF to GoIRA is underway.
	IDP returnees – natural disaster affected	Initial return assistance and protection support	Number not available	Number not available	<u>Current Total:</u> International Organization for Migration (IOM) Afghanistan, June 2012. An estimated 90% of natural disaster-induced IDPs self-return within one month of the emergency (excluding drought-displaced, who often have other complex push factors, including conflict). Funds are currently not available for returns.

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Strategic objectives	Category of affected people	Type of assistance in 2012	Affected population (individuals)		Data sources/comments
	Assisted refugee returnees	Initial return assistance and protection support	4,600,000	162,000	<p><u>Current Total:</u> UNHCR Afghanistan, October 2011. Assisted refugee returnees over time indicate from 2002 to 2008 that 4.4 million people returned; from 2009 to 2011, there were 200,000 returnees.</p> <p><u>2012 Projection:</u> UNHCR Afghanistan, October 2011. The projection is based on past trends, the increasing number of returns from Iran and the expiration of the Proof of Registration (PoR) cards in Pakistan at the end of 2012.</p>
3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4	Natural disaster-induced displacements	Direct assistance and protection support	Number under review¹⁷	70,000	<p><u>Current Total:</u> IOM Afghanistan, June 2012. From January to May 2012, 16,786 individuals were newly displaced due to natural disaster. However, because it is also estimated that 90% of natural disaster-induced IDPs self-return within one month of the emergency, the total current number still in displacement is not known.</p> <p><u>2012 Projection:</u> IOM Afghanistan, October 2011; based on the estimated 71,000 people displaced due to natural disasters in 2011 plus an estimated 40,000 anticipated displacements due to drought.</p>
	Natural disaster-affected – general population	Direct assistance and protection support.	3,000,000	3,000,000	<p><u>Current Total and 2012 Projection:</u> Emergency Food Security Assessment (EFSA), Phase I Report, World Food Programme (WFP) and FSAC partners, 21 September 2011 – drought-affected population of 2.8 million; and IOM Afghanistan and OCHA Afghanistan, May 2012, estimates of 200,000 people affected by floods and other natural disasters over the course of the year.</p>
4: Advocate protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas	Acutely vulnerable populations targeted by the Millennium Development Goals (MDGs)	Advocacy	N/A	N/A	Target areas include those districts where development indicators and access to services at the MDG baseline or less than the national average.
TOTALS			13,415,477	8,817,000	

¹⁷ The number is under review through a monitoring process by IOM and partners, taking into consideration displacement returns.

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Populations of Concern: Afghan Refugees and Undocumented Afghans in Iran and Pakistan			
Category of affected people	Type of Assistance in 2012	Number of Affected Populations (individuals)	Comments
Registered Afghan refugees in Pakistan, Iran and elsewhere.	UNHCR and partners refugee support	3,100,000	<u>Current Total:</u> UNHCR, October 2011.
Undocumented Afghans in Iran.	IOM and partners	1,400,000	<u>Current Total:</u> IOM Afghanistan, June 2012. Among the 1.4 million undocumented Afghans who participated in the registration exercise, an estimated 600,000 will return with Exit Permits (EP) to finalize the regularization process or otherwise are to be deported, while 800,000 people in family groups are allowed to finalize the regularization process in Iran. In addition, many may decide to return voluntarily out of the Comprehensive Regularization Plan (CRP) as spontaneous returnees, without utilizing EPs. At the same time, the Iranian Government may deport the families who cannot complete the CRP process in Iran by the given deadline (20 August 2012) and EPHs who remain in Iran after the deadline.
Undocumented Afghans in Pakistan.	IOM and partners	1,000,000	<u>Current Total:</u> IOM Afghanistan, June 2012. Undocumented Afghans in Pakistan remain a population of concern to the humanitarian community, although their needs would not be addressed through this appeal as IOM Afghanistan's proposal included in the 2012 CAP to assist vulnerable undocumented Afghan refugees at the border with Iran does not cover returnees from Pakistan.
Estimate of Afghan refugee voluntary returns who have failed to reintegrate in their home communities.	UNHCR and partners refugee support.	1,840,000	<u>Current Total:</u> UNHCR Snapshot Survey 2011 indicates continued need for reintegration assistance including improved access to basic services; shelter/improving access to land tenure, livelihood and protection.
TOTALS		7,340,000	

NB: The category of people "Spontaneous returns of non-registered Afghans from Iran and Pakistan" has been removed as a Population of Concern because their numbers of affected populations are covered within the rows Undocumented Afghans in Iran and Undocumented Afghans in Pakistan

2.2 Summary of Response to Date

The Gender Marker was introduced in the Afghanistan CAP in 2012 to mainstream gender within proposal design. Overall, the scale of humanitarian challenges is tremendous for the country, in particular for girls and women who lag behind considerably on all human development indicators such as health and education. Through support from an Inter-Agency Standing Committee (IASC) Gender Capacity Advisor, the Humanitarian Country Team (HCT) will work to advance gender equality programming through evidence-based programming to include sex and age disaggregated data (SADD) in the programme cycle.

Another major challenge in Afghanistan is the capturing of timely and accurate information on internally displaced populations due to conflict and natural disaster. Throughout the first half of 2012, discussions took place amongst the humanitarian community on how to better provide improved information on the movement patterns of IDPs with the recommendation of activating a system called TRACK. This collaborative information management system will be an effective managerial and operational tool to improve the coordinated and timely response of humanitarian and development partners. Endorsed by the United Nations Country Team and the Humanitarian Coordinator, TRACK will provide basic and agreed-upon information on: patterns of IDP movements; disaggregated population figures; places of origin/habitual residence; causes of displacement; reasons for choosing location; intentions for return/further movements; and basic needs.

To maximize its effectiveness and potential impact on the lives of IDPs, TRACK will be an interagency information management system. It will be jointly owned by UNHCR, IOM and the Government of Afghanistan, with OCHA as a primary partner and will benefit from the technical support of iMMAP and the Joint IDP Profiling Service (JIPS). TRACK will be further strengthened by coordination and data collection contributions from a range of Government bodies, UN Agencies and NGOs in-country, including the Ministry of Refugees and Repatriation (MORR), Departments of Refugees and Repatriation (DORRs), the Afghan Natural Disaster Management Authority (ANDMA), the Norwegian Refugee Council (NRC), the Danish Refugee Council (DRC), the International Rescue Committee (IRC), the International Medical Corps (IMC), WFP, and International Committee of the Red Cross (ICRC) and a wide range of national NGOs etc. The information requirements, tools and reporting content for the TRACK system, built upon the existing IDP monitoring mechanisms put in place by UNHCR and IOM, were agreed upon during an inter-agency workshop hosted by OCHA in Kabul and facilitated by the JIPS in March 2012 with expected utilization in the third quarter of the year.

COORDINATION

The aid community, through the HRTs, revised inter-agency contingency plans (IACPs) in early 2012 to prepare for and respond to humanitarian needs resulting from increasing conflict, floods, landslides and earthquakes. The HCT endorsed the use of a common Floods Rapid Assessment Form, originally developed by IOM and adapted by the Inter-Cluster Coordination Team (ICCT) for the flood season; and agreed to establish a Preparedness Sub-Working Group (SWG) in April 2012. In addition, a mock disaster simulation exercise, conducted on 28-29 May 2012, sought to enhance preparedness, response and coordination mechanisms in the event of large-scale sudden onset disasters, like an earthquake.

HCT members have also agreed to work toward a more coordinated approach to build the capacity of the ANDMA, while individual clusters have sought to provide support that is more

consistent to building the capacity of ministerial sectoral disaster management. The provision of humanitarian assistance for the first four months of the year varied from province to province, as conditions remain challenging for Afghans seeking basic services and for humanitarian personnel seeking to access those most in need of emergency aid. Access to populations and the implementation of humanitarian assistance is mainly achieved through local partners and other modalities.

In-country natural disaster preparedness and response coordination

The National Disaster Management Committee (NDMC), under the leadership of Second Vice President Khalili and supported by the ANDMA, is the supreme disaster response coordination mechanism that brings together Government ministries as well as humanitarian and development partners. This mechanism is replicated at provincial levels through Provincial Disaster Management Committees (PDMCs) that work closely with HRTs.

EDUCATION

Overall, in the first four months of the year, the Cluster has provided support to almost 100,000 schoolchildren through several types of activities. Cluster partners provided temporary learning spaces (TLCs) for 64,800 children in 50 schools in three northern provinces. Partners also partially rehabilitated 300 schools in the western province through CAP 2012 funding, which will eventually benefit more than 120,000 children and 320 teachers with safe learning, water and sanitation. Most of the funds used to date come from agency resources outside the CAP, with the exception of three projects funded within the 2012 CAP.

The Ministry of Education Emergency Support Unit (MoE-ESU), in coordination with the Cluster, the ANDMA and the INEE Secretariat, conducted Inter-Agency Network for Education in Emergencies (INEE) trainings in Bamyan, Badakshan and Uruzgan for teachers and education personnel. WFP and the MoE reached over 27,500 schoolchildren and nearly 1,000 adult beneficiaries, mainly women, through food-for-education (FFE) activities, which are part of the non-CAP cluster response. A joint UNHCR-WFP assessment included education needs for 190 returnee households (or 1,051 individuals). Meanwhile, conflict in Nazyan and Ghani Khel districts of Nangarhar continues to prevent attendance in schools. In response, UNICEF and Save the Children (SC) are providing community-based schools (CBS), orientation for teachers along with materials for about 300 children, while the NRC is providing learning opportunities in literacy and vocational skills for 100 out-of-school children (50% girls) among the evictees.

EMERGENCY SHELTER AND NON-FOOD ITEMS (NFIS)

Basic NFI kits were provided to 207,980 individuals throughout the country (49,678 conflict induced IDPs, 2,400 IDP returnees, 23,354 natural disaster-induced IDPs and 132,548 natural disaster-affected). Cluster members agreed on a standardized minimum NFI family pack in order to ensure equal treatment of all beneficiaries including those with chronic vulnerabilities. In addition, NFI kits were pre-positioned in the regions to enable quick response whenever needed.

Shelter assistance is being provided to 400 IDP returnee families in the southern region, with beneficiary selection ongoing. The planned response remains unchanged, although the ability to respond to needs is difficult mostly because of the low level of funding. Only 36% of the requested funding has been received at mid-year.

EMERGENCY TELECOMMUNICATIONS

The Cluster has not received funding for any of its three projects in the 2012 CAP so far; as a result, there has been no progress registered against the 2012 CAP cluster objectives. Nonetheless, the Cluster continued with coordination efforts (meetings were held each month as

scheduled), and provided awareness-raising on new technologies to all Cluster members. In addition, Cluster members proposed to replace the current tower on TV Hill with a new and standard tower that is strong and provides flexibility for technicians to tune antenna equipment for maximum signal efficiency. The Humanitarian Coordinator (HC) sent a letter to the Ministry of Communications seeking to license high-frequency frequencies or unlicensed frequencies for humanitarian agencies in country; this has been a challenge for the past ten years and the process will be complete during the second half of 2012. WFP conducted telecoms trainings for its staff in the country office and field staff who are providing telecommunication support to the Emergency Telecommunications Cluster (ETC).

FOOD SECURITY AND AGRICULTURE

FSAC partners provided food assistance to more than 1.6 million individuals, including IDPs, cross-border displaced people and populations affected by natural disasters such as the harsh winter and recent floods. In addition, more than 250,000 people received cash transfers and some 100,000 benefited from agriculture interventions. The Cluster conducted three flood preparedness workshops in the northern, western, and eastern provinces and built up a database. In addition, the Cluster developed a new assessment tool and methodology to characterize food security and define needs taking into account gender considerations. The cluster implemented the Response Analysis Framework (RAF) with a market survey in urban and rural areas of Afghanistan, while the Integrated Food Security Phase Classification (IPC) conducted trainings on food security and the IPC model. The FSAC Joint Spring Food Security Assessment will provide details on the severity of food insecurity at the household level and will inform emergency programming in the third quarter of 2012. The Famine Early Warning Systems Network (FEWS NET), the Food and Agriculture Organization of the United Nations (FAO) and WFP also implemented a pre-crop assessment in April. The Cluster has the financial means to continue operations through 2012.

HEALTH

Health Cluster members responded to natural disasters in an effective and timely manner, from the prepositioning of supplies in 70 high-risk districts to the establishment of emergency health teams in priority areas to address health impacts on thousands of remote communities. Excess mortality caused by acute respiratory infections (ARI) and measles complications was averted in areas where alternative health services have already been established (e.g. Badakhshan). To date, almost 300,000 people in need of humanitarian assistance received emergency health services, including 160,000 people who were treated by emergency medical teams.

Following flooding that damaged the Sari Pul Hospital, the Health Cluster/WHO promptly helped re-activate the capacity in the delivery ward and the operating theatre by providing one ventilator/anaesthesia machine, oxygen concentrators, suction pumps, trauma kits and other supplies. Through joint efforts, surveillance was strengthened, water sources rehabilitated, and a health awareness campaign launched. These measures prevented further outbreaks of acute watery diarrhoea (AWD) and malaria in Sari Pul flood-affected districts.

The Cluster's response to IDP needs is well below target, with only 43,000 IDPs assisted to date, as none of the CAP projects targeting IDPs have been funded. In response to an increase in the number of casualties due to conflict and natural disasters, temporary emergency health services assisted nearly 60,000 people living in areas without access to health services. Additional services are required and cluster partners are ready to increase service delivery – even in insecure areas – but their ability to respond will depend on additional funding becoming available.

LOGISTICS – UN HUMANITARIAN AIR SERVICE (UNHAS)

From January to May 2012, UNHAS transported 9,517 passengers and 34 metric tons (MT) of cargo to 12 destinations. An average of three flights per week flew to the targeted 12 destinations. In addition, the air service evacuated or relocated 14 people, including eight medical emergencies and six for insecurity reasons. During the month of May, UNHAS moved 2,255 passengers, the highest number of people transported in a month since the beginning of the year, mainly due to improved weather conditions. Out of the 9,517 passengers transported during the first quarter, 48% (4,534) comprised UN staff, 36% (3,508) non-governmental organization (NGO) staff, 15% (1,431) diplomatic missions and media, and 1% (44) others .

MULTI-SECTOR RESPONSE TO IDP AND REFUGEE RETURNEES

Forty-eight sites in 19 provinces were identified as areas eligible for reintegration projects for returning Afghan refugees. These provinces are high-return areas as well as potential areas of return taking into consideration the demographic data of refugees currently in Pakistan and Iran. Since it is not feasible to undertake interventions in all 48 sites simultaneously, a decision was made to start implementation in 12 sites in 2012. Projects for each site have been finalized, beneficiary groups and implementing partners identified, and implementation is currently at different stages depending on the region. The interventions will aim to: raise the standard of living of returnees and other community members; improve access to basic services (education, health, water, etc); increase livelihood opportunities; provide shelter; offer free legal services and improve the overall protection environment.

NUTRITION

In 2012, the main focus for the Nutrition Cluster is the expansion of community-based management of acute malnutrition (CMAM) programmes to all health centres in the 14 drought-affected provinces. So far, challenges in the implementation of this plan have included: the limited capacity of basic package of health service (BPHS) implementers; the UNICEF Project Cooperation Agreement which requires time for processing; shortages of funds for WFP-run programmes and staff; and agency turnover of BPHS implementers due to the bidding process. From January to April, an estimated 25% of the targeted 167,000 beneficiaries were admitted in the CMAM programme.

A nutrition sentinel site surveillance methodology refreshment workshop was also held to discuss challenges and achievements of the sentinel site surveillance implemented in six drought-affected provinces. More than 13,000 children under five were assessed since the beginning of the sentinel site surveillance taking into account the trend of acute malnutrition and incidence of diarrhoea. All those found to be acutely malnourished were referred to the appropriate nutrition intervention programmes and a number of responses were implemented including intensified WASH activities in areas where the incidence of diarrhoea was determined to be persistent.

PROTECTION

A Protection of Civilians (PoC) Strategy was developed with emphasis on engagement with key stakeholders from the ANSF as well as furthering the ongoing dialogue with the ISAF. The PoC working group (WG) helped the Afghan Protection Cluster (APC) develop a statement highlighting key PoC concerns during transition for the NATO Chicago Summit which was endorsed by the HCT. The PoC WG also supported the APC to develop an updated analysis of protection concerns in the country for the Security Council Expert Group on PoC (SCEG).

Following concerted action by the National IDP task force, the GoIRA initiated the National IDP policy process in March 2012. The MoRR established a National IDP Policy WG, with Secretariat support by UNHCR and involving key actors such as NRC, IOM, OCHA and the Afghan Human Rights Commission (AIHRC). This group will be expanded following a stakeholders' conference planned for July 2012. The Special Rapporteur on the Human Rights of IDPs is also expected to attend this workshop and reiterate international support for the GoIRA as it takes forward the IDP policy consultation process.

UNHCR undertook a concerted IDP profiling/data cleaning exercise in early 2012 of the conflict-induced IDP caseload in Afghanistan. This was covered by the DoRR-UNHCR IDP task forces in the region and will conclude with a final report at the end of April 2012.

Following requests by the Protection Cluster and facilitated by UNHCR, the Joint IDP Profiling Services undertook a mission to Afghanistan and facilitated the concept of the TRACK software mechanism. This system will enable all actors with their own databases on IDPs, including those tracking natural disaster IDPs and those working with conflict-induced IDPs, to jointly manage key data fields. It will also allow the MoRR to appropriately manage the data in collaboration with OCHA. Funding for the development and launch of this mechanism is still needed.

There has been a strengthening of Child Protection in Emergencies (CPiE) Cluster coordination at the sub-regional level. In the north, two regional clusters are now operational, and a third is planned. In other locations, focal points have been appointed.

The Mine Action Programme of Afghanistan (MAPA) has also been instrumental in facilitating access. It has managed to expand its area of operations by employing local labour for community-based demining teams and working closely with the local council and communities. As a result, MAPA has been able to implement clearance operations throughout Afghanistan, including in Helmand and Kandahar, areas where many other agencies have not been able to operate. In addition to the multiple benefits of demining, clearance operations have improved access to the communities and act as a confidence-building measure.

The Cluster, with the help of WHO, provided institutional support to the Ministry of Public Health (MoPH) to develop a National Gender Strategy and an Implementation Plan for the MoPH-approved Strategy.

The Housing, Land and Property (HLP) task force has finalized Guidelines on Forced Eviction outlining best practice in eviction, relocation and resettlement procedures, as per international human rights standards. Efforts will now concentrate on promoting these guidelines with relevant national government actors.

WASH

The lack of funding has limited the Cluster's efficacy. As such, the majority of needs identified remain unaddressed.

Despite significant snowfall throughout the winter and rainfall in March, a ground water monitoring report did not indicate a measured rise in the ground water table. WASH Cluster partners will continue to struggle with the large number of non-functional water points during the summer season. In May 2012, flash floods, especially in the northern provinces, led to urgent safe water needs and resulting interventions. This requires increased water points and systems rehabilitation, water quality monitoring and hygiene and sanitation education and promotion.

The planned 2012 CAP interventions need funds to ensure gender-balanced emergency water interventions, with adequate quality and quantity for drinking, cooking and hygiene purposes. Populations also need improved access to sanitation and bathing facilities during displacement that are gender and culturally responsible. In order to ensure early recovery and disaster risk reduction (DRR), WASH interventions should be accompanied with hygiene and sanitation promotion, water quality monitoring, technical standards and capacity-building, and monitoring. The Cluster will ask for global support to prepare a long-term strategic plan for the WASH cluster in Afghanistan, and to conduct needs assessments, contingency planning, and other planned interventions in 2012. Moreover, MoRRD requires support for information management and a national survey to assess the functionality of water points in rural areas.

2.3 Updated Needs Analysis

COORDINATION

Since the establishment of the cluster approach in August 2008, efforts to strengthen the efficiency and relevance of coordination (the clusters and inter-cluster mechanisms) continued in 2011-2012 at both the national and regional levels. In the second half of 2012, the HCT will undertake a review of operational coordination across the country.

At the national level, more than half of the cluster coordinators wear double-hats and are not dedicated to their cluster role due to competing responsibilities within their agencies.¹⁸ Given the heavy responsibility of the cluster coordinators, it has become standard practice in Afghanistan to have deputy cluster coordinators, co-coordinators or co-chairs, elected from among cluster members to support and backstop each cluster's leadership. NGOs are providing this key leadership position in eight clusters.

At the sub-national level, there are no independent, dedicated cluster coordinators in the eight regions of the country. The cluster coordinators, while committed to regional cluster leadership, also bear other responsibilities within their respective organizations. A review of regional level humanitarian coordination remains a primary concern in 2012 as current mechanisms operate through a number of means that include HRTs, clusters and technical WGs. For further details, see the following table on Humanitarian Coordination Mechanisms in Afghanistan.

¹⁸ The Operational Guidance, Generic Terms of Reference for Cluster Coordinators at the Country Level, (September 2010) states that: It is preferable to appoint a dedicated, full-time cluster coordinator with no other program responsibilities, which also helps to avoid any perceptions (real or perceived) of agency bias.

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Humanitarian Coordination Mechanism in Afghanistan

Coverage	Lead Agencies	National	Central Highlands	Central	East	North East	North	South East	South	West
HCT	HC	■								
Inter-Cluster/HRT	OCHA	■ i	■	■	■	■	■	■	■	■
IDP Task Force	UNHCR & MoRR	■	○		○	○	■	■	■	■
KIS Task Force	OCHA			○						
Education	UNICEF & Save	■ Save			■	○	■			■
ES/NFI	UNHCR & IOM	■ i	■		■		■	■		■
Early Recovery	UNDP	■ ACTED								
Emergency Telecoms	WFP	■								
FSAC	WFP & FAO	■ i AfghanAid				■	■			■
Health	WHO	■ i	○	○	■	○	○	○	■	○
Nutrition	UNICEF	■ i MI		○	■	○	■	■		■
WASH	UNICEF	■ i Oxfam GB	■	■	■	■	■	■	●	■
Protection	UNHCR	■ i NRC	■	■	■	■	■	■	○	■
GBV	UNFPA	■ Oxfam GB			○		○			●
Child Protection	UNICEF	■ CFA		○	○				○	■
Housing, Land and Property Task Force	UNHCR	■ NRC	●		○		●			

(HCT) Humanitarian Country Team, (HC) Humanitarian Coordinator, (HRT) Humanitarian Regional Team, (IDP) Internally Displaced Person, (KIS) Kabul Informal Settlements, (GBV) Gender Based Violence (MI) Micronutrient International, (CFA) Child Fund Afghanistan

Legend

- Independent dedicated cluster coordinator
- Cluster, no dedicated independent capacity
- Working Group
- Focal Point
- i Dedicated information management officer
- i Information management provided by lead agencies

A focal point means a designated agency volunteers to tie in the information from different partners and networks/working groups they already attend.

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Humanitarian Coordination Mechanism in Afghanistan

Coverage	Lead Agencies	National	Central Highlands	Central	East	North East	North	South East	South	West
InterCluster/HRT	OCHA	☑	☑	☑	☑	☑	☑	☑	☑	☑
IDP Task Force	UNHCR & MoRR	☑	○		○	○	☑	☑	☑	☑
KIS Task Force	OCHA			○						
Education	UNICEF & Save	☑ Save			☑	○	☑			☑
ES/NFI	UNHCR & IOM	☑ i	☑		☑		☑	☑		☑
Early Recovery	UNDP	☑ ACTED								
Emergency Telcoms	WFP	☑								
FSAC	WFP & FAO	☑ i AfghanAid				☑	☑			☑
Health	WHO	☑ i	○	○	☑	○	○	○	☑	○
Nutrition	UNICEF	☑ i MI		○	☑	○	☑	☑		☑
WASH	UNICEF	☑ i Oxfam GB	☑	☑	☑	○	☑	☑		☑
Protection	UNHCR	☑ i NRC	☑	☑	☑	○	☑	☑	○	☑
GBV	UNFPA	☑ Oxfam GB			○					
Child Protection	UNICEF	☑ CF Intl		○	○				○	☑

(HRT) Humanitarian Regional Team, (IDP) Internally Displaced Person, (KIS) Kabul Informal Settlements Task Force, (GBV) Gender Based Violence (MI) Micronutrient International, (CF Intl) Child Fund International

Legend

- ☑ Independent dedicated cluster coordinator
- ☑ Cluster, no dedicated independent capacity
- Working Group
- i Dedicated information management officer
- ii Information management provided by lead agencies

EDUCATION

The most urgent needs for education remain in line with the 2012 CAP analysis, which highlights conflict, natural disasters and infrastructure as primary challenges. Incidents in the first quarter included attacks on education personnel, including the killing of five and injuring of ten Department of Education (DoE) staff in Paktika Province on 8 May. Schools were burnt in Baharak District, Badakhshan Province on 6 June, and more than 700 students were allegedly poisoned in seven incidents in Takhar Province. In May, nearly 400 boys were reportedly poisoned in Ismail Khan Mandokhil District of southeastern Khost Province and 31 girls were reportedly poisoned at the Shirin Hazara girls' high school in Fuladi valley, Bamyan Province. Of the 36,000 students who would attend schools in southern Ghazni Province, about half have yielded to the threat from the insurgents. Natural disasters damaged or destroyed more than 24 schools, particularly the flash floods in the northern provinces. The HCT will thus need to increase advocacy with regards to threats to education by conflict, especially for girls, and on disaster risk reduction.

EMERGENCY TELECOMMUNICATIONS

The ETC projects in the CAP have been revised for the second half of the year. The projects that were related to global positioning system (GPS) integration to HF and training on Motorola tetra have been cancelled following consultation with Cluster members. Cluster members proposed and agreed to design a project for a standard tower on the TV Hill, which is a key gap and requirement to facilitate communication amongst humanitarian agencies.

FOOD SECURITY AND AGRICULTURE

A pre-crop assessment predicts that the 2012 Afghanistan wheat harvest will be "normal". However, a "normal" year does not automatically mean Afghans are food secure, as availability does not necessarily guarantee the accessibility of food for all. A household food security assessment will define areas that are more vulnerable, identify acute needs and provide information on livelihood status.

Spring floods affect rural livelihoods with loss or damage to agricultural lands, livestock and destroyed or damaged infrastructure including transportation and irrigation systems. The primary causes of food insecurity include displacement and insecurity combined with natural hazards, acute vulnerability and limited basic services.

HEALTH

Based on changes in the context and recent data, health needs of identified IDPs have emerged as a priority. Further assessment is required to identify IDP communities most in need of humanitarian assistance and to prioritize actions. For long-standing IDPs, linking relief and rehabilitation with development will be crucial.

The deterioration of health service coverage, including immunization, has been reflected by a significant increase in the number, severity and spread of disease outbreaks, requiring nationwide interventions to increase vaccination coverage rates and cover children up to ten years of age (based on the epidemiological analysis of the country).

LOGISTICS

Funding remains a challenge, resulting in the inability to purchase a third aircraft for UNHAS and the planned 20% staff reduction for June 2012.

MULTI-SECTOR RESPONSE TO IDP AND REFUGEE RETURNEES

Continuous cooperation and coordination has been maintained with development actors and UN agencies. It is vital that the Afghan refugee reintegration programme is embedded in national objectives and development plans, not only to avoid a parallel structure being created but also to promote an Afghan-led process. MoRR and all relevant ministries have agreed to mainstream the needs of returned and returning Afghans, with specific reference to the reintegration strategy in provinces of high return into NPPs.

NUTRITION

The Nutrition Cluster worked closely with the FSAC, Health and WASH Clusters through a number of mechanisms over the past year. The Nutrition Cluster Coordinator regularly participated in the food security technical team training to assist members in understanding how to interpret nutrition data, and as an active member of the IPC technical WG leading the discussion on the Nutrition Section. The IPC coordinator conducted orientation training for the Nutrition Cluster members. Both FSAC and the WASH Cluster contributed to the nutrition sentinel site refreshment workshop held from 8 to 10 May and the IPC coordinator reviewed the Hunger Scale and Coping Strategy Index (CSI) questionnaires. In addition, the Nutrition Cluster revised the Nutrition-FSAC-WASH sentinel site methodology to accommodate the FSAC indicators which are household based. The new methodology is expected to be finalized by the three clusters by mid-July.

The Nutrition and Health Clusters regularly collaborate as both clusters' members are the BPHC implementers and therefore any disaster that affects health facilities and/or staff also affects nutrition intervention programmes and the outcome of the projects.

PROTECTION

The Cluster's needs analysis remains unchanged as at the beginning of the year. However, the lack of CAP funding continues to be an issue for the functioning of the CPIE Cluster and the lack of dedicated manpower to the gender-based violence (GBV) Cluster at the national level continues to affect the cluster's coordination abilities.

Protection mainstreaming across clusters and inter-cluster linkages included a February workshop conducted by the Protection Cluster for members of the FSAC. Further workshops are planned in the latter half of 2012 along with other initiatives targeting the sub-national level. The development of 'protection networks' for information-gathering on the situation of IDPs and other conflict-affected populations is being discussed through the Health Cluster's extensive district-level presence across Afghanistan. The first such agreement has been initiated between the Protection Cluster in the western region and the WHO office in Herat.

WASH

A large part of the needs identified by the WASH Cluster in the beginning of 2012 remain unaddressed. At the end of April, the Cluster was only funded at 5% of the \$26.2 million required, whereas by the end of May, Cluster funding increased to 37% of requirements.

Despite significant snowfall last winter and the rainfall in March, no rise in the ground water table was observed due to the slow movement of ground water. A ground water monitoring report that will highlight this situation is under preparation by one of the Cluster lead partners. One of the problems that the WASH Cluster partners will continue to face is the large number of non-functional water points during the summer season. The recent flash floods in the north as well as other parts of the country have also left people in need of urgent safe water interventions and

many water points in need of rehabilitation and water quality monitoring as the floods either washed away water sources or deteriorated water quality.

As part of the 2012 CAP planned interventions, the Cluster needs support to implement emergency, gender-balanced water interventions providing an adequate quality and quantity of water (minimum 15 litres of drinking water per capita per day, according to Sphere standards) for drinking, cooking and hygiene purposes along with sanitation and hygiene education and promotion. The Cluster also needs to ensure access to improved sanitation and bathing facilities in the displacement locations during all seasons. To ensure early recovery and DRR, WASH interventions are to be accompanied with awareness-raising on better hygiene practices, water quality monitoring, application of technical standards and technical capacity-building, and promotion of operation and maintenance of WASH facilities. The Cluster will ask for global support to prepare a long-term strategic plan for the WASH cluster in Afghanistan, conduct learning needs assessments, contingency planning, and implementation of other planned interventions in 2012. MoRRD will be supported in a national survey to assess the functionality of water points in rural Afghanistan and information management.

2.4 Analysis of Funding to Date

The revised CAP is only 31% funded. This is meant to provide support to an estimated 8.8 million conflict- and natural disaster-affected Afghans in need of humanitarian assistance. Of the 37 projects funded, 19 are national and international NGO projects (which have received \$18 million altogether), while 18 are UN agency projects (and have received \$122 million). Ten of the 37 projects are 100% funded. A comparative analysis of the appeal funding from 2011 indicates a drastic reduction in humanitarian resources for Afghanistan. As of 29 May, 2011 the 2011 CAP had received triple the amount of support as the 2012 CAP, with \$342 million received, of the revised requirements of \$657 million.¹⁹ Given the 2012 appeal requirement is less than the 2011 CAP, the reduction of actual funding levels is even more pronounced.

The 2012 CAP revised requirements of \$448 million reflects a 23% reduction compared to the 2011 CAP at \$582 million. This decrease was not the result of reduced needs but rather a further definition of humanitarian priorities to adopt a “back to basics” approach for 2012 which excludes the provision of humanitarian aid to chronically vulnerable populations in favour of advocacy for development and the responsibility of the Government and development stakeholders. Of the 163 projects from 57 organizations included in the 2012 CAP, the disaggregated funding request per type of organization against the total appeal was: UN: 79%; international NGOs: 13%; and national NGOs: 8%.

The 2011 CAP had a final year-end appeal amount of \$582 million and received 73% funding, which was partly offset by the late launch of the 2011 CAP Emergency Revision on Drought in October. The Drought Appeal, while part of the broader 2011 CAP, requested \$142 million for a total of 36 projects and at the end of May 2012 had been funded at \$70 million. An additional \$3 million was provided through the Emergency Response Fund (ERF), which has received no donor funding in 2012 and has a current balance of \$194,580 for 11 NGO drought response projects. These projects run from the last quarter of 2011 to the months of June to September 2012. The end of the project cycle is linked to when harvests are due in accordance with the agricultural production calendar for the different regions in the country. Those clusters part of the Drought Appeal (Emergency Shelter and NFIs, FSAC, Health, Nutrition and WASH) need to continue tracking the Drought Appeal funding and achievements as it has an impact on humanitarian response in the country.

Afghanistan also receives substantial humanitarian financing outside the CAP. To date, donors have contributed \$240 million to non-CAP projects and programming, mainly targeting NGOs, for a current 2012 total (CAP and non-CAP) of \$381 million. During this same period in 2011, donors had provided \$145 million in non-CAP funding. Total donor contributions toward the overall 2011 response in Afghanistan was \$896 million, more than double the current total of humanitarian funding. This accounted for an additional \$472 million in aid funding outside the CAP. While the majority of these funds are from G20 humanitarian donors, even more substantial amounts of aid support directed at the GoIRA and other partners are regularly contributed from neighbouring countries (Kazakhstan, Tajikistan, Russia, India, Pakistan, Iran, United Arab Emirates, etc) that

¹⁹ The 2011 Afghanistan CAP's original requirements were \$678 million, revised downwards in February 2011 to \$657 million. At the 2011 CAP MYR, the appeal was further revised downward to \$454 million to carry out life-saving and life-sustaining projects for Afghanistan's most vulnerable populations. This figure was a 33% reduction from the original requirements of \$678 million due to the HCT's determination for mid-term review of all existing projects to further improve targeting of humanitarian action. This appeal was revised again due to additional funding required for drought response, increasing the yearend total to \$582 million.

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are not factored into this accounting. Reconciling all humanitarian contributions remains a major focus in 2012 to ensure funds appropriately target people most at-risk while avoiding duplication. The noted reduction in both CAP and other humanitarian funding is a major concern for future aid planning and programming. Needs are expected to remain constant or increase, while development resources have already started to decrease with the transition of international military forces and humanitarian commitments of troop-contributing countries (traditional western donors) from now and throughout 2013 – 2014. An additional challenge is posed by known gaps in humanitarian funding—both CAP and non-CAP—as timely reporting of funding by all parties continues to lag, making it difficult to calculate which needs are met and which remain unmet.

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CAP Funding Overview per Cluster				
10 June 2012				
Cluster	Revised Requirement	Funds Available	% Covered	Achievements and Impact of Funding Status
Cluster Not Yet Specified	0	194,580	0%	N/A
Coordination	15,181,789	3,216,396	21%	Four of seven projects received funding, with Information Management and Mine Action Programs (IMMAP) and IOM both at 100% while UNICEF received some support toward CPiE Sub-Cluster coordination and OCHA received 3%. No funding has been reported for strengthened cluster coordination, leadership and facilitation despite projects for Education, FSAC and Protection.
Education	20,867,803	6,076,733	29%	Three of 11 projects received funding (two NRC projects, one UNICEF project). The remaining programming is supported through organizations' development resources. As such, required emergency education needs, for five million students enrolled in primary education, are partially met unless supported with other non-CAP funding.
Emergency Shelter and NFIs (ES&NFIs)	28,080,274	9,978,184	36%	Five of 26 projects received funding; IOM and two NRC at 100% and two NRC projects with partial funding. While the funding has allowed for some programming, the general lack of resources is reducing partners' ability to respond to the needs of conflict- and natural disaster-induced IDPs in a timely manner. However, some organizations, such as the Afghan Red Crescent Society (ARCS), ICRC and the International Federation of Red Cross and Red Crescent Societies (IFRC), are supported with other humanitarian non-CAP funding in line with the cluster response.
ETC	200,000	0	0%	No funding received for three projects. Any programming is currently through the appealing agency country office budget and, as such, there are gaps in emergency telecommunications preparedness amongst the humanitarian community except for stand alone, independent organization programming.
FSAC	114,655,653	33,321,929	29%	Seven of 33 projects received funding (ACF, Afghanaid, FAO, Oxfam Novib, PIN, Save the Children and WFP) though none received 100% of their requirement. Some organizations are supported with other humanitarian non-CAP funding in line with the cluster response goal to protect household food security of three million people affected by natural disaster and conflict.
Health	32,857,092	1,853,112	6%	Three of 27 projects were funded for EMERGENCY, UNICEF and WHO though none received 100 % of their request. The lack and delays of funding will impact the Cluster's ability to support 1.8 million people through preparation for and response to needs. Underfunding is most prevalent in the inability to purchase emergency medical supplies and the capacity to establish emergency health services for affected communities. The WHO had helped with medical supplies from the regional stock, but the available resources will only last until August-September.

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Logistics	21,970,768	8,921,775	41%	The sector's one project from UNHAS is funded at less than 50%. This will carry their operations through September 2012. This will allow UNHAS to continue supporting the humanitarian community of 150 organizations with safe, efficient passenger air services to nine locations across Afghanistan.
Multi-Sector Response for IDP and Refugee Returnees	122,248,551	40,933,755	33%	The sector's one project from UNHCR is funded at less than half the requirement. While the agency was able to support a proportion of its programming, the gap in funding impacts the viability of comprehensive initial returns assistance packages for returning refugees (162,000 people), most-vulnerable returnees who require initial return assistance (1.8 million people), cross-border displaced (21,000 people) and asylum seekers (some 50).
Nutrition	49,740,332	13,611,289	27%	Only five of 12 projects were funded (Medair, SC, UNICEF, WFP and WHO all received less than the total requirement except UNICEF at 100%). The Cluster reports no funding gaps for severe acute malnutrition (SAM) treatment as UNICEF received adequate financing at the end of 2011 through the CAP, available for use in 2012. WFP reports a funding shortage to treat moderately malnourished children under five and pregnant women. From January to April, 40,996 acutely malnourished children and pregnant/lactating women (PLW) were admitted to the CMAM programme, of which 12,564 were SAM children under five, 11,577 children with moderate acute malnutrition (MAM) and 16,855 PLW.
Protection	16,050,444	11,084,658	69%	Four of ten projects were funded: IOM at 100%; UNHCR and UNICEF projects at less than 30%. As NGOs have received no funding, some of the Cluster's main areas of response have been greatly hindered, compromising their ability to enable the protection of civilians in the country. Furthermore, in the case of CPIE, which depended on the CAP to sustain co-ordination and response, the funding response has been minimal. The Cluster has been able to provide regular updates on conflict- and natural-disaster-related displacement and the impact of the conflict on the population; including regularly monthly updates to the HCT and advocacy with international and national military forces.
WASH	26,426,092	11,471,936	43%	Four of 23 projects were funded; two from Medair and one each from ACF and UNICEF. As a result of the gap in resources, project implementation is lagging and requires intensive fund mobilization to sufficiently prepare for and respond to emergency WASH needs of 1.5 million women, men, boys and girls affected by conflict and natural disaster.
TOTAL	448,278,798	140,664,347	31%	

3. PROGRESS TOWARDS ACHIEVING STRATEGIC OBJECTIVES AND SECTORAL TARGETS

3.1 Strategic Objectives

Below is an overview of the humanitarian community's strategic objectives and select indicators per cluster/sector from the 2012 CAP Afghanistan with their status of achievements as of 1 May 2012. The achievements noted account for humanitarian programming both within the CAP and in other outside projects and funding, as provided by the individual clusters/sectors. More details and a full accounting of all cluster/sector achievements against targets are available in section 3.2 Cluster/Sector Response Updates. There is currently no agreed Early Recovery strategy for Afghanistan and therefore no specific projects to address those needs, though some clusters seek to include components in some projects supporting their response.

The HCT has reprioritized the rankings of strategic objective 3 (preparedness for and response to natural disasters) and strategic objective 2 (initial returns assistance to IDP and refugee returnees). The implications of this re-prioritization are to highlight the unmet needs of Afghans affected by natural disaster based on the impact of the harsh winter, seasonal floods and continuing consequences of the 2011 drought that affected an estimated three million people.



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

Indicator(s)	Target	Status at Mid-Year
COORDINATION: Number of inaccessible areas opened for humanitarian operations.	Eight of eight regions	In the east, progress has been made in opening up new areas that were previously inaccessible. Of the 52 districts in the four provinces of Nangahar, Laghman, Kunar and Nuristan, 45% were previously accessible to humanitarian partners. Now, 70% of the districts are accessible. No progress has been made in opening up new areas in the rest of the country. Ten districts remain inaccessible in the west. Four out of 59 districts are accessible in the south east; seven of 57 in the south; zero of 17 in the central highlands and zero of 51 in central. Health partners maintained good access in most of the country.
COORDINATION: Number of strengthened clusters/sectors at the national level.	National level	Early Recovery Network (United Nations Development Programme/UNDP and ACTED), Education (UNICEF and SC), Emergency Telecoms (WFP), ES/NFIs (UNHCR and IOM), FSAC (FAO,WFP and Afghanaid), Health (WHO), Nutrition (UNICEF and Micronutrient Initiative/MI), Protection (UNHCR and NRC), Child Protection (CP) (UNICEF and Child Fund), GBV (United Nations Population Fund/UNFPA and OXFAM) and WASH (UNICEF and OXFAM); and Logistics (WFP) as needed. Pending identification of one national Deputy Cluster Coordinator for Health.

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COORDINATION: Number of regions and provinces with effective coordination mechanisms in place.	Eight of eight regions	Requires in-depth review of operational coordination strengthening and streamlining. central: two clusters; southeast: four clusters and three humanitarian working groups; south: two clusters and four humanitarian working groups; central highlands: three clusters and three humanitarian working groups; while north, east and west each have six to seven clusters. Cluster present in the field are: Protection, WASH, Nutrition, Health, ES/NFIs, FSAC.
COORDINATION: Standardized information management system able to inform effective programming at both national and regional levels.	National level and eight of eight regions	An Inter-Cluster Information Management Working Group was established at the national level in the fourth quarter of 2011 and meets monthly. Efforts are needed to strengthen information management at the sub-national level.
LOGISTICS – UNHAS: Number of medical evacuations done per month.	Based on need as required	Six of six
LOGISTICS – UNHAS: Number of security evacuations done per month.	Based on need as required	Ten of ten
EDUCATION: Increased access to education and retention in schools for children and youth affected by conflict.	5,039,410 school-aged children	64,800 children
EDUCATION: Provision of basic education materials to conflict-affected schools and children.	17 conflict affected provinces.	50 schools in three provinces
EDUCATION: Increased access to education and retention in school for IDP and refugee returnee children as well as youth affected by conflict.	IDP and refugee returnee school-aged children and youth	300 children with coordination from cluster partners in the western region
EDUCATION: Provision of basic education materials to IDP and refugee returnee children and youth.	IDP and refugee returnee school-aged children and youth	Teaching and learning materials to be provided for 300 children
ES/NFIs: Number of natural disaster and conflict-induced displaced people/households supported with NFI packages in displacement areas.	600,000 conflict-induced and 70,000 natural disaster-induced	73,032 conflict- and natural disaster-induced IDPs (49,678 conflict-induced IDPs and 23,354 natural disaster-induced)
ES/NFIs: Number of natural disaster affected people supported with NFI packages.	200,000	132,548 affected people
FSAC: Percentage of natural disaster- and conflict-affected annual household kilocalorie needs met from food aid by each target group.	130,000 natural disaster-affected individuals	132,548

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<p>MULTI-SECTOR RESPONSE TO IDP/REFUGEE RETURNEES: Up to 15,000 cross-border displaced receive an immediate response to their displacement.</p>	<p>15,000 immediate assistance packages provided</p>	<p>Between 01 January and 30 April 2012, a total of 39 cross-border displaced families (221 individuals) received NFIs (jerry cans: 60, plastic sheet: 30, blankets: 174, tent: 21 and kitchen set: 30) in the eastern region</p>
<p>FSAC: Percentage of households receiving food assistance; food for work (FFW), food for asset (FFA) and cash for work(CFW), cash transfers, etc.</p>	<p>2.8 million people assisted under food assistance programmes</p>	<p>1,988,863</p>
<p>HEALTH: Medicines and medical supplies to meet the needs of 280,000 people for three months are distributed to cover the health needs of conflict-affected communities.</p>	<p>280,000 conflict-affected individuals</p>	<p>Medicines and medical supplies were distributed to cover the health needs of 80,000 conflict-affected people for three months. Medicines and medical supplies for conducting 300 major surgical interventions (war related) were distributed</p>
<p>HEALTH: At least eight temporary trauma first aid posts and stabilization centres established in conflict active areas not covered by BPHS.</p>	<p>200,000 highly vulnerable communities in conflict areas in Hilmand, Zabul, Maidan, Wardak and Kandahar</p>	<p>Eight temporary health centres (including three trauma first aid centres) operating and supported by the cluster in Zabul, Helmand, Maidan and Kandahar. 60,000 conflict-affected people directly supported through provision of health services and an additional 20,000 by provision of medicines.</p>
<p>NUTRITION: Number of children and PLW admitted to receive proper treatment.</p>	<p>167,641 children under five and 90,781 PLW</p>	<p>From January to April, 40,996 beneficiaries were admitted in the CMAM programme, of which 12,564 were SAM under-five children, 11, 577 were MAM under-five children and 16,855 PLW</p>
<p>NUTRITION: Programme performance using Sphere Standard Indicators: (i)percentage cure; (ii)percentage default; and (iii)percentage death.</p>	<p>Sphere Standard Indicators (i)percentage cure:>80%. (ii)percentage default:<15%. (ii)percentage death:<10% for outpatient therapeutic programme (OTP) and <3% for supplementary feeding programme (SFP)</p>	<p>Programme performance – in line with Sphere Standard, overall cure rate was 90%; death rate <1% and defaulter rate <6%</p>
<p>PROTECTION: Number of children that received coordinated CPiE services through CPiE referral systems.</p>	<p>Conflict- and natural disaster-affected children</p>	<p>Preparation for capacity-building and CP assessment is ongoing. Capacity-building activity is expected to start at the beginning of July. Mapping of CPiE services in ongoing. Psychosocial services identified as immediate needs. However, lack of capacity and service providers remains a challenge. CPiE Sub-Cluster facilitating coordinated psychosocial services with MoPH and Psychosocial agencies. CPiE Sub-Cluster has facilitated country consultations (four local and one national) of draft Minimum Standards for Child Protection in Humanitarian Response in Afghanistan.</p>

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PROTECTION: Number of regions with GBV referral systems in place.	Conflict- and natural disaster-affected population	An assessment of GBV services and actors was conducted in three provinces and three possible models of referral system have been developed and discussed with GBV actors. The presentation of the models will be done in July-August and implementation will start in 2013.
PROTECTION: PoC Strategy by the Protection Cluster developed and implemented.	Humanitarian actors, donors, ISAF, ANA/ ANP	Strategy developed, implementation ongoing
PROTECTION: Number of capacity-building exercises conducted for GoIRA officials and other stakeholders on IDP issues.	GoIRA, other stakeholders involved in IDP programmes	12 IDP Protection and Response trainings conducted
PROTECTION: Percentage of successful mine clearance operations in IDP areas after referral from national/regional Protection Cluster.	Mine / explosive remnants of war (ERW)-affected areas	271 impacted communities covered (71 high - 25.5%, 129 medium - 12.8% and 71 - 8.4% low communities)
PROTECTION: Percentage of vulnerable populations covered / reached with MRE activities.	Mine / ERW- affected communities	162,106 children received MRE through community-based MRE programmes. 25 MRE and victim assistance TV spots were broadcast through Tolo and national TV stations. 54 MRE/victim assistance radio spots were broadcasted through Arman FM, and national radio stations in Dari and Pashto.
WASH: The number of beneficiaries reached through safe water interventions.	200,000 individuals	Approximately 24,000
WASH: The number of beneficiaries reached through emergency hygiene and sanitation promotion programs.	200,000 individuals (50,000 are displaced populations in the case of camps)	Approximately 12,000

2

Protection and initial return assistance to IDP and refugee returnees

Indicator(s)	Target	Status at Mid Year
ES/NFIs: Number of refugee returnees and IDPs provided with initial return assistance.	600,000 conflict- and 70,000 natural disaster-induced IDPs and 162,000 refugee returnees	TBD
PROTECTION: Percentage of successful mine clearance operations in return areas after referral from national/regional Protection Cluster.	Mine / ERW-affected areas	0.1%
FSAC: Percentage of households with improved agricultural productivity	500,000 farming households assisted with agricultural inputs	294,889
FSAC: Percentage of household livestock receiving animal health	600,000 households supported for livestock interventions	294,889
MULTI-SECTOR RESPONSE TO IDP/REFUGEE RETURNES: 162,000 will be registered in voluntary repatriation centres, receive a voluntary repatriation support grant and be provided with social, legal and de-mining counselling.	Up to 20,000 returning refugee families will be provided with shelter	A total of 2,120 shelter units (benefiting 2,120 returning refugee families) or 10% of the total target for the year are planned to be implemented in 12 reintegration sites located in Kabul, Bamyán, Kandahar, Balkh, Kunduz, Faryab, Herat, Farah, Nangarhar and Paktya provinces. Work on the planned shelters is ongoing.
MULTI-SECTOR RESPONSE TO IDP/REFUGEE RETURNES: Initial return assistance is provided to returning refugees, including household assistance, including to the most vulnerable households (shelter, livelihood) and to returnee communities (water, access to health and education)	Up to 150,000 returnees and families in return villages will have access to water	A total of 144 water points are planned to be implemented in 12 reintegration sites. These water points will benefit returnee families and local communities.
	Number of returning Afghan refugees received repatriation cash grant upon return at five encashment centres	Between 01 January and 30 April 2012, a total of 11,608 Afghan refugee returnees (2,107 families) were provided with a repatriation cash grant (approximately \$150 per person; between \$20 - \$46 for transport and \$117 for short-term assistance) upon arrival at the UNHCR five encashment centres located in Kabul, Nangarhar, Kandahar, Paktya and Herat provinces. In addition, all returning refugees have received briefings on mine awareness and education procedures in Afghanistan. They also received basic health services; all children under five have received polio and measles vaccinations.
	Initial limited livelihood support will be provided for up to 60,000 families	A total of 16 income generation and 32 CFW projects are planned to be implemented in the 12 reintegration sites
WASH: The number of beneficiaries reached with emergency safe drinking water interventions along with hygiene and sanitation promotion.	212,839 individuals (IDP and refugee initial returnees)	Approximately 19,000 safe water beneficiaries and 12,000 hygiene and sanitation promotion beneficiaries

3

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

Indicator(s)	Target	Status at Mid Year
COORDINATION: Quarterly review of contingency plans done; and contingency plans developed/ updated according to the evolving context.	National level and eight of eight regions	national contingency plan in 2012, though an HCT Preparedness SWG was established in March to improve inter-agency preparedness issues. In March 2012, the HRTs updated inter-agency contingency plans for conflict, floods, landslides, earthquakes and other hazards in the region.
COORDINATION: Number of regions with pre-positioned stocks for emergency operations.	Eight of eight regions	As reflected in their HRT IACPs, regions pre-positioned stocks for emergency response; operational and supervision challenges were noted in areas difficult to access (refer to Strategic Objective 1 on newly accessible areas per regions).
COORDINATION: Number of disaster incidents responded to within 48 hours against the total number per region..	National level and eight of eight regions	Southeast: seven of nine; central highlands: nine of 18; central: eight of 13; east: 12 of 14; south: three of eight; and in the west: one of 56 natural disaster incidents received assistance within 48 hours. In 50% of the cases, assessments were able to reach and confirm the needs of the incidents within 48 hours but with aid mobilized later. Response times were better following natural disasters than conflict; DoRR often receives information on displacement months after the actual incident. No assessment or response to conflict IDPs takes place within 48 hours given the nature of the context and security implications.
COORDINATION: Well-coordinated natural disaster-related information and response with ANDMA, other government actors and other clusters.	Clusters and IDP task force at national and regional level, ANDMA and other government actors	Ongoing at national level and in eight of eight regions
EDUCATION: percentage of schools with preparedness plans for humanitarians to respond to annual and seasonal natural disasters.	12,421 schools	TBA
FSAC: Number of agencies/ government bodies at a national and regional level participating in preparedness planning process.	FSAC emergency preparedness plan developed and tested to feed into national preparedness planning	Process ongoing has been completed in three of eight regions
HEALTH: 90% of outbreak alerts investigated and response initiated within 48 hours.	90% of outbreak alerts are responded to within 48 hours from notification	133 outbreaks investigated and responded to. 30% of them needed Health Cluster support for the response; 92% investigated and responded within 48 hours from notification

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Indicator(s)	Target	Status at Mid Year
WASH: The number of beneficiaries reached with emergency safe water interventions.	1,123,479 individuals comprising natural disaster-affected populations, natural disaster-induced IDPs and acutely vulnerable populations	Approximately 57,000 (reported)
WASH: The number of beneficiaries reached through hygiene and sanitation promotion.	1,123,479 individuals comprising natural disaster-affected populations, natural disaster-induced IDPs and acutely vulnerable populations	Approximately 51,000
WASH: Water sources/quality monitored, tested and disinfected.	Target: 3,000 sources benefiting 20,000 people	Approximately 200 water sources benefitting 1,300 people

4

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

Indicator(s)	Target	Status at Mid Year
COORDINATION: Number of chronically vulnerable people achieving self-sufficiency and regularly accessing public services.	Chronically vulnerable individuals in rural and urban areas	See the MDGs, Afghanistan Annual Progress Report for 2010
HEALTH: Strategy and implementation of sustainable solutions for access to essential health care in the Kabul informal settlements (KIS) and for other vulnerable groups.	KIS	Health Strategy for KIS aiming at integration into BPHS agreed by relevant health stakeholders and MoPH; implementation period two years; full emergency health intervention ongoing. The strategy and proposal for linking the emergency interventions through mobile health teams in Badakhshan and Zabul with development through establishment of a community based health system linked with existing BPHS are finalized
PROTECTION: Eviction guidelines endorsed and implemented.	One for national and regional level	Draft guidelines finalized. Planning being undertaken to have government consultations
PROTECTION: Relevant authorities agree on identifying potential durable solutions for families in informal settlements.	Kabul and regional informal settlements	Discussions initiated for KIS; need to roll out to the regional informal settlements
WASH: Relevant authorities agree on safe water and sanitation coverage estimates.	WASH Cluster strategic plan accounts for acutely vulnerable populations based on agreed targets	Initiation of the reconciliation process of National Risk and Vulnerability Assessment (NRVA) and multiple indicator cluster survey (MICS) survey results, and WHO/ JMP workshop
WASH: WASH Cluster members document lessons learned from the field and shared with WASH Cluster.	A consolidated document is prepared and shared with the humanitarian and development communities	Partners have been presenting on disaster risk reduction (DRR) projects and documentation of field examples has begun for preparation of a one-page guideline and good examples on DRR.

3.2 Cluster Response Updates



3.2.1 COORDINATION

Summary of updated cluster response plan

Cluster lead agency	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Cluster member organizations	ACTED, AfghanAid, FAO, IMMAP, MI, NRC, Nutrition, OCHA, Oxfam-GB, SC, TdH, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO
Number of projects	7
Cluster objectives	<ol style="list-style-type: none"> 1. To support the HC in ensuring effective coordination of the emergency response and integrated humanitarian action and protection for populations affected by conflict and natural disaster. 2. To increase advocacy for gender equity within the humanitarian response as well as needs for the acutely vulnerable. 3. To strengthen national-level and provincial capacity for emergency preparedness and response.
Funds required	Original: \$15,299,289. Revised at mid-year: \$15,181,789.
Funds required per priority level	Medium: \$15,181,789
Funding to date	\$3,216,386 (21% of requirements)
Contact information	Aidan O'Leary - oleary@un.org Jessica Bowers - bowers@un.org

The GoIRA retains overall responsibility for assistance and protection of its own citizens and for ensuring the security and safety of humanitarian personnel and their equipment. From August 2008 to date, continual attention to increasing and improving coordination has been essential, given the more than 200 agencies operating in Afghanistan, including national and international NGOs, international organizations, the International Red Cross and Red Crescent Movement²⁰, United Nations agencies and programmes, in addition to government and bilateral programmes. The Cluster leads have continued to work with all these organizations and relevant government entities, though at varying degrees of effectiveness, to ensure strategic and operational coordination with support from OCHA. Coordination with the Government is facilitated through participation in governmental coordination mechanisms and inclusion of government entities in cluster coordination structures where possible. As the humanitarian community focus on improved collaboration with development

²⁰ Among the components of the Movement, the ICRC is not taking part in the cluster approach. Nevertheless, coordination between the ICRC and the UN will continue to the extent necessary to achieve efficient operational complementarities and a strengthened response for people affected by armed conflict and other situations of violence.

partners in addressing chronic vulnerability needs in the country, efforts to strengthen coordination through the Resident Coordinator's office have been initiated.

Eight clusters and two sub-clusters are functional to varying degrees while the Early Recovery Network (ERN), which was established in 2009, is undergoing review and is yet to finalize its strategy. Six clusters and one sub-cluster have dedicated cluster coordinators as per global recommendations for impartial, non-organization-affiliated leadership. However, the other four cluster forums are led by staff who already undertake organization-specific responsibilities, thus decreasing the amount of time and effort they can provide for their cluster. Given the heavy responsibility for the cluster coordinators, it has become standard practice in Afghanistan to have deputy cluster coordinators, co-coordinators or co-chairs, elected from among cluster members to support and backstop each clusters' leadership; with eight clusters accounting NGOs for this key leadership position. Currently, five clusters (WASH, Nutrition, Health, FSAC, and Protection) have dedicated information management (IM) focal points.

The Protection and WASH Clusters are present in seven regions, while the other clusters continue to establish their regional presence based on need and existing capacities. Where clusters have no regularized presence in the region, humanitarian coordination is done through a humanitarian WG under an existing regional sector or development mechanism, a combination of two or three like clusters into one mechanism, or the HRTs. More focus is needed to support the regional coordination mechanisms to provide timely and effective humanitarian action.

A key challenge to humanitarian coordination is poor funding, with resulting gaps in human capacity to effectively support regional-level cluster mechanisms as well as dedicated cluster coordinator and deputy cluster coordinator leadership at the national level with appropriate information management support. In addition, access restrictions remain due to insecurity and environmental conditions. Of the seven projects in the Coordination Section, only three have received funding (IMMAP, IOM, OCHA and UNICEF).

In late 2011, the OCHA Information Management Unit was re-established after a one year absence; and, by January 2012, the humanitarian response website (<http://afg.humanitarianresponse.info/>) was launched. This website allows for a more efficient and effective sharing of information related to cluster and humanitarian response activities. Further to the strengthening of the OCHA Information Management Unit in the fourth quarter of 2012, an Inter-Cluster Information Management WG was re-established to support the coordination of information management activities within the clusters, NGOs and humanitarian organizations in Afghanistan.

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Table of mid-year monitoring vs. objectives

Indicators	Achieved as mid-year
<p>1. To support the HC in ensuring effective coordination of the emergency response and integrated humanitarian action and protection for populations affected by conflict and natural disaster.</p> <p>2. To increase advocacy for gender equity within the humanitarian response as well as needs for the acutely vulnerable.</p> <p>3. To strengthen national-level and provincial capacity for emergency preparedness and response.</p>	
<p>Number of humanitarian partners participating at regions.</p>	<p>Within a range of 15-20 partners in central, central highlands, south and south east to 35 in east and upwards of 60+ in north and west.</p>
<p>Number of inaccessible areas opened for humanitarian operations.</p>	<p>In the east, of the 52 districts in the four provinces of Nangahar, Laghman, Kunar and Nuristan, 45% were accessible but now 70% can be accessed by humanitarian partners. No progress has been made in opening up new areas in the rest of the country. Ten districts remain inaccessible in the west. Four out of 59 areas are accessible in the south east; seven of 57 in the south; zero of 17 in the central highlands and zero of 51 in central.</p>
<p>Number of regions with pre-positioned stocks for emergencies.</p>	<p>As reflected in their HRT IACPs, regions pre-positioned stocks for emergency response; however operational and supervision challenges were noted in areas difficult to access.</p>
<p>Provision of monthly and tri-annual reporting by the clusters/sectors to the HC; OCHA sub-offices reporting on overall humanitarian needs.</p>	<p>Clusters completed three monthly reports and one tri-annual report. OCHA sub-offices completed, on average amongst the different field locations, four monthly reports, and 16 weekly reports.</p>
<p>Number of liaison meetings with ANDMA at national and regional level to support capacity (average per month).</p>	<p>At the sub-office level, PDMC meetings are held once a month while OCHA also met at least once a month for regular meetings and several ad hoc meetings on emerging issues. At the national level, OCHA is represented at the monthly NDMC meetings and has bilateral meetings with ANDMA leadership on a weekly basis. More support is needed to build / improve ANDMA's emergency response capacity.</p>
<p>Monthly mapping of key priority hazard districts.</p>	<p>The OCHA sub-offices and HRTs mapped priority hazard districts and reviewed contingency plans throughout the year, as required. Mapping is updated monthly, seasonally or on an as-needed basis (determined per region).</p>
<p>Number of regular and ad hoc meetings held at the national level by the HCT and ICCT; and regional level by the HRTs.</p>	<p>Four of four regular HCTs and ICCTs held with one additional ad hoc meeting for each. HRTs are present for all regions except for the central highlands and southeast where Provincial Humanitarian Teams are held. Four of four required meetings took place while some additional ad hoc coordination meetings called for on-set emergencies and other meeting cancellations due to restricted movements occurred in several regions.</p>
<p>Number of follow-up actions on recommendations of the HCT, ICCT and the HRTs.</p>	<p>The HCT and ICCT continually follow up on identified actions. However, there remains a need to strengthen the timeliness and provision of feedback on meeting action points. HRT follow-up actions were dependent on the functionality of the clusters. On average, HCT, ICCT and HRT actions are 75% of the time for OCHA.</p>
<p>Number of strengthened clusters/sectors at the national level.</p>	<p>Pending identification of one national Deputy Cluster Coordinator for Health. Early Recovery Network (UNDP and ACTED), Education (UNICEF and SC), Emergency Telecoms (WFP), ES/NFIs (UNHCR and IOM), FSAC (FAO, WFP and Afghanaid), Health (WHO), Nutrition (UNICEF and MI), Protection (UNHCR and NRC), CP (UNICEF and Child Fund), GBV (UNFPA and OXFAM) and WASH (UNICEF and OXFAM); and Logistics (WFP) as needed.</p>
<p>Number of strengthened or rolled out clusters/sectors or WGs at the regional level.</p>	<p>Central: two clusters; south east: four clusters and three humanitarian WGs; south: two clusters and four humanitarian WGs; central highlands: three clusters and three humanitarian WGs; while north, east and west each have six to seven clusters. Cluster present in the field are: Protection, WASH, Nutrition, Health, ES/NFIs, FSAC.</p>
<p>Number of national and regions with IACPs.</p>	<p>No plan for national contingency plan in 2012, but an HCT Preparedness SWG was established in March to improve inter-</p>

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Indicators	Achieved as mid-year
	agency preparedness issues. In March 2012, the HRTs updated inter-agency contingency plans for conflict, floods, landslides, earthquakes and other hazards in the region.
Number of the CAP quarterly monitoring reports completed.	One quarterly report completed per cluster/sector of the CAP based on two to three identified indicators to the district level.
Inclusive CAP and MYR processes completed in accordance with agreed timelines.	2012 CAP MYR in progress. A 2012 CAP lessons learned workshop will be conducted in July while 2013 CAP preparations will be initiated in September 2012 for completion in mid- November.
4. To increase advocacy for the needs of the acutely vulnerable.	
Number of monthly and ad hoc donor meetings.	The Humanitarian Donor Group (HDG) was formed in October 2010, under the leadership of OCHA jointly with donor representatives. In 2012, the group restructured for donors only with OCHA participation on an as-requested basis.
Number of updated regional “who does what where” documents (3Ws).	3Ws were updated at the end of the first quarter and at mid-year for all eight regions.
Number of disaster incidents responded to within 48 hours against the total number (per region).	Southeast: seven of nine; central highlands: nine of 18; central: eight of 13; east: 12 of 14; south: three of eight; and in the west: one out of 56 natural disaster incidents received assistance within 48 hours. In 50% of the cases, assessments were able to reach and confirm the needs of the incidents within 48 hours but with aid mobilized later. Response times were better for natural disasters than for conflict; DoRR often receives information on displacement after months of the actual incident. No assessment or response to conflict IDPs takes place within 48 hours.
Number of disaster-prone areas mapped against the total number.	Southeast: 21 of 63 mapped; central highlands: all complete; central: eight of 51 mapped; east: all complete; south: 29 natural disaster areas and 35 conflict areas mapped in 31 districts; west: 25 districts out of 42 at risk of flooding, with 343 specific locations identified.
Percentage of chronic vulnerability needs of vulnerable populations addressed by development thematic practice areas and sectors.	Most regions focused reporting period on preparedness and response. Data not available but work ongoing, as chronic vulnerability needs mapping at regional and provincial level incomplete in most areas except for east (three of ten areas mapped).
Commitment from development actors to integrate programmes that address chronic vulnerability needs into all relevant development programmes for long-term sustainability.	Commitment varies by region. Donors in some areas focused on region – coordination fora to facilitate links between disaster risk areas and long-term development focus between actors is at the Provincial Development Committee (PDC) level, most notably in the west.

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Map of cluster needs and coverage per location

SITE / AREA	ORGANIZATIONS
Countrywide	ACTED, AfghanAid, FAO, IMMAP, IOM, MI, NRC, Nutrition, OCHA, Oxfam-GB, SC, TdH, UNDP, UNHCR, UNICEF, WFP, WHO. Observers: ARCS, ICRC, IFRC, MSF.
Central Highlands	AAA, AADA, AKF, ARZU, BEST/GWO, CARE, CAWC, CoAR, DASH, DHSA, EAC, GP, Helvetas, HI, HSSP, ICMA, ICRC, IFRC, IOM, IRD, KACSO, KOR, NCA/GWO, NPO, OXFAM, SCA, SHOHADA, UNESCO-Japan, UNESCO/LIFE, UNICEF, WFO, WFP, WHO. Observers: ARCS, ICRC, IFRC.
Central Region	AAA, ABR, ADA, AFRANE, AKF, AOAD, ARZU, ASAP, ASHIANA, AWC, AWRC, AWSDC, BEST/GWO, BRAC, CARE, CHA, CoAR, DACAAR, DAI, DASH, DHSA, EAC, ERVE, FAO, FEWSNET, GP, Helvetas, HI, HLP, HSSP, IBNSINA, ICMA, IOM, IWAO, JEN, KKACSO, KOR, MADERA, MEDAIR, MI, MMRC-A, NAC, NCA/GWO, NGAO, NPO, OXFAM, PHO, RCDC, RDP, RET, ROP, SAB, SCA, SHOHADA, Solidarities, TEARFUND, SPRO, SSDA, UNESCO-Japan, UNESCO/LIFE, UNICEF, UNIFEM, WADAN, WAW, WHH, YCDP, ,ZOA. Observers: ARCS, ICRC, IFRC, ARCS
Eastern Region	ARDC, ATA, BRAC, Child Fund Afghanistan ,CSHRO, CWS, DACAAR, DEWS, FAO, Future Generation Afghanistan , HADAF, HNTPO, HSDO, IbnSina, IMC, IOM, IRC, Islamic Relief, JICA, JVC, MADERA, NPO/RRAA, NRC, PMS, RDA, RI, ROP, SC, SCA, SERVE, SWSS, TdH, UNAMA, UNDP, UNHABITAT, UNHCR, UNICEF, UNMACCA, UNOCHA, UNODC, UNOPS, WFP, WHO, WWI. Observers: ARCS, ICRC, IFRC.
Northern Region	AWEC, ACF, Actionaid, ADEAO, Afghanaid, BRAC, CARE, CCA, CoAR, DETA, DWHH, FAO, GP, GTZ, GTZ, Helvetas, IAM, INTERSOS, IOM, JDA, Johanniter, Mercy corps, MTDO, NPO/RRAA, NRC, SC, SCA, SCA, Solidarités, TBCRO, Tearfund, UNHCR, UNICEF, UNICEF, WFP, ZCO. Observers: ARCS, ICR.
North-eastern Region	ARCC, ADA/CBSG, Afghanaid, AKF, CONCERN, Conter, FAO, FOCUS, Global HA, Helvetas, IOM, JACK, KinderBerg, MEDAIR, MissionEast, NAC, NAC, Nar, Partnership, RRD, RRD, SCA, SCA, UND/APRP, UNESCO, UNICEF, WFP, YPD. Observers: ARCS.
Southern Region	UNICEF, ACTD, AHDS, AHDS, ANCC, BRAC, BRAC, CORDAID, CORDAID, EMERGENCY, FAO, handicap Internaional, HAPA, HI, Ibin Zina, IBNSINA, IOM, IRD, Mercy Corps, Mercy Malaysia, MLSAMD, OHW, RI, SCA, Tear fund, UNHCR, WFP, WHO. Observers : ARCS, ICRC, MSF.
South East	ABFO, ACTED, AIL, APA, APA, APRCO, ATO, AVA, AVA, AWEC, BEA, BEA, BEST, CAF, CARE, CARE, CoAR, DACAAR, DTC, GRSP, HAFO, HCW, Health net, HNI, IBNSINA, ICMA, ICMA, IMC, IOM, Mercy corps, OI, PIN,SA,SADAO, SCA, SCA, TPO, UNICEF, WADAN, WDAW, WHO. Observers: ARCS, ICRC, MSF.
Western Region	ACF, AfghanAid, AHDA, AIL, ARAA, ARF, ARF, BRA, BRAC, CA, CESVI, CHA, CHA, CRDSA, CRDSA, CRS, CRS, CVG, CVG, DACAAR, DACAAR, GP, Habitat, HELP, HELP, HI, HSCO, HSCO, HTI, IAM, IDEO, INTERSOS, IOM, IRC, IRD, IRS, JRS, KACSO, MMO, NCDO, NCO, PHDP, RAADA, RECOL, RSDO, SDO, SNI, STRAS, UNESCO, UNHCR, UNICEF. Observers: ARCS, ICRC.



3.2.2 EDUCATION

Summary of updated cluster response plan

Cluster Co-lead agency	UNITED NATIONS CHILDREN'S FUND and SAVE THE CHILDREN
Cluster member organizations	AAE, ACTD, ADRA, AfghanAid, Afghanistan Libre, AIL, AKF, ALF, ALO, Aschiana, ASDO, AusAid/MoE/DAFA, CARE International, CD, CHA, CIDA- CPSU, COAR, DAFA/AusAid, FGA, GAALO, HAWCA, HSDO, IMMAP, IOM, IRC, Johanniter, MOE, NAC, NRC, NRC, OCHA, OECB, OHW, SC, SCA, UN OCHA, UNESCO, UNICEF, UNOCHA, War Child Holland, WCH.
Number of projects	12
Cluster objectives	<ol style="list-style-type: none"> 1. Plan for and respond to the education and protection needs arising from conflict, particularly the displaced and those without access to basic education assistance and populations where <i>there is no education access</i>. 2. Facilitate access to basic education for IDPs and returnees. 3. Provision of basic education materials to IDP and refugee returnee children and youth. 4. Advocate for humanitarian response as well as respond to the emergency education needs of natural disaster-affected school-aged children and youth. 5. Support schools to develop preparedness plans for humanitarian actors to respond to annual and seasonal natural disasters.
Funds required	Original: \$18,208,484 Revised at mid-year: \$20,867,803
Funds required per priority level	High: \$15,334,452 Medium: \$5,437,051 Low: \$96,300
Funding to date	\$6,076,733 (29% of requirements)
Contact information	jekaju@unicef.org colin.alfred@savethechildren.org

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Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Conflict affected – IDPs	N/A	N/A	600,000	N/A	N/A	N/A	N/A	N/A	N/A
Cross- border displacement	N/A	N/A	22,000	N/A	N/A	N/A	N/A	N/A	N/A
Conflict affected – no access to basic assistance	N/A	N/A	5,400,000	90,000	57,000	147,000	25,000	12,000	37,000
Conflict affected – no humanitarian access	N/A	N/A	N/A	60	70	130	54	60	114
IDPs- returnees - conflict affected	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IDPs – returnees natural disaster affected	N/A	N/A	N/A	34,000	30,000	64,000	32,000	30,000	62,000
Natural disaster- general population	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Acutely vulnerable populations targeted by the MDGs	N/A	N/A	Five million Not applicable	N/A	N/A	N/A	N/A	N/A	N/A
Total	N/A	N/A	9,274,000 (this does not include categories with un-established estimates).	124,060	87,070	211,130	57,054	42,060	99,114

Insecurity affects access to children in schools, making it difficult to promote retention and ensure a safe learning environment. Poverty and inadequate water and hygiene facilities are also detrimental to school functioning. The education response is further exacerbated by the reduction in school feeding. Cluster partners conducted needs assessments to identify the most vulnerable schools requiring intervention. Some of these needs were also identified from lessons learned and from the CARE International case studies of 206 female graduates in Khost.

Overall, in the first four months of 2012, the Cluster provided support to almost 100,000 schoolchildren through several types of activities. Cluster partners provided TLCs for 64,800 children in 50 schools in three northern provinces. Partners also provided partial rehabilitation for 300 schools in the western province through CAP 2012 funding, which will eventually benefit more than 120,000 children and 320 teachers with safe learning, water and sanitation. Most of the funds used to date come from agency resources outside the CAP, with the exception of three projects funded by the 2012 CAP.

The MoE-ESU, working in close coordination with the Cluster, conducted training on INEE in Bamyan, Badakshan and Uruzgan for teachers and education personnel in coordination with ANDMA and the INEE Secretariat. WFP and the MoE reached over 27,500 schoolchildren and nearly 1,000 adult beneficiaries, mainly women, through FFE. A joint UNHCR-WFP assessment included education needs for 190 families (or 1,051 individuals) returnee households. Meanwhile, conflict in Nazyan and Ghani Khel districts of Nangarhar continues to prevent attendance in schools. For this, UNICEF and SC are

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providing CBS, orientation for teachers and teaching and learning materials (TLM) for about 300 children while NRC provides learning opportunities in literacy and vocational skills for 100 out-of-school children (50% girls) among the evictees.

Fear and hysteria around possible poisoning of school children in several provinces led to concern that families would remove their kids from schools amidst fears of armed opposition groups targeting schools. Similarly, the scourge of active conflict in, around, or near schools - including school occupation - remains common in rural areas.

Very low funding for the Cluster forced a significant deviation between targets and achievements. WFP halved its FFE programme in 2012, raising concerns by communities, parents, students and government entities about the reduction in school feeding. The MoE and partners require funds to address urgent humanitarian needs for emergency programmes.

In the CAP, only two projects funded to date provided disaggregated data by sex and age. However, education partners collected disaggregated data for non-CAP funded projects. Moreover, the MoE-ESU conducted orientations on the role of the short-messaging-system (SMS) in supporting schools. Female participation was low in Uruzgan, while in Badakshan, females represented more than 70%.

Innovative ideas for partnerships for vulnerable children are underway. The lack of baseline data requires needs assessments for protective, hygienic and healthy school environments where children can feel safe and to facilitate capacity-building for teachers and community members to reintegrate IDPs and returnees. These and other challenges hamper efforts to ensure access to education. As a result, it will be extremely difficult for Afghanistan to meet Education for All goals.

Table of mid-year monitoring vs. objectives

Indicators with corresponding targets	Achieved as Mid-Year
1. Plan for and respond to the education and protection needs arising from conflict, particularly the displaced and those without access to basic education assistance and populations where <i>there is no education access</i>.	
Increased access to education and retention in school for children and youth affected by conflict. Number of children reached.	64,800 children
Provision of basic education materials to conflict-affected schools and children. Number of school reached.	50 schools in three provinces.
2. Facilitate access to basic education for IDPs and returnees.	
Increased access to education and retention in school for IDP and refugee returnee children as well as youth affected by conflict. Number of IDP and refugee school-aged children and youth reached.	300 children with coordination from the cluster partners in the western region.
3. Provision of basic education materials to IDP and refugee returnee children and youth.	TLM to be provided to 300 children.
4. Advocate for humanitarian response as well as respond to the emergency education needs of natural disaster-affected school-aged children and youth.	

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Increased access to education and retention in school for natural disaster - affected school-aged children and youth. Number of natural disaster school-aged children and youth reached.	Nothing to report.
5. Support schools to develop preparedness plans for humanitarian actors to respond to annual and seasonal natural disasters.	
Contingency plans developed and updated. Number of contingency plans developed and updated.	Nothing to report.
Advocate provision of and access to formal and informal education for chronically vulnerable girls and boys, women and men including those in informal and urban settlements.	Nothing to report.
Improved access to formal and informal education for the chronically vulnerable girls and boys, women and men, including those in informal and urban settlements. Number of chronically vulnerable girls and boys, women and men, including those in informal and urban settlements that have access to formal and informal education.	27,500 school children in the southern provinces.

Table of cluster coverage per location

SITE / AREA	ORGANIZATIONS
Western region (Herat, Ghor)	ALO, CARE, CoAR, GAALO, HAWCA, HSDO, NRC, UNICEF.
Kandahar	SC (ALCs), UNICEF.
Mazar	ALO, CARE, CoAR, NRC, OECB, OHW, SC, UNICEF.
Central region	HAWCA, HSDO, NRC, OECB, SC, and UNICEF.
17 MoE designated priority insecure provinces: Badghis, Farah, Ghazni, Ghor, Helmand, Khost, Kandahar, Kunar, Laghman, Logar, Nimroz, Nuristan, Paktia, Paktika, Uruzgan, Wardak, Zabul.	ALO, CARE, CoAR, GAALO, HAWCA, HSDO, NRC, OECB, OHW, UNICEF.



3.2.3 EMERGENCY SHELTER AND NON-FOOD ITEMS

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	CARE, DRC, IFRC, IOM, IRC, NRC, SC, <i>Solidarités</i> (representing itself, ACF, Medair), UNHCR
Number of projects	26
Cluster objectives	<ul style="list-style-type: none"> • Respond to the needs of conflict-induced IDPs. • Enhance speed of response to emergencies. • Support initial return of IDPs. • Respond to priority needs of natural disaster-affected population. • Enhance speed of response to emergencies. • Undertake efforts to better understand the situation of the chronically vulnerable population in the country. • Advocate for provision of assistance to the chronically vulnerable populations by the mandated actors.
Funds required	Original: \$27,626,271 Revised at mid-year: \$28,080,274
Funds required per priority level	High: \$25,511,443 Medium: \$2,208,831 Low: \$360,000
Funding to date	\$9,978,184 (36% of requirements).
Contact information	Roeland De Wilde, IOM – rdewilde@iom.int Mohammad Haroon, UNHCR – haroon@unhcr.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Conflict-affected – IDPs	294,000	306,000	600,000	294,000	306,000	600,000	24,342	25,336	49,678
Conflict-affected – no access to basic assistance	2,646,000	2,754,000	5,400,000	Based on need	Based on need	Based on need			Included in the above category
Conflict-affected – no humanitarian access	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available
IDP returnees – conflict-affected	9,800	10,200	20,000	9,800	10,200	20,000	1,224	1,176	2,400

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IDP returnees – natural disaster-affected	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available
Natural disaster-affected – IDPs	34,300	35,700	70,000	34,300	35,700	70,000	11,443	11,911	23,354
Natural disaster-affected – general population	1,470,000	1,530,000	3,000,000				67,599	64,949	132,548

No changes in needs were noted during the period January to May 2012; the Cluster was able to provide basic NFI kits to 207,980 displaced and affected individuals throughout the country. Additionally, cluster members agreed on a standardized minimum NFI family pack as part of the efforts to ensure an equal treatment of all beneficiaries including those with chronic vulnerabilities. Although the needs of the affected populations were ably responded to during the first five months of the year, the cluster is faced with funding challenges. So far, only 23% of the actual requested budget for the Cluster has been funded by donors; this continues to significantly affect the capacity of the members, particularly national NGOs, to respond to emergencies across the country. Additionally, very low participation of partners in Cluster efforts was noted during the first half of the year and this was attributed mainly to independent funding they receive from donors, which ‘allows’ them to operate without any need for coordination. The Cluster continued advocacy efforts toward donors on the need to support the Cluster not only through funding but also by requesting that their partners coordinate with the Cluster as a minimum requirement to receive funding.

Two agencies with a total of three projects collected SADD which was later used for designing the projects. Approximately 30% women and girls were involved in the design of projects and in the delivery phase of assistance. Limited funding and access have continued to hamper the Cluster’s capacity to respond to new needs. As of the MYR, the Cluster maintained the same projects as submitted at the beginning of the year, and added two additional projects in the CAP as they received funding through the ERF. No information on projects being implemented outside the CAP or cluster is available.

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Table of mid-year monitoring vs. Objectives

Indicators with corresponding targets	Achieved as of Mid-Year
1. Respond to the needs of conflict-induced IDPs. 2. Enhance speed of response to emergencies.	
Number of conflict-induced IDPs and IDP returnees assisted.	Between 01 January and 30 April 2012, a total of 49,678 conflict-induced IDPs (approximately 8,280 families) assisted with NFIs across the country.
Number of locations with prepositioned emergency stocks.	Pre-positioning of NFIs at the provincial level is a major gap as most of the agencies have their stock at their central offices.
3. Support initial return of IDPs.	
Number of returning IDP families provided with shelter support .	IDPs (400) and returnee families will benefit from shelter assistance in the southern region. Work on the planned shelters is ongoing.
4. Respond to priority needs of natural disaster-affected population. 5. Enhance speed of response to emergencies.	
Number of natural disaster-induced IDPs assisted.	Between 01 January and 30 April 2012, a total of 23,354 natural disaster-induced IDPs (approximately 3,892 families) and a total of 132,548 natural disaster-affected people (approximately 22,091 families) assisted with NFIs across the country.
Number of locations with prepositioned natural disaster response ES/NFI kits.	Pre-positioning of NFIs at the provincial level is a major gap as most of the agencies have their stock at their central offices.
Number of regions with updated inter-agency preparedness and contingency plans.	Eight of eight regions
6. Undertake efforts to better understand the situation of the chronically vulnerable population in the country. 7. Advocate for provision of assistance to the chronically vulnerable populations by the mandated actors.	
Number of joint assessments carried out by cluster members.	At least 20
Level of commitment, and funding secured as well as number of projects implemented that target the chronically vulnerable populations.	One project implemented by DRC (ERF) for beneficiaries in KIS at the beginning of the year.

Cluster needs and coverage per location

See the link to the cluster webpage at: <http://afg.humanitarianresponse.info/clusters/Emergency%20Shelter%20and%20NFIs>



3.2.4 EMERGENCY TELECOMMUNICATIONS

Summary of updated cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME
Cluster member organizations	Humanitarian community in Afghanistan
Number of projects	3
Cluster objectives	<ol style="list-style-type: none"> 1. Provision of operational trainings to the users, and maintenance training to technical staff of humanitarian agencies working in Afghanistan. 2. Obtaining HF frequencies license, this will include common and agency specific frequencies. 3. Integration of GPS in HF radios.
Funds required	Original: \$748,955 Revised at mid-year: \$200,000
Funds required per priority level	High: \$100,000 Medium: \$100,000
Funding to date	\$0
Contact information	Mirwais Shinwary, WFP – mirwais.shinwary@wfp.org Kalim Sadat, WFP – kalim.sadat@wfp.org

The ETC projects in the CAP were revised for the second half of the year. The projects that were related to GPS integration to HF and training on Motorola tetra were cancelled after consultation with Cluster members. Cluster members proposed and adopted the need to design a project for a standard tower on the TV Hill which is a key gap and requirement to facilitate communication amongst humanitarian agencies. The current tower will be holding over 200kg of antennas. Considering the windy weather conditions on TV Hill and the harsh climate in Kabul, this tower is not expected to stand longer than 1-2 years. A weak tower at that strategic location risks collapsing under the weight of antennas and technicians, and damaging the antennas around it if it collapses. Given the strategic importance of TV Hill for telecommunications and the expected extension of UN activities in Afghanistan, the ETC requests funding to replace the current tower with a strong, international-standard, stable and steady telecommunication tower that will transmit a stronger signal and enable safer operations. This is essential for reliable and further improved VHF/UHF communication in Kabul.

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Table of mid-year monitoring vs. Objectives

Indicators and targets	Achieved as at Mid Year
<ol style="list-style-type: none"> 1. Provision of operational trainings to the users, and maintenance training to technical staff of humanitarian agencies working in Afghanistan. 2. Obtaining HF frequencies license, this will include common and agency specific frequencies. 3. Integration of GPS in HF radios. 	
Radio operators trained to properly track the staff and missions.	A letter containing all the requested frequencies for UN has been signed by the HC and forwarded to the Ministry of Commerce for their onward action. Hopefully, in the second half of this year, WFP will be able to obtain the license for required HF frequencies.
Number of staff given operational training on the new system.	The GPS project was cancelled after consultation with ETC members. The project was considered less effective.

Cluster needs and coverage per location

See the link to the cluster webpage at: <http://ictemergency.wfp.org/web/ictopr/countries-afghanistan>



3.2.5 FOOD SECURITY AND AGRICULTURE

Summary of updated cluster response plan

Cluster lead agency	FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS and WORLD FOOD PROGRAMME²¹
Deputy Cluster lead	AFGHAN AID
Cluster member organizations	ACBAR, ACF, ACTED, Action Aid A, ADEO, AHDA, AMRAN, ANDMA, AREA, CARE Int., Caritas Germany, CHA, Christian Aid, CIDA, CoAR, CONCERN, CRS, DACAAR, DACAAR, ECHO, FEWSNET, FOCUS, iMMAP, INTERSOS, IRC, Islamic Relief, JDA, Johanniter, MADERA, MAIL, MEDAIR, Oxfam GB, Oxfam Novib, PIN, RI, RRAA, SC, SHPOUL, SHRDO, SHRDO, Solidarités Int., Tearfund, USAID, USAID/OFDA, WVI, Yedawo, ZOA.
Number of projects	33
Cluster objectives	<ol style="list-style-type: none"> 1. Assist acutely food-insecure groups through the provision of food and/or cash vouchers. 2. Save and Protect livelihoods of HHs impacted by natural disaster and conflict. 3. Reinforce national capacities in responding to disasters.
Funds required	Original: \$123,427,218 Revised at mid-year: \$114,655,653
Funds required per priority level	High: \$105,812,780 Medium: \$8,492,873 Low: \$350,000
Funding to date	\$33,321,929 (29% of requirements)
Contact information	Cyril.lekiefs@fao.org William.Affif@wfp.org Francesco.delre@fao.org nhutchings@afghanaid.org.uk

²¹ Resources for activities included in the WFP PRRO, but not included in the CAP are also reflected. These reflect both donor earmarking to certain activities as well as the fact that WFP is implementing a large programme both within and outside the CAP.

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
Conflict Affected – IDPs	49,000	51,000	100,000	39,200	40,800	80,000
	18,253	18,998	37,251	18,253	18,253	36,506
IDP returns - conflict affected						
IDP returns - natural disaster affected	Number not available			To be based on need		
Assisted Refugee returnees	79,380	82,620	162,000	63,504	66,096	129,600
	28,420	29,580	58,000	28,420	29,580	58,000
Natural Disaster Affected – IDPs						
Natural Disaster Affected – general population	1,596,152	1,661,302	3,257,454	1,372,000	1,428,000	2,800,000
Totals (less advocacy)	1,771,205	1,843,500	3,614,705	1,521,377	1,582,729	3,104,106
Acutely vulnerable populations targeted by the MDGs (Advocacy target)						8,990,000

Most FSAC projects target emergency needs originating from the 2011 drought. The recent pre-crop assessment conducted by FSAC partners predict that the 2012 wheat harvest will be similar to 2010 levels in terms of production.²² When combined with regional production forecasts, a pre-crop assessment projects “good” availability of wheat. Similarly, increases in livestock prices, daily labour opportunities and wages are also projected to be “good.” Current forecasts also indicate possible gaps in urban and rural areas such as central highlands. However, malnutrition remains a major challenge as 59% of Afghan children are malnourished and approximately 50,000 children under five suffer from SAM.²³ In summary, food insecurity is endemic, as availability does not necessarily guarantee the accessibility of food.

²² 31 % of population chronically food-insecure

²³ 2012 CAP Afghanistan, Nutrition Cluster data: In Afghanistan malnutrition remains a major challenge to child survival and development. One in every two Afghan children is chronically malnourished (59%). Globally, it is estimated that malnutrition contributes to 35% of child mortality per year. In Afghanistan, malnutrition is likely to contribute to almost two million child deaths every year.

2012 CAP Afghanistan, Nutrition Cluster data: In 2012, the primary objective of the Nutrition Cluster is to assist at least 70 % of an estimated 47,668 children that are expected will suffer from severe acute malnutrition (SAM) and 119,973 children from moderate acute malnutrition (MAM) within the year, and 90,781 pregnant and lactating mothers.

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The Cluster will initiate a household-level food security assessment in vulnerable areas to identify acute needs and inform livelihood status. In late April, spring floods and landslides hit 46 districts, affecting 10,000 individuals. In 2012, northern and western provinces were particularly affected by flooding. There are still gaps in the response that require action. To date, western, central, eastern, and south eastern regions are not included in funding plans.

Prevailing insecurity and the increasing human toll of the conflict on civilians led to a surge in the number of conflict-induced IDPs, with some 400,000 displaced to date, according to UNHCR. This combination of conflict, natural disasters, food insecurity, chronic poverty and lack of access to basic services, when overlaid with lack access, indicate the total number of displaced is likely far higher. This highly vulnerable community is a primary concern, and in light of a new quadripartite strategy and regional political pressure, refugee returnees also require immediate attention.

Ongoing drought responses provided essential services and critical support in the 14 drought-affected provinces. Of the 25 drought-related projects included in the 2011 CAP drought appeal nine projects received funds: ACF (three), SC, INTERSOS (one), Oxfam-GB (one) and WFP (one). See table to the right for a summary of the main achievements

More than \$3 million was distributed to drought-affected populations through CFW interventions, and cash grants totalling \$650,000 were provided to those unable to contribute to work. These cash interventions also included voucher systems for \$532,000. Agencies also provided nearly 45,000 MT of wheat grain and \$40,000 of food vouchers. Lastly, agencies provided 2,350 MT of wheat seeds and \$116,000 in the 14 affected provinces. To date, only seven of 33 projects received funding. Of these, only 16% of initial funds were received, or less than \$20 million of more than \$123 million requested. This instance results in very low outputs compared to initial plans.

Type of interventions	Description	Number of beneficiaries
Food	General food distribution	1,629,510
Cash	Cash grant, CFW	252,259
Agriculture	Distribution of wheat seeds, fertilizers, vegetable seeds, support to orchards	112,280
Animal	Distribution of animal feed, vaccination of livestock, deworming campaigns	109,336

The collection of SADD started in April 2012. So far, 14 agencies started the process of collecting SADD for 25 projects. To date, however, this resulted in insufficient information to draw a gender analysis and broad understanding of the situation.

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A committee from FSAC, consisting of seven agencies (WFP, FAO, ACTED, Afghanaid, Oxfam GB, CoAR and MAIL) vetted projects based on needs summaries, locations, and maps of natural disaster and conflict displacements. This triangulation process provided an opportunity to produce an analysis in terms of gaps and duplication.

Table of mid-year monitoring vs. Objectives

Indicators with corresponding targets	Achieved as mid-year
1. Assist acutely food-insecure groups through the provision of food and/or cash vouchers.	
2.8 million people assisted under emergency food aid distribution programme.	273,112 people assisted under emergency food aid distribution programme 9.7% of targeted beneficiaries assisted under emergency food aid distribution programme
2.8 million people assisted under food assistance programme: FFW, FFA and CFW , cash transfer etc.	230,989 people assisted under food assistance programme; FFW, FFA, and CFW, cash transfer etc 8.2% of targeted beneficiaries assisted under food assistance programme; FFW, FFA and CFW, cash transfer etc
2. Save and Protect livelihoods of HHs impacted by natural disaster and conflict.	
60,000 farming HH assisted with agriculture inputs	7,000 farming family members (people) assisted with agriculture inputs 1.67% of targeted farming households assisted with agriculture inputs
60,000 farming HH supported by livestock interventions	Zero family members (people) supported with livestock interventions Zero farming households supported with livestock interventions
3. Reinforce national capacities in responding to disasters.	
FSAC emergency preparedness plan developed and tested to feed into national preparedness planning.	FSAC emergency preparedness plan developed and tested to feed into national preparedness planning
Early warning bulletins and food security reports regularly circulated.	Early warning bulletins and food security reports regularly circulated

Table of proposed coverage per site [including non-CAP actors]

SITE / AREA	ORGANIZATIONS
Central highlands	AAA, AKF, ARCS, CoAR, FAO, GP, Helvestas, ICRC (non-CAP), IRD, OXFAM, Root of Peace, SCA, Solidarités, WFP.
Central region	ABNA, ACD, ACF, ADA, AFRENE, AKF, AM, AREA, AREA, AWRC, BRAC, CAF, CARE, CHA, CIDA, CoAR, CORDAID, DAI, EC, FAO, FOCUS, Gares, GPFA, GPFA, GRM, ICRC, MADERA, MC, MI, MRRD, NPO/RRAA, NRC, ROP, RP, SAB (Belgium), SC, SDF, SDO, STEP, TEAR FUND FEWSNET, UNHCR, WB, WFP, WHO, ZOA.
Eastern region	BRAC, FAO, FAO, IRC, JICA, MC, PMS, ROP, UNHCR, WFP
Northern region	Afganaid, BRAC, DWHH, FEAO, GTZ Deta, Helvestas, Solidarités, Tearfund, WFP.
North-eastern region	Afghanaid, ARCS, CONCERN, FAO, ICRC, IDEA NEW, IRD, Kinderberg, ME, MEDAIR, NAC, OXFAM FOCUS, RSA, UNODC, WFP.
Southern region	ALO, ANCC, ARCS, ARPD, ASDO, BRAC, CADG, CDC, CHA, CORDAID, DAIL, DDA, HAPA, HAPA, ICRC, IRD, Mercy Corps, Mercy Malaysia, MLSAMD, Tearfund, UNHCR, UNICEF, USAID/OFDA, VARA,WFP.
South east	AVA, BRAC, EHD, Falg Int., GAA, MC, RSDOA, SDO, UNHCR, UNICEF, WADAN, WFP.
Western region	ACF, Afghanaid, AHDA, ARCS, BRAC, CA, CA, CHS, CRDSA, CRS, CVG, DACAAR, DCA, FAO, Habitat, HSDO, IDEO, IRD, PHDP, RAADA, STRAS, UNODC, UNODC, WASSA, WDOA, WFP, WVI.



3.2.6 HEALTH

Summary of updated cluster response plan

Cluster lead agency	WORLD HEALTH ORGANIZATION
Cluster member organizations	AADA, ARCS, GCMU, MSH, ACTD, Action Aid, AHDS, AHTP, AIL, BDN, BRAC, CAF, Cord Aid, DAACAR, DWHH, EMERGENCY, German Agro Action (DWHH), Health Net, HEWAD, HHI, HHSP, Ibn Sina, IMC, IRD, Johaniter, LSO, MDM, MEDAIR, MERCA, Mercy Malaysia, MERLIN, MoPH, Move, MSC, ORCD, RRAA, SAF, Save the Children US, SCA, SERVE, SHRDO, Shuhada , UNFPA, UNICEF, WHO, YWS
Number of projects	27
Cluster objectives	<ol style="list-style-type: none"> 1. Prepare for and respond to humanitarian health needs of communities affected by armed conflict including IDPs and people living in conflict areas where there is no humanitarian access or coverage by essential health services. 2. Provide emergency health services to IDPs and advocate for sustainable long-term solutions (integration into BPHS). 3. Promptly and effectively respond to the humanitarian health needs of populations affected by natural disasters through the implementation of Hyogo Framework Priority
Funds required	Original: \$15,202,354. Revised at mid-year: \$32,857,092.
Funds required per priority level	High: \$29,919,940 Medium: \$1,673,427 Low: \$1,263,725
Funding to date	\$1,853,112 (6% of requirements)
Contact information	Dr Maria Luiza Galer ; galerm@afg.emro.who.int

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
IDPs (conflict and natural disasters)	192,000	208,000	405,000	194,000	211,000	405,000	22,608	24,492	47,100
Conflict-affected – no access to basic assistance	N/A	N/A	500,000	122,500	127,500	250,000	25,440	27,560	53,000
Natural disaster-affected – IDPs	N/A	N/A	70,000	26,950	28,050	55,000	N/A	N/A	N/A

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Natural disaster-affected – general population	N/A	N/A	N/A	294,000	306,000	600,000	86,160	62,390	148,550
Acutely vulnerable populations targeted by the MDGs	N/A	N/A	N/A	209,720	218,280	428,000	29,173	21,126	50,300
Total	N/A	N/A	N/A	847,170	890,830	1,738,000	163,381	135,569	298,950

The needs remain the same for IDPs, those not covered by the BPHS, those affected by natural hazards that exceed local response capacity, and those affected by conflict. In fact, the Cluster expects needs to increase as communities continue to be displaced by conflict. Although the MoPH's policy is to ensure the right of IDPs to access health services through the BPHS, resources are simply insufficient to match needs. There are no funds available for health services for larger numbers of IDPs moving from one province to another, and the country's limited resources cannot stretch to cover the health needs of communities in remote areas. In both these situations, emergency temporary mobile and static health teams are essential. UNHCR, WHO and Health Cluster partners are working together to identify IDPs in need not covered by the BPHS and thus requiring humanitarian support. The results of ongoing assessments in the south and west are included in this MYR.

The reduction of BPHS population coverage has been documented through a health resources assessment conducted by the Health Cluster in 2012. The assessment showed that the number of health facilities that suspended health care services increased by almost 40% compared to 2011 (from 400 to 540). This means that 40% of the most vulnerable segments of the population have little or no access to essential health care, including immunization services.

Although there are health partners in most of the insecure areas, only few interventions are ongoing (Kandahar, Wardak, Helmand, Badghis, Kunduz and Zabul) due to lack of funds. In addition, the shortage of qualified female health care staff willing to work in rural or contested areas further reduces women and children's access to essential health care. Current interventions in KIS, Daikundi and Faryab aim to replace emergency health care services with more sustainable community-based care such as Family Health Houses, but the modest scale of these interventions is far from sufficient to meet needs. There is more and more need to ensure the emergency actions are the basis and the starting point for sustainable rehabilitation and development.

In the first quarter of 2012, 133 outbreaks of communicable diseases were reported. Of these cases, 76% (101) were caused by measles, 8% by pertussis, and 8% by ARI. The incidence of measles cases has increased to almost 350 per million people (51% are children under five) since 2011. This is the result of a steady decline in vaccination coverage over the past three years, as documented by the health management information systems (HMIS) and MICS. In addition, the warning mechanism for outbreaks across the country had improved through a large-scale capacity-building intervention (funding by ECHO), ensuring better identification and reporting.

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The measles case fatality rate (CFR) has increased by a worrisome 38% since 2010. This is mainly due to the time it takes response teams to reach remote, snowbound areas. These areas show a CFR of up to 14% – three times the international emergency threshold. A nationwide immunization campaign is crucial to halt the increase in the number of measles cases. The epidemiological profile demonstrates that the campaign should prioritize children up to ten years of age, as they account for 80% of recorded cases.

Of particular concern is the sharp increase in the number of reported suspicion of poisoning incidents in schools (mostly in girls' schools) during the first six months of 2012. Since 2009, 32 suspected school poisoning incidents have been recorded, investigated and responded to; out of these, 14 incidents have been reported in 2012 (from 1 January to 23 June). The provinces most affected are Takhar, Bamyan, Daikundi, Khost and Balkh. The investigations of incidents by WHO and MoPH/DEWS did not show conclusive evidence of deliberate poisoning. However, the uncertainties about the cause of these incidents and growing rumours have had a significant impact on education, especially girls' education. There is an urgent need to clarify the causes of these incidents based on multidisciplinary expertise, and to strengthen the MoPH's capacity to investigate and deal with this type of situation (including laboratory linked to IHR interventions). This will support information and create opportunities for mobilizing communities and promoting awareness to improve girls' access to education.

In spite of delays and shortages of health sector funding, the Cluster was able to meet the emergency needs of some 300,000 people through the provision of medical supplies and the deployment of mobile and temporary static health teams during the harsh winter, which was compounded by floods, conflict and outbreaks. Emergency response teams treated around 160,000 people, of whom 58% were female and 32% were children under five. Around 5,300 children were vaccinated against measles. WHO/Health Cluster donated hospital equipment and medicines to partially re-activate essential services in Sari Pul hospital. However, coverage of needs for IDPs and conflict-affected communities is well below target, mainly due to lack of funding. Several security incidents involving health care facilities and staff, mostly in the south eastern and eastern regions, were reported, leading to the temporary suspension of health care services following the intimidation of staff and patients or damages to infrastructure.

The funding levels of health NGOs have been very low (12%), leading WHO to use funds received through the CAP to cover not only the purchase and distribution of medical supplies for NGO partners, but also their operational costs for emergency activities.

Table of mid-year monitoring vs. Objectives

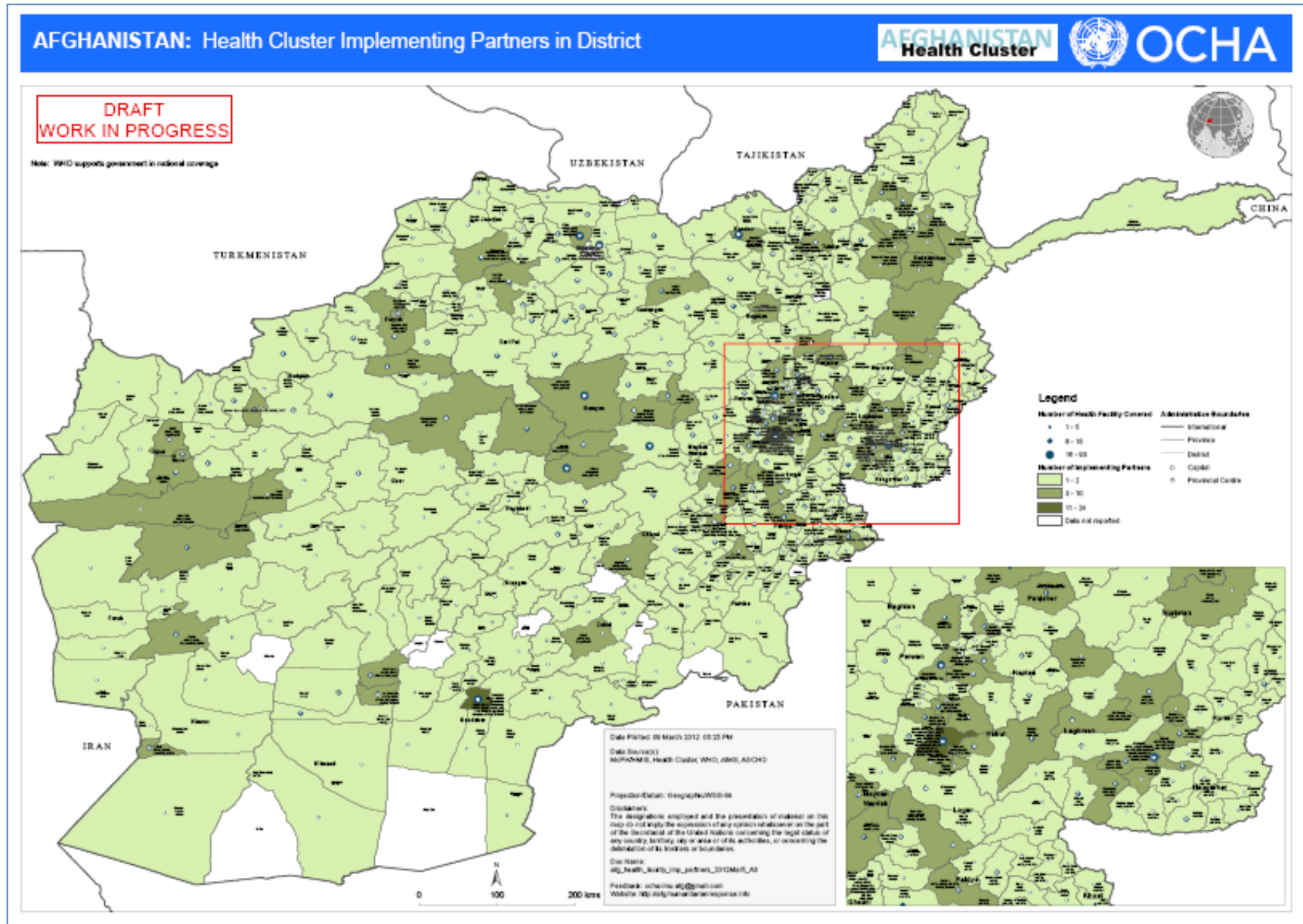
Indicators with corresponding targets	Achieved as mid-year
1. Prepare for and respond to humanitarian health needs of communities affected by armed conflict including IDPs and people living in conflict areas where there is no humanitarian access or coverage by essential health services.	
Medicines and medical supplies to cover the health needs of 665,000 people (including conflict-induced IDPs/refugees) for three months are distributed to	100,100 people (15%)

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health facilities in conflict-affected communities.	
One health facility/max 15,000 IDPs in need of humanitarian support (not covered by BPHS).	Nothing to report
At least 28 temporary trauma first aid posts/SC established in active conflict areas (and IDP camps) not covered by BPHS in Helmand, Zabul, Maidan Wardak, Badghis, Logar, Nangarhar, Ghazni, and Kandahar.	Eight temporary first aid/SC services established for conflict-affected population (Helmand, Maidan Wardak, Kandahar, Zabul): 28%
2. Provide emergency health services to IDPs and advocate for sustainable long-term solutions (integration into BPHS).	
Temporary mobile teams and static clinics established in informal settlements not covered by BPHS. At least 55,000 people living in informal settlements have access to essential integrated primary healthcare and referral services (Bamyan and Kabul).	35,000 people covered in Kabul by five static clinics and one mobile team (64%)
3. Promptly and effectively respond to the humanitarian health needs of populations affected by natural disasters through the implementation of Hyogo Framework Priority	
Medicines and medical supplies to cover the health needs of 600,000 people for three months are distributed.	148,550 people affected by natural disasters have been covered (25%)
133 outbreaks investigated and responded to; 30% of them needed health cluster support for the response	92% investigated and responded to within 48 hours from notification
Regional and national contingency plans for floods, AWD outbreaks, drought and conflict are updated as needed. Health Sector is prepared to respond to the most probable hazards.	Contingency plan for floods and AWD revised and partly implemented

Map of cluster coverage per location (includes non-CAP actors)

SITE / AREA	ORGANIZATIONS
Central highlands	AADA, AKF, BDN, CAWC, DHSA, GRSP, HELVETAS, HNTPO, HSSP, ICRC (Orthopaedics – non-CAP), IMC, LEPCO, LSO, NPO, ORCD, SHOHADA, UNICEF, WHO.
Central region	AIL, AKHS, ARCS, ARS-P/A, AWSE, BDN, BRAC, EHBA, German Agro Action (DHWW), HAS, HNTPO, IBNSINA, IFRC, IMC, Kabul University of Medicine, MEDAIR, MERLIN, MRCA, NPO/RRAA, SAF, SC, SC-UK, SHOHADA, SHRDO, UNFPA, UNICEF, WHO.
Eastern region	ABRAR, AMI, ARCS, BRAC, CWC, HNTPO, IFRC, IMC, IR, IRC, JICA, ORCD, PMS, SERVE, UNICEF, WFP, WHO.
Northern region	ACTD, MSF, SCA, TBCRO, UNICEF, WFP, WHO, ZCO.
North-eastern region	ACTD, AKF, ARCS, ARCS, BRAC, HA, HELVESTAS, MERLIN, MSF, SC, SCA, UNICEF, WFP, WHO
Southern region	ACTD, AHDS, ARCS, ARCS, BRAC, EMERGENCY, Handicap International (HI), Ibn Sina, Mercy Malasia, MSF, UNICEF, UNODC, WADAN, WFP, WHO.
South east	ABFO, HNTPO, IBNSINA, MSF.
Western region	ACTD, AFGA, AIL, APDO, ARCS, BDN, BRA, BRAC, CA, DAC, HI, HTI, IAM, Ibn Sina, ICRC (non-CAP), IFRC, IRC, MMO, NPO/RRAA, SN, UNICEF, UNODC, VVO, WFP, WHO, WV.





3.2.7 LOGISTICS

Summary of updated cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME ²⁴
Cluster member organizations	Humanitarian partners
Number of projects	1
Cluster objectives	<ol style="list-style-type: none"> 1. Provision of safe, efficient passenger air services to more than 160 UN agencies, NGOs and donor entities in Afghanistan. 2. Carry out timely medical and security evacuations when requested/as required. 3. Continue transporting light cargo such as medical supplies or medical samples.
Funds required	Original: \$21,970,768 Revised at mid-year: \$21,970,768
Funds required per priority level	Medium: \$21,970,768
Funding to date	\$8,921,775 (41% of requirements)
Contact information	Jared Komwono, UNHAS, jared.komwono@wfp.org Kennedy Ooro, UNHAS, kennedy.ooro@wfp.org

UNHAS, managed by WFP Aviation, is a common air transport service for humanitarian aid workers in Afghanistan. Due to the prevailing security situation, air transport remains the only safe and recommended mode of transport for humanitarian workers going to the regions. UNHAS Afghanistan operates two Dash-8 aircraft each with a seating capacity of 37 people. One of the Dash-8 aircrafts is based in Islamabad and the other in Kabul. The two aircrafts serve 12 locations on average three times a week (see map overleaf).

Over 160 agencies rely on the continued provision of UNHAS services. From January to May 2012, the service transported 9,517 passengers and 34 metric tons of cargo. The air service evacuated or relocated 14 people, including eight for medical emergencies and six individuals for security reasons. During the month of May, UNHAS recorded the highest number of passengers (2,255) moved in a month since the beginning of 2012, mainly due to improved weather in spring. Out of the 9,517 passengers transported during the first quarter of the year, 4,534 (48%) were UN; 3,508 (36%) NGO; 1,431 (15%) diplomatic missions and media; while the rest account for the remaining 44 (1%).

²⁴ Resources for activities included in the WFP PRRO, but not included in the CAP are also reflected. These reflect both donor earmarking to certain activities as well as the fact that WFP is implementing a large programme both within and outside the CAP.

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UNHAS' 2012 budget is \$22.7 million, of which partial cost recovery is expected to generate 30% of the funds and voluntary donor contributions the remaining 70%. During February 2012, the project faced serious funding difficulties that caused the Resident Coordinator to appeal for urgent donor contributions in order to continue the air service. Thanks to the governments of Japan, USA, Sweden, Australia, Germany and Belgium, the project has to-date received contributions totalling \$8.2 million, while cost recovery has brought in some \$2 million, for a combined total of \$10.2 million, or 45% of the total budget. Funding remains a challenge, preventing UNHAS from activating a third aircraft, contrary to earlier plans. In addition, a staff reduction of 20% is planned for June 2012 to reduce costs. The above actions have made it possible for the funding received to cover reduced UNHAS operations until the end of September 2012. In April 2012, the UNHAS Board of Directors agreed that the WFP Country Director hire an independent consultant to carry out a review of UNHAS operations to come up with a sustainability and funding strategy for 2013 and beyond. The consultant is expected to start the process in July 2012. The project will require continued HC/OCHA support for advocacy with donors on funding gaps in order to see the operation through to the end of the year and beyond based on needs.

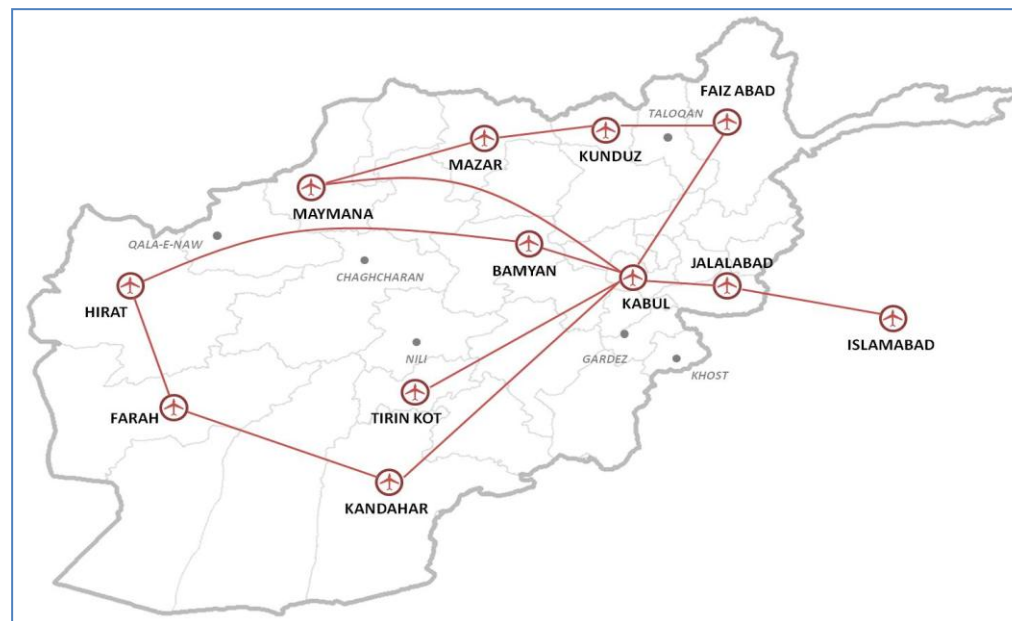


Table of mid-year monitoring vs. Objectives

Indicators and Targets	Achieved as at Mid-Year
1. Provision of safe, efficient passenger air services to more than 160 UN agencies, NGOs and donor entities in Afghanistan.	
2. Carry out timely medical and security evacuations when requested/as required.	
3. Continue transporting light cargo such as medical supplies or medical samples.	
2,000 passengers moved per month	Total of 9,517 passengers transported, with May recording the highest number of passengers moved since beginning of year. 2,255
170 hours flown per month	964 hours flown
Ten MT of light cargo moved per month	34 MT of cargo transported to 12 destinations
Number of humanitarian organizations using the service	100 comprised of UN, NGOs, diplomatic missions and media
Number of medical evacuations done as required	Eight medical evacuations
Number of security evacuations done as required	Six security related evacuations
Minimum 12 locations flown to per month	12 out of 12 locations flown per month



3.2.8 MULTI-SECTOR RESPONSE TO IDP AND REFUGEE RETURNEES

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	UNHCR
Number of projects	1
Cluster objectives	<ol style="list-style-type: none"> 1. Provide protection monitoring, identify protection and assistance needs to cross-border displaced as well as provide an immediate response to cross-border displacement. 2. Facilitate voluntary repatriation of refugees to Afghanistan in safety and dignity, confirming the voluntary nature of the return. 3. Initial return assistance is provided to refugees through household and community-based interventions to ensure that their return is sustainable.
Funds required	Original: \$122,248,551. Revised at mid-year: \$122,248,551.
Funds required per priority level	High: \$122,248,551
Funding to date	\$40,933,755 (33% of requirements).
Contact information	Mohammad Haroon, UNHCR at haroon@unhcr.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Refugees and asylum seekers	24	26	50	24	26	50	24	26	50
Cross-border displaced	3,430	3,570	7,000	3,430	3,570	7,000	3,430	3,570	7,000
Projected cross-border displaced 2012	7,350	7,650	15,000	7,350	7,650	15,000	108	113	221
Returnee refugees who failed to integrate	901,600	938,400	1,840,000	901,600	938,400	1,840,000	46,390	48,282	94,672
Returning refugees in 2012	79,380	82,620	162,000	79,380	82,620	162,000	12,251	12,752	25,003
Total	991,785	1,032,266	2,024,050	991,785	1,032,266	2,024,050	62,203	64,743	126,946

At the beginning of the year, 48 reintegration sites were identified throughout the country. However, due to funding limitations, only 12 sites have been prioritized for interventions in 2012 (i.e. only 25% of the initial target); as such, the number of beneficiaries was drastically reduced. By the end of May 2012,

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projects had been initiated in all 12 sites and implementing partners had been selected for the majority of the projects. All activities will be implemented as projected by the end of the year. In addition, the involvement of development partners in the reintegration process has remained a major gap for the activities of the sector. Meanwhile, UNHCR continues to directly coordinate with development actors, GoIRA and donors in order to increase the impact of its reintegration programme for returning Afghan refugees.

Table of mid-year monitoring vs. objectives

Indicators and Targets	Achieved as of Mid-Year
1. Provide protection monitoring, identify protection and assistance needs to cross-border displaced as well as provide an immediate response to cross-border displacement.	
15,000 immediate assistance packages provided.	Between 01 January and 30 April 2012, a total of 39 cross-border displaced families (221 individuals) received NFIs (jerry cans: 60, plastic sheet: 30, blankets: 174, tent: 21 and kitchen set: 30) in the eastern region.
Long-term needs of 7,000 cross-border displaced people addressed.	Protection monitoring continues regularly
Legal services provided to cross-border displaced, asylum-seekers and refugees.	Ongoing
2. Facilitate voluntary repatriation of refugees to Afghanistan in safety and dignity, confirming the voluntary nature of the return.	
3. Initial return assistance is provided to refugees through household and community-based interventions to ensure that their return is sustainable.	
Up to 20,000 returning refugee families will be provided with shelter.	A total of 2,120 shelter units (benefiting 2,120 returning refugee families) are planned to be implemented in 12 reintegration sites located in Kabul, Bamyan, Kandahar, Balkh, Kunduz, Faryab, Herat, Farah, Nangarhar and Paktya provinces. Work on the planned shelters is ongoing.
Up to 150,000 returnees and families in return villages will have access to water.	144 water points are planned to be implemented in 12 reintegration sites. These water points will benefit returnee families and local communities.
Number of returning Afghan refugees received repatriation cash grant upon return at five encashment centres.	Between 01 January and 31 May 2012, a total of 25,003 Afghan refugee returnees were provided with repatriation cash grants (approximately \$150 per person) a transport grant (\$20-\$46) and a \$117 short-term assistance grant upon arrival at one of the UNHCR five encashment centres located in Kabul, Nangarhar, Kandahar, Paktya and Herat provinces. In addition, all returning refugees have received briefings on mine awareness and education procedures in Afghanistan. They also received basic health services, all children under five have received polio and measles vaccinations.
Initial limited livelihood support will be provided for up to 60,000 families.	A total of 16 income generation and 32 CFW projects are planned to be implemented in the 12 reintegration sites.



3.2.9 NUTRITION

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	AADA, ACF, ACTD, AHDS, Action Aid, Basics, BDN, BRAC, CAF, CHA, CORDAID, ECHO, FAO, FEWS NET, HNI, IbnSina, IMC, MEDAIR, MERLIN, MI, MoPH, Move, Oxfam Novib, SAF, Save the Children, SCA, SHRDO, TdH, Tearfund, UNICEF, USAID, UNDP, WFP, WHO
Number of projects	12
Cluster objectives	<ol style="list-style-type: none"> 1. Acutely malnourished children and PLW receive proper and timely treatment. 2. Strengthening capacity of nutrition partners to deliver quality and sustainable nutrition services. 3. Continuous monitoring of the nutrition situation of the country for decision-makers and stakeholders to take timely and appropriate action.
Funds required	Original: \$50,060,806 Revised at mid-year: \$49,740,332
Funds required per priority level	High : \$49,338,097 Medium: \$402, 235
Funding to date	\$13,611,289 (27% of requirements)
Contact information	bhassan@unicef.org and ishinwari@MICRONUTRIENT.ORG

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Drought affected	1,288,700	1,341,300	2,630,000	52,954	50,878	103,832	11,829 + 16,855	12,312	40,996
Conflict affected	1,469,118	1,529,082	2,998,200	27,436	26,083	53,519			
Flood affected	98,000	102,000	200,000	2,999	2,881	5,880			
IDP	73,500	76,500	150, 000	2,249	2,161	4,410	-	-	
Total	2,929,318	3,048,882	5,978,200	85,638	82,003	167,641	28,684	12,312	40,996

From January to April, 40,996 beneficiaries were admitted into the CMAM programme, of which 12,564 were SAM under-five children, 11,577 were MAM under-five children and 16,855 PLW. In April, the total number of children admitted dramatically increased. This is attributed to improved weather conditions and therefore better access to many of the sites in the northern and eastern regions of Faryab, Badakhshan and Kunduz provinces, which were cut off during the harsh winter. During the same four-month period, 13,888 under-five children in the selected sentinel sites were assessed for acute malnutrition and incidence of diarrhoea. The assessment indicated a drop in both acute malnutrition and diarrhoea when compared to data from the start of the assessment in July of last year.

The Nutrition Cluster in collaboration with the FSAC and WASH Clusters conducted a three-day refreshment training on Nutrition/WASH and FSAC sentinel site surveillance. The participants were briefed on the revised methodology of the hunger scale/coping strategy index and WASH indicators. The intention is to expand the sentinel site geographical area and the number of indicators covered.

The reporting format of the CMAM programme and sentinel site surveillance were revised to indicate SADD. Doing so highlighted that more boys are malnourished than girls of the same age, for reasons unknown. The 2010/2011 MICS indicated very high rates of acute malnutrition showing 18% of under-five children to be <-2 SD. Thus, the Cluster planned to expand the intervention programmes (CMAM and nutrition surveillance) to reach more drought-affected, conflict-affected, flood-affected and IDPs to save more lives.

As the 2011 drought-related CAP projects for UNICEF and WFP received a substantial amount of funding, both agencies decided to expand the intervention programmes in the 2012 CAP to all 14 drought-affected provinces, five conflict-affected provinces and IDP camps. However, despite the fact that UNICEF had sufficient funding to expand the CMAM intervention, poor capacity of many of the BPHS implementers in the newly-selected provinces and unwillingness of those with capacity to move out of their comfort zones led to unexpected delays. Therefore, the Cluster might not be able to reach the estimated number of beneficiaries submitted in the 2012 CAP. In 2011, the Cluster exerted substantial effort to assess the nutritional situation of different parts of the country and to engage in advocacy, which contributed to their raising the highest amount of money since it started to improve the nutritional situation. For example, UNICEF received more than \$10 million, while the Canadian International Development Agency (CIDA) contributed \$19 million for nutrition programmes including CMAM and nutrition surveillance.

The Nutrition Cluster initiated a Nutrition in Emergency (NiE) manual to support the training of trainers (ToT). The manual (draft now available) was used to train 30 participants from six regions of northern, north-eastern, central, eastern, western and southern regions as ToT in NiE using the Harmonized Training Package developed by the Global Nutrition Cluster as basis.

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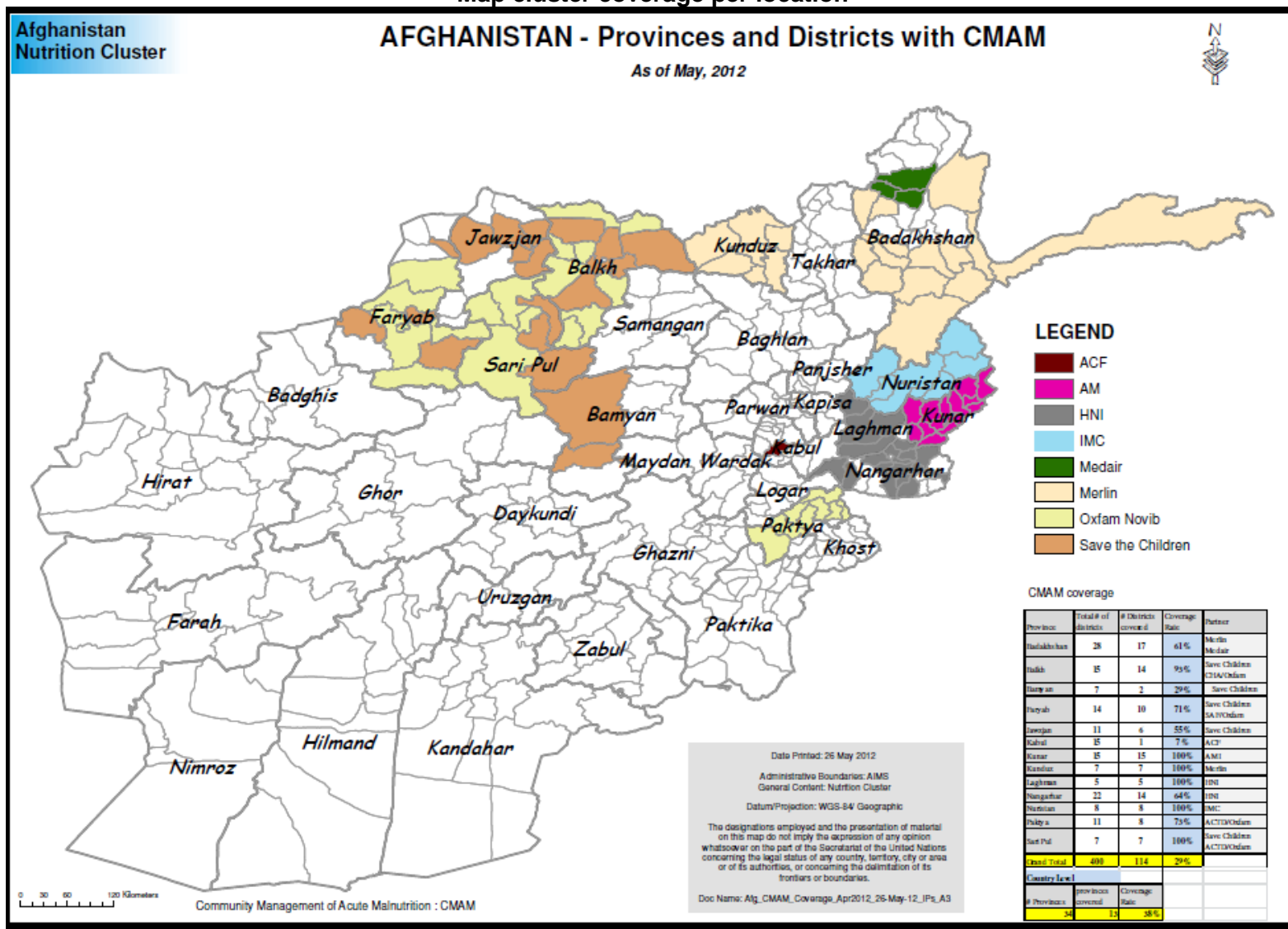
Challenges:

- Low capacity of BPHS implementers in NiE (including implementation of CMAM programme and conducting nutrition surveys) despite the fact that the Cluster exerted some effort in improving Cluster member capacity in standardized monitoring and assessment of relief and transition (SMART) survey methodology and establishing ToT in CMAM.
- Unwillingness of those with capacity to work in insecure and inaccessible areas.
- Limited interest of international organizations to work in Afghanistan mainly due to security-related concerns.

Table of mid-year monitoring vs. objectives

Indicators	Achieved as Mid-year
1. Acutely malnourished children and PLW receive proper and timely treatment.	
Number of children and number of PLW admitted to receive proper treatment.	40,996: 12,564 SAM (26%) 11,577 MAM (1%) and 16,855 PLW
Percentage of sites following the guidelines	100 % of sites follow the guidelines
Percentage of sites in line with Sphere standards	Overall, all sites meet the Sphere standards, although the north-eastern region had higher defaulter rate and a poor cure rate due to harsh winter.
2. Strengthening capacity of nutrition partners to deliver quality and sustainable nutrition services.	
Number of trainings held on CMAM.	Three refreshment trainings on CMAM reporting format held
Number and type of participants trained	30 CMAM health workers refreshed on CMAM
Number of participants trained on proper infant and young child feeding (IYCF) during emergencies	30 participants trained on NiE including IYCF
3. Continuous monitoring of the nutrition situation of the country for decision-makers and stakeholders to take timely and appropriate action.	
Number of new sentinel sites added	None- but is in the plan; 12 supervisors refreshed on sentinel site surveillance on nutrition, WASH and Food Security indicators
Number of surveys conducted	Nutrition surveys carried out in JawzJan, Bamyán and Uruzgan
Number of Disease Early Warning System (DEWS) sites submitting reports	None- WHO is in the process of receiving funds from CIDA to include nutrition indicators in DEWS
Number of quarterly Bulletins produced	First quarter nutrition bulletin produced
Number of meetings held	From January to April, four Nutrition Cluster monthly meetings held, two CMAM working group meetings held

Map cluster coverage per location





3.2.10 PROTECTION

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Deputy Cluster lead	Norwegian Refugee Council
Cluster member organizations	ACBAR, ACTED, Action Aid, ADA, AIHRC, Amifrance, ASDHA, CARE, Child Fund Afghanistan, CIC, CIVIC, DACAAR, DRC, EMDH, HAGAR, HI., HRW, HRW, IOM, IRC, MACCA, NRC, OCHA, OSI, Oxfam, RI, SC, SERVE, TDH, Tearfund, TLO, Trocaire, UNAMA CP, UNAMA/OHCHR, UNDP. UNFPA, UNICEF, UNIFEM, WFP, WHO, ZOA
Number of projects	9
Cluster objectives	<ul style="list-style-type: none"> • Reduced civilian casualties and improved protection environment, with adequate focus on issues of child protection. • Enhanced IDP protection through host communities, Government, other clusters, AGEs and Protection Cluster members. IDP population is profiled; population tracking mechanism is established; and access is improved through better information, assessment and delivery networks. • Enhance CPiE preparedness and response to support populations with critical humanitarian needs. • Enhance prevention of GBV and response to GBV survivors, including focus on psychosocial support, as part of Afghan civilians' protection and assistance humanitarian responses. • Protection needs of IDP returnees are monitored, referred and addressed. Return is voluntary, safe and in dignity. Exploration of other possible durable solutions for IDPs undertaken in specific situations where voluntary return is not possible and stay in displacement is not feasible.
Funds required	Original \$16,160,651 Revised at mid-year: \$16,050,444
Funds required per priority level	High : \$14,993,575 Medium: \$1,056,869
Funding to date	\$11,084,658 (69% of requirements)
Contact information	Daniel Tyler, Cluster Deputy Coordinator, daniel.tyler@afg.nrc.no Sarah Khan, Protection Officer, Cluster Co-ordination, Khansar@unhcr.org

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Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of People in need	Number of Targeted beneficiaries
Conflict-induced IDPs	600,000	600,000
Cross-border displacement	15,000	15,000
Conflict-affected – no access to basic assistance	5,400,000	5,400,000
Conflict-affected – no humanitarian access	Number not available	Number not available
IDP returnees – conflict-affected	20,000	20,000
IDP returnees – natural disaster-affected	Number not available	Number not available
Assisted refugee returnees	162,000	162,000
Natural disaster-affected – IDPs	70,000	70,000
Natural disaster-affected – general population	3,000,000	3,000,000
Acutely vulnerable populations targeted by the MDGs	Number not available	All will be targeted in advocacy efforts
Total	9,267,000 <i>(note this does not include categories with planning estimates not established)</i>	9,267,000 <i>(note this does not include categories with planning estimates not established)</i>

Protection needs remain high and Cluster targets remain the same as initially set in the 2012 CAP, reflecting the ongoing displacement and protection threats to civilians, as well as the foreseen return of vulnerable undocumented Afghans including extremely vulnerable individuals from Iran and other cross-border points.

The Cluster has continued with efforts to strengthen coordination and reporting on protection priorities in all regions. To date, all seven regional clusters and one protection WG (covering north, south, east, west, central, north, north-east and south east) are active and meet on a regular basis similar to the national-level Cluster. Meanwhile, during the first half of the year, the CPiE Sub-Cluster worked closely with the Global CP WG to prepare for a ToT on CPiE for the Sub-Cluster members and government counterparts. However, due to the absence of funds, the activity was not carried out; therefore, no major progress was registered. The CPiE ToT activities are expected to begin in July 2012. Although the CPiE Sub-Cluster responses have been significantly stymied by

the lack of funding, some momentum has been gained in establishing CPIE mechanisms across the country and mainstreaming CPIE. There are concerns that these important gains will be lost if additional funding does not materialize during the second half of 2012.

Meanwhile, the GBV Sub-Cluster undertook an assessment of services provided to GBV victims by state and non-state actors in Nangahar, Kabul and Bamyan provinces. The exercise aimed at identifying key actors providing GBV services, existing entry points for GBV response, gaps in coordination among main service providers, existing policies and procedures regulating GBV response on all levels, existing information management system on GBV cases used by service providers, and main needs and challenges faced by GBV implementing agencies. Based on the assessment findings and recommendations, an international consultant was hired to develop a concept paper to present a general vision, concept models for coordinated GBV response, and coordination models customized to suit the regional context. The developed materials were presented to the GBV Sub-Cluster and relevant Government actors for discussion and agreement on the next steps. These include training key staff of GBV actors in pilot areas and provision of implementation packages for piloting the GBV model in identified areas. Additionally, institutional support was provided, along with WHO, in support of the development of a Gender Strategy for the MoPH. The Implementation Plan for the National Gender Strategy was subsequently approved by MoPH.

A key challenge for the GBV Sub-Cluster relates to limited funding and lack of dedicated coordination capacity. Both factors have continued to impact the Sub-Cluster's activities and greatly contributed to it being unable to achieve most of its targets.

Meanwhile, the HLP task force has gained renewed momentum within the last six months and is on target with its achievements as of mid-year. However, projects submitted in the 2012 CAP under this task force are under-funded. There has been an extension of HLP coordination to the sub-regional level. Focal points for HLP have now been identified in three regional Protection Cluster WGs and the national HLP task force is undertaking a comprehensive mapping in order to identify key HLP issues and constraints in the regions. This will enable a better understanding of where analytical and advocacy efforts at the national level should be directed to help support the regional Protection Clusters.

A number of PoC targets have been met due to existing programmes undertaken by agencies as per their mandates. PoC coordination has been strengthened, both at national and sub-national levels. Trainings on PoC issues including civilian-military coordination and human rights standards continues to represent a major gap. However, there have been efforts to address this during the later part of the year by mainstreaming PoC trainings in other planned trainings by APC members.

All Protection Cluster projects are in compliance with Gender Marker requirements. A number of projects have been submitted by the GBV Cluster specifically related to gender issues. Gender has been incorporated within the Protection Cluster mainstreaming strategy. Security and access constraints continue to feature as a major challenge for Protection actors. These issues, coupled with low levels of funding for the Cluster and sector generally

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(particularly for smaller national NGO and international NGO partners) has resulted in delayed project implementation, or the inability to carry out projects entirely. To date, the Cluster has implemented less than 10% of the planned 2012 CAP activities.

As part of the non-CAP response, MAPA implementers cleared 302 communities (i.e. cleared or cancelled^[1] 1,661 minefields, 14 AIF and 270 battle areas, and destroyed 23,334 anti-personnel mines, 1,075 anti-tank mines, 178 abandoned improvised explosive devices and 610,206 ERWs) between June 2011 and May 2012. Since the beginning of the programme 22 years ago, the implementers of mine action have cleared 16,606 hazards, covering 1,420 km² and cancelled 1,640 hazards, covering an area of 201 km² throughout the country. This covers 108 Districts and 1,938 communities. To date, over 20 million Afghans received Mine Risk Education. The Ottawa Mine Ban Convention requires total clearance of all anti personnel minefields by 2013. As of May 2012, there were still 206 km² of anti-personnel minefields, 249 km² of anti-tank, 5 km² of AIF fields, 50 km² ERW of battle fields, 68 km² of mixed mines and 36 km² of mixed (Mines and ERW) contaminated land. Over a million Afghans still live within 1 km of contaminated land, which is significantly impacting on their lives and livelihoods. An extension of the deadline has been submitted. Previous unknown hazardous areas continue to be found in Afghanistan, and provisions for this are being made in action plans for the coming year. Other than the mine action programme, no systematic verification has taken place on the other Protection projects being implemented outside the appeal although there are plans to include that in the 2013 CAP cluster work plan.

Table of mid-year monitoring vs. objectives

Indicators and Targets	Achieved as at Mid Year
1. Reduced civilian casualties and improved protection environment, with adequate focus on issues of child protection.	
PoC strategy by the Protection Cluster developed and implemented.	Strategy developed
Number of trainings provided.	Nothing to report
Number of ISAF meetings attended and presentations made on civilian casualties issues	Four
Number of reports provided on violations.	One (UNAMA mid-year report)
Feedback to the SCEG on PoC as required.	One.
Monthly feedback to the HCT on PoC.	Five (including May HCT)

^[1]The term 'cancelling a minefield' refers to a process whereby a suspected hazardous area is verified to be free of mines.

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Indicators and Targets	Achieved as at Mid Year
2. Enhanced IDP protection through host communities, Government, other clusters, AGEs and Protection Cluster members. IDP population is profiled; population tracking mechanism is established; and access is improved through better information, assessment and delivery networks.	
Number of capacity-building exercises conducted for GoIRA officials and other stakeholders on IDP issues.	12
Number of IDP coordination mechanisms active sub-nationally.	Nine regions covering south east/east/west/central/north/north-east/south (five are combined with Protection Clusters).
Percentage of successful mine clearance operations in IDP areas.	100%
Percentage of progress by mine action implementing partners toward achieving 1390/ 1391 Integrated Operational Framework.	1390:87%
Number of regional Mine Clearance Emergency Response Units (ERUs) and areas covered.	14 Regional Mine Clearance ERUs
National coverage of the Population Movement Tracking Mechanism.	Ongoing
Updated IDP profile/ snapshot available at early 2012.	Completed
IDP protection tools prepared/ harmonized and widely disseminated.	Flood response tool provided input and IDP checklist revision ongoing.
3. Enhance CPiE preparedness and response to support populations with critical humanitarian needs.	
Number of CP agencies have increased capacity on CPiE.	Nothing to report
Number of agencies have mainstreamed CPiE activity into their regular programme.	Two (Child Fund/ SC)
Number of locations per region have completed CP assessment.	Nothing to report
Number of regions with functional Sub-Cluster.	Two (western and eastern regions)
Number of children receiving coordinated service through referral system.	Nothing to report
4. Enhance prevention of GBV and response to GBV survivors, including focus on psychosocial support, as part of Afghan civilians' protection and assistance humanitarian responses.	
Number of GBV assessment and report conducted.	One
Number of regions with referral systems in place.	Nothing to report

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Indicators and Targets	Achieved as at Mid Year
5. Protection needs of IDP returnees are monitored, referred and addressed. Return is voluntary, safe and in dignity. Exploration of other possible durable solutions for IDPs undertaken in specific situations where voluntary return is not possible and stay in displacement is not feasible.	
Number of IDPs who managed to achieve durable solution.	88,082 individuals (January-March) were noted to have moved from their last recorded place of displacement. However, it is unknown if they have found durable solutions (such as local integration, settlement elsewhere or returned) or moved into secondary displacement.
Number of capacity-building exercises conducted for GoA officials on return issue	Zero
Percentage of successful mine clearance operations in return areas after referral from national/regional Protection Cluster.	0.1%
Percentage of progress by MA implementing partners toward achieving 1390/ 1391 Integrated Operational Framework.	This is repeated above
Number of regional Mine Clearance ERU and areas covered.	This is repeated above
National coverage of the Population Movement Tracking Mechanism enabled for tracking returns.	This is repeated above
Updated IDP profile/ snapshot available at early 2012 including on returns.	This is repeated above
Number of training and capacity-building activities for GoIRA officials on monitoring, tracking, reporting and addressing the needs.	12 trainings (part of the IDP trainings)
Regularly updated database and provision of monthly reports.	Five (including May) through IDP task forces.
Well-coordinated natural disaster-related information and response with the ANDMA, other Government actors and other clusters.	Regular and ongoing: five IDP task force meetings till date (Including May)
Existence of and implementation of an approved eviction guidelines.	Guidelines revised and finalized
Informal settlement overview report.	One report contributed to Humanitarian Policy Group study

Map of cluster coverage per location

See link to the Protection Cluster webpage for details at <http://afg.humanitarianresponse.info/clusters/Protection/>



3.2.11

WATER, SANITATION AND HYGIENE

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	ACF, ACTD, ACTED, ADRA, Afghanaid, AKDN, AKF, ANDMA, AREA, BERO, CAF, Caritas Germany, CoAR, Concern, CRS, DACAAR, DROP, FGA, Helvetas, IFRC, IMC, IRC, JEN, LSO, Mediar, Mission East, MoPH, MRRD, NAC, NCA, NERU, NRC, NRDOAW, OHW, OXFAM-GB, OXFAM-NOVIB, PIN, Provincial RRDs, RCDC, Relief International, SCA, SCI, SHPOUL, Solidarites, STARS, Tearfund, UMCOR, UNDP, UNHCR, UNICEF, WFP
Number of projects	23
Cluster objectives	<ol style="list-style-type: none"> 1. Support emergency WASH interventions with equal access and reasonable reach for women, men, boys and girls in armed conflict, the displaced and populations without access to basic assistance. 2. Support initial WASH assistance to IDPS and refugee returnees. 3. Prepare and respond to emergency WASH needs of women, men, boys and girls in need arising from annual and seasonal natural 'disasters.' 4. Promote DRR strategies and advocate inclusion of DRR intervention with development and humanitarian actors.
Funds required	Original: \$26,187,287 Revised at mid-year: \$26,426,092
Funds required per priority level	High: \$21,453,808 Medium: \$4,972,284
Funding to date	\$11,471,936 (43% of requirements)
Contact information	Cluster Coordinator: Samay Saquib – ssaquib@unicef.org Deputy Cluster Coordinator: Hilman Agung – hagung@oxfam.org.uk , Cluster Information Management Officer: Ramon Shinkfield – rshinkfield@unicef.org ,

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Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries**			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Conflict Affected – IDPs	N/A	N/A	150,000	162,846	169,493	332,339	20,941	22,240	43,181
Cross-Border displacement	N/A	N/A	15,000						
Conflict Affected – no access to basic assistance	N/A	N/A	N/A						
Conflict Affected – no humanitarian access	N/A	N/A	N/A						
IDP returnees – conflict affected	N/A	N/A	N/A						
IDP returnees – natural disaster affected	N/A	N/A	N/A						
Assisted refugee returnees	N/A	N/A	162,000						
Natural disaster-affected – IDPs	N/A	N/A	70,000	34,300	35,700	70,000	N/A	N/A	
Natural disaster-affected – general population.	N/A	N/A	3,000,000	501,997	522,487	1,024,484	27,875	29,011	56,886
Acutely vulnerable populations MDG-targeted.	N/A	N/A	A/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	N/A	N/A	N/A	699,143	727,680	1,426,823	N/A	N/A	100,067

Note: Only safe drinking water provision reported as it is accompanied with sanitation and hygiene education and promotion.

** MYR revised target beneficiaries figures

A large part of the needs identified by the WASH Cluster in the beginning of 2012 remains unaddressed. At the end of April, the Cluster was only funded at 5% of the \$26.2 million required whereas by the end of May the reported funding for the cluster increased to 37% of the requirement.

Despite significant snowfall last winter and the rainfall since March, no rise in the ground water table has been observed, due to the slow movement of ground water. A ground water monitoring report is being prepared by one of the cluster lead partners that will highlight this situation. One of the issues that the WASH Cluster partners will continue to face is the large number of non-functional water points during summer season.

The recent flash floods in the north and other parts of the country have also left people in need of urgent safe water interventions as well as many water points in need of rehabilitation and water quality monitoring as the floods either washed away water sources or deteriorated water quality.

As part of the 2012 CAP planned interventions, the Cluster needs funding to implement emergency, gender-balanced water interventions providing adequate quality and quantity of water (minimum 15 litres of drinking water per capita per day according to the Sphere standards) for drinking, cooking and hygiene purposes along with sanitation and hygiene education and promotion. It also needs to ensure access to improved sanitation and bathing facilities in the displacement situations during all seasons. To ensure early recovery and DRR, WASH interventions have been accompanied by awareness-raising on better hygiene practices, water quality monitoring, ensuring application of technical standards and technical capacity-building, and promotion of operation and maintenance of WASH facilities. The Cluster will ask for regional /global support to prepare a long-term strategic plan for the WASH Cluster in Afghanistan, conduct learning needs assessments, contingency planning, and implementation of other planned interventions in 2012. MoRRD will be supported in a national survey to assess the functionality of water points in rural Afghanistan and information management.

WASH Cluster partners' focus from January 2012 was mainly on preparedness measures, including fund mobilization as the level of funding was only 5% until April 2012. Emphasis was placed on prepositioning available emergency supplies at the regional and provincial level and determining the needs for provision of additional supplies. During this period, the WASH Cluster Information Management System was developed to meet reporting requirements by the Cluster and substantial progress has been made in establishing baseline data. Support was provided to MoRRD to initiate activities for the reactivation of the WASH database for both development and humanitarian personnel. The survey of water points/systems functionality has been progressing in the north using the revised format and results are expected by the end of July 2012. The flash flood in May in Sari Pul and other parts of the north added the need for additional efforts on the response side. Assessment of the WASH damage and needs, supply of emergency safe drinking water, and rehabilitation and disinfection of water sources and systems were initiated using available resources.

From January to May, the Cluster reached over 100,000 beneficiaries with safe water interventions against the target of 1,426,823 (about 6.5%) and approximately 74,000 for hygiene and sanitation promotion against the same target for water (about 4.8%). The number of recorded safe water beneficiaries includes 61,000 children, 19,000 women, and 20,000 men; while the number of recorded hygiene and sanitation education and promotion beneficiaries includes 40,000 children, 17,000 women, and 17,000 men. The gap areas not yet reached with WASH response include provinces under the CAP projects without funding. All planned areas also face the access constraint. The WASH Cluster response in 2012 has been hindered by lack of available financing to CAP projects. As such, the majority of the funds utilized so far in 2012 have been from either carryover from 2011 CAP or sources outside both the 2011 and 2012 humanitarian appeals for Afghanistan. Further resources are needed to mobilize information management support for disaster preparedness and DRR activities, in particular building the information management capacity of government and other national emergency responders in the WASH Sector.

Cluster performance will be monitored based on the number and types of beneficiaries reached with WASH interventions and joint inter-cluster responses to and control of outbreaks of WASH-related diseases (cholera and AWD). Gender mainstreaming will be the key priority for WASH Cluster partners, in planning, implementation and monitoring stages of the projects. Involvement of women in the process will be ensured. Disaggregation of data for gender purposes and for data compilation at the district level will be enhanced.

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Table of mid-year monitoring vs. objectives

Indicators and Targets	Achieved as Mid-year
<p>1. Support emergency WASH interventions with equal access and reasonable reach for women, men, boys and girls in armed conflict, the displaced and populations without access to basic assistance.</p>	
<p>Number of IDPs/returnees and people in areas without access to basic assistance reached with WASH interventions. Targets: 200,000 (50,000) reached with temporary latrines if in displacement.</p>	<p>Safe water beneficiaries reached: children: 13,128; women: 5,537; and men: 5,370 for a total of 24,035. Hygiene and sanitation promotion beneficiaries reached: children: 4,549; women: 3,902; and men: 3,395 for a total of: 11,846.</p>
<p>2. Support initial WASH assistance to IDPS and refugee returnees.</p>	
<p>Number of people benefitting from safe drinking water and sanitation promotion. Targets: 212,839 for hygiene education.</p>	<p>Safe water beneficiaries reached: children: 8,582; women: 4,767; men: 5,798 for a total of: 19,147. Hygiene and sanitation promotion beneficiaries reached: children: 4,553; women: 3,368; and men: 3,881 for a total of: 11,802.</p>
<p>3. Prepare and respond to emergency WASH needs of women, men, boys and girls in need arising from annual and seasonal natural 'disasters.'</p>	
<p>Number of people benefitting from minimum 15 litres of safe drinking water/day and sanitation promotion and hygiene promotion activities. Target: 1,123,479.</p>	<p>Safe water beneficiaries reached: children: 38,670; women: 8,927; and men: 9,289 for a total of: 56,886. Hygiene and sanitation promotion beneficiaries reached: children: 30,778; women: 10,081; and men: 9,731 for a total of: 50,590.</p>
<p>Number of families adapting improved hygiene practices. Target: 1,123,479 with Health and Nutrition Clusters. Number of outbreaks controlled/responded. Water sources/quality monitored, tested and disinfected . Target: 5,000.</p>	<p>200 water sources tested, benefitting 1,300 individuals</p>
<p>4. Promote DRR strategies and advocate inclusion of DRR intervention with development and humanitarian actors.</p>	
<p>Number of WASH Cluster members that documented lessons from their field and shared with WASH Cluster. A consolidated document is prepared and shared with all.</p>	<p>Initiation of the reconciliation process of NRVA and MICS survey results, and WHO/UNICEF JMP workshop. Partners have been presenting on DRR projects and documentation of field examples and have begun preparation of a one page guideline and good examples on DRR.</p>

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Table of cluster coverage per location

SITE / AREA	ORGANIZATIONS
Central region	UNICEF, ACF, CoAR, FGA, IRC, JEN, Provincial RRDs, Solidarites, Tearfund .
South eastern region	UNICEF, ACTD, ARD, CARE, Department of Water Supply, DoPH, HNI-TO, IOM, IRC, OHW, PDMA, Provincial RRDs, UNHCR, WHO.
Central highland	UNICEF, ACF, ActionAid, DoPH, Helvetas, IOM, LSO, OHW, Oxfam-GB, Provincial RRDs., SCI, Solidarites, UNHCR.
Northern region	UNICEF, ACF, ACTED, Afghanaid, Ahead, ANDMA, CoAR, DACAAR, DoE, DoPH, Helvetas, NPO-RRAA, PIN, Provincial RRDs, SCA, SCI, Tearfund, WHH, ZOA.
Eastern region	UNICEF, ANDMA, DACAAR, DoPH, FGA, IRC, NPO-RRAA, Provincial RRDs, SCA, SCI, SHPOUL, UNHCR, Urban WASH Department.
Western region	UNICEF, ACF, Afghanaid, ANDMA, CRS, DACAAR, INTERSOS, IRC, NPO-RRAA, OCHA, Provincial RRDs, SDP, UNHCR, VWO.
North-eastern region	UNICEF, ACTED, Afghanaid, AKF, DACAAR, GTZ, HAS, ME, Oxfam-GB, Provincial RRDs, SCA, SWSS.
Southern region	ACTD, ARD, CADG, HAPA, Mercy Corps, NERU, NSP, OHW, Save the Children, UNHABITAT, UNHCR.
Cluster Presence Map	http://afg.humanitarianresponse.info/sites/default/files/WASH_CLUSTER_PRESENCE.pdf

4. FORWARD VIEW

Afghanistan is now in its fourth decade of protracted conflict. The number of refugees who have returned over the past decade has risen to 5.7 million, with a further five million refugees and migrants still residing in Iran and Pakistan. Reintegration conditions remain extremely challenging. Within Afghanistan, rising insecurity from armed conflict, intimidation and harassment, tribal conflict and cross-border shelling has resulted in significant displacement and migration. More than a third of Afghanistan's population has personally experienced displacement. Afghanistan has an average of one doctor per 16,000 Afghans, one teacher per 100 children and an average poverty rate of 36%, with many conflict-affected provinces significantly above this norm. More must be done to ensure that real solutions are delivered for the displaced and access to basic services provided for those communities in greatest need.

Afghanistan's recurrent natural hazards include extreme winter conditions and avalanches, flooding and landslides, droughts and earthquakes. The drought declared in July 2011, the eighth in eleven years, affected almost three million people across fourteen provinces in the north, north-east and west of the country. The human impact of flash floods, thawing snow and rising water levels has been severe, with 298 natural hazard incidents recorded from January to mid-June 2012. An estimated 348 people were killed and 20,133 homes damaged or destroyed across 160 districts of the country.

The infrastructure and economic damage resulting from these incidents has been equally devastating, as road and water networks, schools and hospitals, agricultural land and forestry were damaged and destroyed. More must be done to provide support in a way that helps to improve the Government's capacity to respond to humanitarian needs, to better prepare for disasters and to build the resilience of communities.

Notwithstanding the investments and real improvements achieved over the past decade, Afghanistan remains amongst the bottom places of all Human Development Index indicators with a ranking of 172 out of 189 participating states. Preserving some of the key human development achievements of the last ten years remains possible. It requires prioritization of key sectors such as education, health and livelihoods support, investment in development opportunities for women and girls, and continued donor support not just to security but also human development and governance. This support must be provided to ensure that Afghanistan achieves parity with other low human development countries.

Environmental factors need to be taken into consideration. In particular, increasing community resilience is vital and neglected to date. There is a great need to increase the capacity of national planners and actors understanding of the importance in Afghanistan for decentralized responses that include community-based preparedness, resilience and including environmental considerations in policy and national plans. Enhancing environmental benefits in humanitarian response is also possible, for example by extending disaster mitigation measures to bring net positive benefits (by increasing slope stability, introducing environmental technologies, water projects, climate change adaptation, etc.).

In light of these existing conditions and expected changes throughout the coming 30 months, the HCT determines that an appeal will be required for Afghanistan in 2013 and subsequent years. As part of the preparations for the 2013 CAP, the HCT plans to hold a 2012 CAP lessons learned workshop in July 2012, followed by a 2013 national planning workshop as well as sub-national

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discussions in the regions in September 2012. In order to fill all key information gaps by the start of the 2013 appeals development season, a number of assessments and surveys will be conducted and results released between May and August 2012, informed by a gender analysis exploring the distinct needs of women, girls, boys and men and inclusion of SADD. The national clusters have identified key assessments/results as listed in the table that follows.

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1. Will there be a CAP in 2013?	YES			
2. 2013 CAP workshop dates:	National: one day between 2 and 5 September. Six sub-national: between 9 and 16 September .			
3. Needs assessment plan for the 2013 CAP: existing assessments, identification of gaps in assessment information, and planned assessments to fill gaps.				
EXISTING NEEDS ASSESSMENTS (January – May 2012)				
Cluster/Sector	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
EDUCATION	Northern region: Saripul and Jawzjan, Badakhshan central region (Bamyan, Daikundi Ghazni) eastern region (Nangahar)	UNICEF/PEDs, OCHA, UNICEF, NRC, SC and other international NGOs	June 2012	Assessment of schools damaged in Saripul and Jawzjan. Assessment of the needs of children in the Ghor.
ES/NFIs	Nothing to report			
ETC	Nothing to report			
FSAC	Pre-crop assessment (33 provinces)	WFP, FAO, FEWSNET	April 2012	http://www.fews.net/docs/Publications/AF_OL_2012_04_final.pdf
	Flood assessment reports (northern provinces)	NGOs, particularly Solidarités	March to June 2012	
	Market survey (12 provinces)	FAO	April, May 2012	
HEALTH	Countrywide	Cluster members, WHO	November 2011- March 2012	Health resources availability
	Countrywide	WHO, MoPH members	June 2011 – Dec 2011	Epidemiological profile district level
	Countrywide	WHO, members	May – Sept 2012.	IDP access to health services
NUTRITION	Uruzgan, JawzJan and Bamyan – Nutrition surveys for under-five children and PLW; Badakhshan, Balkh, Faryab, JawzJan, Kunduz, Saripul for sentinel site surveillance for under-five children	Oxfam Novib, Save the children, ACTD, SAF and CHA	Uruzgan – December 2011- January 2012. JawzJan – April –May, 2012 Bamyan – May 2011. All sentinel surveillance – July 2011 – update	Nutrition surveys Sentinel site surveillance
	Capacity-mapping for cluster member agencies	Nutrition Cluster	June- July 2012	Capacity-mapping

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EXISTING NEEDS ASSESSMENTS (January – May 2012)				
Cluster/Sector	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
PROTECTION	Kandahar/Helmand/Urozgan & Zabul	UNHCR (OHW & HRDA)	February – March 2012	IDP profiling
	IDPs -New IDP caseloads (natural and disaster) assessments	DoRRs, NGOs (NRC, IRC, local NGOs) and relevant UN agencies (WFP/UNHCR) and IOM (occasionally UNICEF)	Ongoing	Refer to national IDP task force minutes at http://afg.humanitarianresponse.info/clusters/IDP%20Task%20Force .
	CPiE -No needs assessment carried out for CPiE			
	Mine Action -MAPA The first assessment was a livelihoods survey whose aim was to enhance the socio-economic benefits from mine action. Carried out in Herat province	By the Geneva International Centre for Humanitarian Demining	Fieldwork: end of 2011, report now being finalized	All reports, when finalized, will be available on the MACCA website at www.macca.org.af .
	Mine Action -MAPA The second was an assessment of MRE activities by the MAPA. Carried out in Kabul, Paktiya and Parwan	Samuel Hall, a consultancy, hired by the MACCA	Fieldwork: start of 2012, report finalized in May 2012	
	Mine Action – MAPA Non-technical survey – which will last two years – is being launched. It will be carried out in every community where mines have been reported in Afghanistan. As part of the survey, village-by-village unexploded ordnance clearance activities will be conducted	Three agencies of the MAPA: the Mine Action Coordination. MACCA	Duration of two years – to be finalized in 2014	

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EXISTING NEEDS ASSESSMENTS (January – May 2012)				
Cluster/Sector	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
	GBV: assessment of GBV referral systems			
	Human Rights Watch (HRW) Study on wrongful imprisonment of women and girls for "moral crimes"	HRW	March 2012	Report found at: http://www.hrw.org/news/2012/03/28/afghanistan-hundreds-women-girls-jailed-moral-crimes .
	Protection of civilians: Uruzgan: 18 months after the Dutch/Australian Leadership Handover – Uruzgan – conflict-affected populations	TLO	April 2012	
WASH	Nimroz Province	UNICEF (SSDA)		WASH vulnerability assessment
	KIS	Solidarites		
	Ruyi Du Ab District of Samanagen Province.	Solidarites		Assessment of acutely vulnerable populations (WASH).
	Jawzgoon Valley, Badakhshan	Oxfam-GB	1 to 3 May 2012	Assessment carried out by Oxfam and Partners in Revitalization and Building on the impact of landslides and flash floods
	Sari Pul town and other affected areas	ANDMA / RRD	May 2012	Assessment of the areas impacted by the 19 May 2012 floods. http://afg.humanitarianresponse.info/sites/default/files/Sari%20Pul%20Flood%20Assessment%20May%202012.zip .
	Drought affected regions in north, north-east and west	Cluster / RRD	January to July 2012	[On-going] Assessment of water point functionality to estimate the percentage of non-functioning water points http://afg.humanitarianresponse.info/sites/default/files/Water%20Point%20Functionality%20Survey%20-%20Framework%2C%20Forms%20and%20Database.zip .

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CLUSTER IDENTIFIED GAPS IN INFORMATION			
Ref. #	Cluster(s)	Geographic areas and population groups	Issues of concern
E1	EDUCATION	Countrywide	School safety is a concern with poisoning, threats, attack, burning and occupation of schools on the rise. There is no clear strategy on how to protect schools
ESN1	ES/NFIs		Nothing to report
ETC1	ETC		Nothing to report
F1	FSAC		Nothing to report
H1	HEALTH	Countrywide	Risk analysis (health) district and community level
H2	HEALTH	Countrywide	IDP health status and access to essential health services
N1	NUTRITION	Badghis and Kandahar	Situation very volatile due to insecurity and limited capacity
P1	PROTECTION	Countrywide	1. Situation of conflict-affected populations in inaccessible areas 2. Secondary movement of IDPs and scale of durable solutions 3. Situation of conflicted-affected populations in non-accessible areas
W1	WASH	Countrywide	Current baseline estimates of safe water and sanitation coverage
W2	WASH	Countrywide	Trends in the displacement of conflict-induced IDP's and natural disaster-induced IDPs
W3	WASH	Countrywide	Trends in the locations for returning Refugees and IDPs
W4	WASH	Countrywide	Identification of gaps in humanitarian access to prioritize assessments and interventions
W5	WASH	Countrywide	Estimates of non-functioning water points and the primary causes of failure
W6	WASH	Countrywide	WASH vulnerability based on health and environmental statistics

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PLANNED NEEDS ASSESSMENTS (June – December 2012)						
To fill info gap (ref. #)	Cluster(s)	Geographic areas and population groups targeted	Orgs to implement the assessment	Planned dates	Issues of concern	To be funded by
E1	Education	Countrywide		Third quarter of 2012	There is no clear strategy applicable for Afghanistan on how to protect schools; School safety is a concern with attack and occupation of schools	
E1	Education	Countrywide	MoE and Education Cluster	Third quarter 2012.	Strategy to Address Attacks on Schools	
E1	Education	Countrywide		Fourth quarter 2012	INEE Guidelines	
ESN1	ES/NFIs	Where need arises	UNHCR/IOM lead	3 rd & 4 th quarters 2012	Need for basic NFIs and/or shelter	
F1	FSAC.	21 provinces, 54 districts at least	WFP, FAO, NGOs	June / July 2012	Food security assessment	FSAC, NGOs, WFP, FAO (ECHO, USAID)
F2	FSAC.	Countrywide		July 2012	IPC Joint assessment results by livelihood zones	FAO (ECHO)
H1	Health	Countrywide	WHO, members	May -September	Risk Analysis	
H2	Health	North, south and western regions	WHO, members	May -August	IDP health status and access to essential healthcare	
H3	Health	Countrywide	WHO members	August December 2012	Outbreak map – 2012 overview with analysis	
N1	Nutrition	Countrywide		June 2012	Partner capacity-mapping	
N2	Nutrition	Countrywide		May 2012	Nutrition bulletin 2011 year-end	N/A
N3	Nutrition	Countrywide	CSO	June 2012	MICS 2011 results	
N4	Nutrition	Countrywide		July 2012	ToT manual	
P1	Protection	Countrywide	UN-led country task force on children and armed conflict.	June	Secretary-General's CAAC Annual Report for 2011 - by UNICEF and UNAMA CP on behalf of the UN-led country task force on children and armed conflict	
P2	Protection	West region	Protection Cluster	June 2012	APC western region overview	
P3	Protection	Countrywide.	NRC	August 2012	IDP protection study	
P4	Protection	Countrywide	NRC	September 2012	HLP shelter study	
P5	Protection	Countrywide	UNHCR	June 2012	IDP profile report – data related to conflict affected IDPs	
P6	Protection	Eastern or central region	CPiE Sub-Cluster	September/October 2012	CPiE needs assessment in selected locations	

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PLANNED NEEDS ASSESSMENTS (June – December 2012)						
To fill info gap (ref. #)	Cluster(s)	Geographic areas and population groups targeted	Orgs. to implement the assessment	Planned dates	Issues of concern	To be funded by
P7	Protection	Countrywide	JIPS	TBD	Joint IDP Profiling Service (JIPS) mission in Afghanistan to provide solid, independent recommendations on IDP tracking	
P8	Protection	Countrywide	HRW	2012	Study on Afghan Refugees and Migrants in Iran	
P9	Protection	Countrywide	UNAMA HR	Mid- July 2012	POC mid-year report 2012 (1 Jan-30 June) - The report will assess the impact of the conflict on civilian communities with a focus upon civilian casualties and human rights protection in conflict impacted areas.	
P10	Protection	Countrywide	TLO and OSF	End of September 2012	Study in three provinces to examine the impact of the conflict on civilian communities and their coping mechanisms	
P11	Protection	Countrywide (12 provinces: Kabul, Wardak, Logar, Laghman, Nangahar, Kapisa, Uruzgan, Kandahar, Farah, Herat, Takhar, Kunduz)	CIVIC and ADA	Late August/September	Survey of Afghan government compensation and victim assistance programs - The goal is to document the process for issuing compensation at the national and provincial level by looking at government structures, speaking to recipients etc	
P12	Protection	Countrywide	HLP task force	Late September/October 2012	Matrix mapping of HLP issues across the country	
W1	WASH	Countrywide	CSO, MRRD, MoPH, WHO	July 2012	Current baseline estimates of safe water and sanitation coverage through the harmonization of national survey data	
W5	WASH	Countrywide	WASH Cluster partners	September 2012	WASH vulnerability analysis using secondary data to define at-risk populations for priority interventions.	
W1	WASH.	Countrywide	Led by provincial RRD's supported by WASH Cluster partners	December 2012.	Water point functionality survey for countrywide estimates of non-functioning assets	

Annex I. List of Projects and Funding Results to Date

Table IV: List of appeal projects (grouped by cluster), with funding status of each

Consolidated Appeal for Afghanistan 2012 as of 30 June 2012 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
COORDINATION								
AFG-12/CSS/44534/124	Strengthening Child Protection in Emergency (CPIE) Sub Cluster coordination, CPIE Capacity, Child Protection Needs Assessment and Information Management in Afghanistan	UNICEF	785,915	785,915	99,784	686,131	13%	B. MEDIUM
AFG-12/CSS/44537/5834	Afghanistan Protection Cluster NGO Deputy Coordinator	NRC	192,718	192,718	-	192,718	0%	B. MEDIUM
AFG-12/CSS/45504/123	Effective coordination and leadership of the Food Security and Agriculture Cluster (FSAC) in Afghanistan	FAO	1,170,214	1,170,214	-	1,170,214	0%	B. MEDIUM
AFG-12/CSS/45518/13115	Knowledge and Common Operating Picture transfer for humanitarian information management	iMMAP	593,244	593,244	593,244	-	100%	B. MEDIUM
AFG-12/CSS/45784/R/6079	Education Cluster Coordination and Information Management	SC	235,000	117,500	-	117,500	0%	B. MEDIUM
AFG-12/CSS/45812/298	Humanitarian Coordination, strategic planning and information management in the Emergency Shelter & NFIs (ES&NFIs) Cluster in Afghanistan	IOM	1,134,000	1,134,000	1,134,000	-	100%	B. MEDIUM
AFG-12/CSS/46551/R/119	Strengthening Humanitarian Coordination and Advocacy in Afghanistan	OCHA	11,188,198	11,188,198	1,389,368	9,798,830	12%	B. MEDIUM
Sub total for COORDINATION			15,299,289	15,181,789	3,216,396	11,965,393	21%	
EDUCATION								
AFG-12/E/45532/R/5834	Youth Education Pack (YEP) in Herat and Nangarhar	NRC	1,412,533	1,058,591	1,058,590	1	100%	A. HIGH

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/E/45544/14788	Home-based literacy classes for women and girls in IDP and returned refugee communities in Nangarhar	HAWCA	228,340	228,340	-	228,340	0%	A. HIGH
AFG-12/E/45548/R/6079	Community-based Education (CBE) classes for IDP children in Nangarhar	SC	1,437,869	753,950	-	753,950	0%	A. HIGH
AFG-12/E/45680/298	Emergency Repairs for Conflict Affected and Natural Disaster-Affected Schools	IOM	5,519,301	5,519,301	-	5,519,301	0%	A. HIGH
AFG-12/E/45721/15034	Promoting complementary education system effected by disaster in Kandahar	ASDO	96,300	96,300	-	96,300	0%	C. LOW
AFG-12/E/45785/14523	Literacy for life education for women in Uruzgan province	ACTD	255,100	255,100	-	255,100	0%	B. MEDIUM
AFG-12/E/45804/5255	Improve Humanitarian Access to Conflict-affected Areas	Afghanaid	103,000	103,000	-	103,000	0%	B. MEDIUM
AFG-12/E/45804/5645	Improve Humanitarian Access to Conflict-affected Areas	CARE International	282,240	282,240	-	282,240	0%	B. MEDIUM
AFG-12/E/45948/124	Support to Education in the Insecure and Conflict Affected Provinces in Afghanistan	UNICEF	4,796,711	4,796,711	2,054,975	2,741,736	43%	B. MEDIUM
AFG-12/E/45951/124	Provision of Assistance to Winter Affected Children to Maintain Retention and Completion of school During the Winter Season.	UNICEF	3,595,000	3,595,000	-	3,595,000	0%	A. HIGH
AFG-12/E/51446/R/5834	Education in Emergencies	NRC	-	535,000	-	535,000	0%	A. HIGH
AFG-12/E/51508/R/124	Community mobilisation to make schools safer for children, especially girls in Afghanistan	UNICEF	-	1,250,000	-	1,250,000	0%	A. HIGH
AFG-12/ER/44533/R/5834	Income Generation for young refugee returnees and IDPs in Nangarhar and Faryab Provinces	NRC	482,090	2,394,270	2,963,168	(568,898)	124%	A. HIGH
Sub total for EDUCATION			18,208,484	20,867,803	6,076,733	14,791,070	29%	
EMERGENCY SHELTER								
AFG-12/S-NF/44530/R/5834	Emergency shelter and NFI assistance to conflict and natural disaster affected population in Nangarhar and Laghman Provinces	NRC	1,187,588	1,187,588	1,187,588	-	100%	A. HIGH
AFG-12/S-NF/44535/5834	Emergency Shelter for returnees, IDP and vulnerable women in Herat	NRC	631,711	631,711	-	631,711	0%	A. HIGH

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/S-NF/44579/5834	Shelter Assistance to Vulnerable Returning Refugees, IDPs and Vulnerable Host Communities in Urban Settlements	NRC	1,384,082	1,384,082	581,982	802,100	42%	A. HIGH
AFG-12/S-NF/44799/14548	Shelter implementation for vulnerable returnee and IDPs families in Kandahar province	HAPA	92,000	92,000	-	92,000	0%	A. HIGH
AFG-12/S-NF/44803/14548	Shelter implementation for vulnerable returnee and IDPs families in Helmand province.	HAPA	75,000	75,000	-	75,000	0%	A. HIGH
AFG-12/S-NF/44805/14548	Shelter implementation for vulnerable returnee and IDPs families in Zabul province.	HAPA	50,000	50,000	-	50,000	0%	A. HIGH
AFG-12/S-NF/44818/14548	Shelter implementation for vulnerable returnee and IDPs families in Urozgan province.	HAPA	75,000	75,000	-	75,000	0%	A. HIGH
AFG-12/S-NF/45537/5834	Sustainable shelter assistance for vulnerable refugee returnees, IDP returnees and host communities	NRC	2,319,682	2,319,682	2,319,682	-	100%	A. HIGH
AFG-12/S-NF/45545/5834	Shelter assistance to flood-affected families in Nangarhar Province	NRC	640,472	640,472	-	640,472	0%	A. HIGH
AFG-12/S-NF/45550/5834	Emergency Shelter for returnees and IDPs in Herat	NRC	1,064,526	1,064,526	1,161,895	(97,369)	109%	A. HIGH
AFG-12/S-NF/45711/14914	Shelter Assistance to Flood-Affected Families - Baghlan Province	WEDHA	189,700	189,700	-	189,700	0%	B. MEDIUM
AFG-12/S-NF/45724/5834	Emergency Shelter and NFI assistance to conflict and natural-disaster affected populations in Northern Afghanistan	NRC	693,360	693,360	-	693,360	0%	A. HIGH
AFG-12/S-NF/45754/5511	Winter Induced Emergency Support for Punjab, Waras and Yakawlang Community	ActionAid	231,404	231,404	-	231,404	0%	B. MEDIUM
AFG-12/S-NF/45788/120	Reintegration of Afghan IDPs	UNHCR	11,779,628	11,779,628	-	11,779,628	0%	A. HIGH
AFG-12/S-NF/45805/14520	Construction of Emergency Shelter for Flood Affected Population in Shoor Tippa and Kaldar districts of Balkh Province	NRDOAW	360,000	360,000	-	360,000	0%	C. LOW
AFG-12/S-NF/45818/298	Shelter and NFIs Humanitarian Assistance to Natural Disasters in Afghanistan	IOM	4,727,037	4,727,037	4,727,037	-	100%	A. HIGH
AFG-12/S-NF/45835/12669	Life Saving Emergency Shelter Assistance for 52 vulnerable flash flood affected families of Khuram-o-sarbagh district of Samangan province	SRP	137,354	137,354	-	137,354	0%	A. HIGH

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/S-NF/45843/12912	Emergency shelter (Tents) for natural disasters and conflict affected vulnerable population in Northern Afghanistan (Balkh, Samangan, Jawzjan and Sari Pul provinces)	ADEO [Afghanistan]	200,000	200,000	-	200,000	0%	A. HIGH
AFG-12/S-NF/45845/14485	Emergency Shelter Assistance for 51 vulnerable flood affected families of 2011 in Royee Dowab district of Samangan province	AGDO	128,506	128,506	-	128,506	0%	B. MEDIUM
AFG-12/S-NF/45854/13995	Emergency Shelter Assistance for 359 vulnerable flash flood affected families of 2011 in Takhar province	ACT-Afghanistan	888,864	888,864	-	888,864	0%	B. MEDIUM
AFG-12/S-NF/45881/15034	Disaster preparedness and pre-positioning NFIs	ASDO	98,547	98,547	-	98,547	0%	B. MEDIUM
AFG-12/S-NF/46944/6397	Emergency Shelter Project For IDP	DHSA	383,892	383,892	-	383,892	0%	B. MEDIUM
AFG-12/S-NF/46971/6397	Emergency Shelter Project For Returnees	DHSA	287,918	287,918	-	287,918	0%	B. MEDIUM
AFG-12/S-NF/51394/R/5273	Humanitarian response and mitigation measures for flood affected families in Pashton Kot district of Faryab province.	Chr. Aid-UK	-	109,000	-	109,000	0%	A. HIGH
AFG-12/S-NF/51398/R/5181	Life-saving winter assistance in Kabul	DRC	-	125,790	-	125,790	0%	A. HIGH
AFG-12/S-NF/51399/R/5181	Life-saving assistance in Kabul Informal Settlements - Phase II	DRC	-	219,213	-	219,213	0%	A. HIGH
Sub total for EMERGENCY SHELTER			27,626,271	28,080,274	9,978,184	18,102,090	36%	
EMERGENCY TELECOMMUNICATIONS								
AFG-12/CSS/45761/R/561	WITHDRAWN - Integration of new digital communications system to existing Emergency Telecommunications Cluster Security Telecommunications system in Kabul	WFP	648,955	-	-	-	0%	B. MEDIUM
AFG-12/CSS/46596/561	HF frequency license for Humanitarian Agencies in Afghanistan	WFP	10,000	10,000	-	10,000	0%	B. MEDIUM
AFG-12/CSS/46618/561	Integration of GPS system into HF radios, which will enable the agencies to track their vehicles and fleet convey	WFP	90,000	90,000	-	90,000	0%	B. MEDIUM
AFG-12/CSS/51148/R/561	New inter agency Telecoms Tower on TV hill	WFP	-	100,000	-	100,000	0%	A. HIGH

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
Sub total for EMERGENCY TELECOMMUNICATIONS			748,955	200,000	-	200,000	0%	
FOOD SECURITY AND AGRICULTURE								
AFG-12/A/43982/R/5157	WITHDRAWN - Emergency restocking of seeds and livestock to Drought- and flood affected Families - Jawzjan	TEARFUND	1,503,350	-	-	-	0%	B. MEDIUM
AFG-12/A/44469/R/13073	Emergency food security assistance in drought affected areas of Bamyān Province (Saighan and Shibar districts)	SHRDO	483,940	390,496	-	390,496	0%	A. HIGH
AFG-12/A/44505/5095	Food Aid for Drought Affected Populations in Badakhshan	MEDAIR	539,500	539,500	-	539,500	0%	A. HIGH
AFG-12/A/44512/5095	Emergency Food Aid Drought Response in the Bamyāne	MEDAIR	1,290,000	1,290,000	-	1,290,000	0%	A. HIGH
AFG-12/A/44569/R/5290	Protecting agricultural livelihoods and Food Security in Faryab Province	CoAR	922,537	378,516	-	378,516	0%	A. HIGH
AFG-12/A/45578/123	Detailed Livelihood Assessment (DLA) for disaster affected areas in Afghanistan	FAO	511,500	511,500	-	511,500	0%	A. HIGH
AFG-12/A/45622/R/5157	WITHDRAWN - Jawzjan and Faryab Integrated and Sustainable Services for Returnees and Host Communities 2	TEARFUND	835,518	-	-	-	0%	B. MEDIUM
AFG-12/A/45676/5186	Improvement of food security for vulnerable households in Dara I Sufi Pain and Dara I Sufi Bala districts of Samangan Province	ACF	668,544	668,544	552,124	116,420	83%	B. MEDIUM
AFG-12/A/45678/123	Emergency support for the protection of livestock assets of vulnerable population in drought affected area of Afghanistan	FAO	11,231,000	11,231,000	458,000	10,773,000	4%	A. HIGH
AFG-12/A/45749/R/14862	Protection of food insecurity and vulnerabilities through emergency assistance of agriculture and livestock to disasters affected farmers' households in Eastern region Afghanistan	SHPOUL	937,320	755,129	-	755,129	0%	B. MEDIUM
AFG-12/A/45767/6458	Emergency response to most vulnerable population affected by flood and drought	ACTED	709,700	709,700	-	709,700	0%	A. HIGH
AFG-12/A/45768/14906	Emergency assistance to drought affected and food insecure household of Jawzjan Province	EDGAO	411,000	411,000	-	411,000	0%	B. MEDIUM

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/A/45908/5120	Responding to immediate food security needs of the natural disasters affected families in Afghanistan	OXFAM GB	4,100,568	4,100,568	-	4,100,568	0%	A. HIGH
AFG-12/A/45929/R/5255	WITHDRAWN - Food assistance to the worst drought affected districts, and drought induced IDPs in Faizabad District, in Badakhshan Province.	Afghanaid	2,361,026	-	-	-	0%	A. HIGH
AFG-12/A/45930/R/5255	WITHDRAWN - Food assistance to drought affected communities in the worst drought affected districts in Ghor province	Afghanaid	1,528,684	-	-	-	0%	A. HIGH
AFG-12/A/45931/5255	Food assistance to the most severely drought affected communities in Samangan province	Afghanaid	967,633	967,633	491,206	476,427	51%	A. HIGH
AFG-12/A/45931/6686	Food assistance to the most severely drought affected communities in Samangan province	PIN	967,633	967,633	499,937	467,696	52%	A. HIGH
AFG-12/A/45940/6686	Emergency Food Security Assistance to Drought Affected Population in Kishinde and Zare districts of Balkh province	PIN	1,947,327	1,947,327	-	1,947,327	0%	A. HIGH
AFG-12/A/45941/123	Support to vulnerable populations affected by disasters in food insecure areas of Afghanistan by improving access to agricultural inputs	FAO	18,000,000	18,000,000	-	18,000,000	0%	A. HIGH
AFG-12/A/45945/6686	Emergency Assistance to Most Affected Populations in Paktya Province (Janikhel, Dand-wa-Patan, Chamkani, Ahmadabad, Laja Mangal, Sayd Karam)	PIN	498,353	498,353	-	498,353	0%	A. HIGH
AFG-12/A/45952/5059	To reduce the impact of drought and food crisis and vulnerabilities on affected communities in Gulran District of Herat Province	Chr. Aid	929,519	929,519	-	929,519	0%	B. MEDIUM
AFG-12/A/45957/123	Emergency livelihood support for vulnerable rural households affected by manmade and natural disasters in food insecure areas of Afghanistan	FAO	1,980,000	1,980,000	-	1,980,000	0%	B. MEDIUM
AFG-12/A/46015/5362	Emergency drought response in Faryab and Sari Pul provinces of Northern Afghanistan	OXFAM Netherlands (NOVIB)	5,253,092	5,253,092	771,111	4,481,981	15%	A. HIGH
AFG-12/A/51247/R/6458	Emergency Support to Flood-affected Communities in Northern Afghanistan	ACTED	-	1,295,473	-	1,295,473	0%	A. HIGH
AFG-12/A/51252/R/5290	Rehabilitation of Livelihood and Food Security for Flood Affected Community (RLFSFAC)	CoAR	-	601,051	-	601,051	0%	A. HIGH
AFG-12/CSS/45802/5128	Response to natural disasters in Herat Province	CESVI	350,000	350,000	-	350,000	0%	C. LOW

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/ER/45641/R/6079	Emergency Food Security Assistance to Vulnerable Populations in Northern Afghanistan	SC	5,759,363	2,879,681	1,294,889	1,584,792	45%	B. MEDIUM
AFG-12/ER/45770/6458	Disaster relief and rehabilitation through provision of food, cash for work and vocational training opportunities for women.	ACTED	1,722,408	1,722,408	-	1,722,408	0%	A. HIGH
AFG-12/ER/45775/5511	Emergency Support for Drought affected Families in Jawzjan province	ActionAid	598,672	598,672	-	598,672	0%	A. HIGH
AFG-12/ER/45901/R/5645	WITHDRAWN - Improving Food Security of Drought Affected Households in Faizabad and Khanaqa Districts of Jawzjan Province	CARE International	1,540,820	-	-	-	0%	A. HIGH
AFG-12/ER/45907/R/5645	Improving Food Security of Drought Affected Households in Charkent District of Balkh Province	CARE International	1,028,776	612,739	-	612,739	0%	A. HIGH
AFG-12/ER/51153/R/6079	Emergency Food Security Assistance for Families Affected by Flooding in Sar-i-Pul Province	SC	-	1,999,080	-	1,999,080	0%	A. HIGH
AFG-12/ER/51234/R/5273	Humanitarian response and mitigation measures for flood affected families in Pashton Kot district of Faryab province	Chr. Aid-UK	-	165,000	-	165,000	0%	A. HIGH
AFG-12/ER/51370/R/14482	Emergency Floods Response (Retaining Wall Construction)	KSRO	-	299,103	-	299,103	0%	A. HIGH
AFG-12/ER/51376/R/12912	Emergency Response Through Cash for Work Activities Through Man-made Road Rehabilitation for Drought Affected Population	ADEO [Afghanistan]	-	313,000	-	313,000	0%	A. HIGH
AFG-12/ER/51389/R/14485	Emergency Response (Cash for Work / Manmade Road Rehabilitation and Kandas Cleaning)	AGDO	-	266,001	-	266,001	0%	A. HIGH
AFG-12/F/43980/R/5157	Emergency Support to Drought and floods affected Families - Jawzjan Province	TEARFUND	1,069,527	1,069,527	-	1,069,527	0%	A. HIGH
AFG-12/F/43981/R/5157	WITHDRAWN - Emergency Support to Drought affected Families – Faryab	TEARFUND	1,400,000	-	-	-	0%	A. HIGH
AFG-12/F/45742/1024	Distribution of food to 10,500 drought affected people in two districts of Balkh Province	JUH	869,000	869,000	-	869,000	0%	B. MEDIUM
AFG-12/F/45871/561	Emergency food assistance for disasters affected populations in Afghanistan	WFP	50,085,408	50,085,408	29,254,662	20,830,746	58%	A. HIGH
AFG-12/F/45918/R/5977	WITHDRAWN - Emergency response to drought-affected communities through food for work programme	AMRAN	425,500	-	-	-	0%	B. MEDIUM

AFGHANISTAN CAP MID-YEAR REVIEW 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
Sub total for FOOD SECURITY AND AGRICULTURE			123,427,218	114,655,653	33,321,929	81,333,724	29%	
HEALTH								
AFG-12/H/45057/R/13073	Provision of Static tented Health Clinics for IDP in 13 camps in Kabul.	SHRDO	176,294	88,146	-	88,146	0%	A. HIGH
AFG-12/H/45268/R/122	Access to emergency health services for communities affected by natural disasters and conflict, with an emphasis on reproductive and child health	WHO	4,344,890	4,344,890	1,000,000	3,344,890	23%	A. HIGH
AFG-12/H/45543/R/1171	Provision of psychosocial counselling to women and men affected by negative cultural norms and conflict	UNFPA	303,360	303,360	-	303,360	0%	B. MEDIUM
AFG-12/H/45556/14861	Emergency Provision of Health and Nutrition Education In all 41 Sites of new IDPS in Kabul Informal Settlements	SHERDO	70,522	70,522	-	70,522	0%	C. LOW
AFG-12/H/45558/R/14976	Emergency Assistance for IDPs and host communities in Ghazni province	ORCD	541,034	541,034	-	541,034	0%	A. HIGH
AFG-12/H/45602/R/14976	Emergency Assistance for IDPs in eastern region provinces	ORCD	1,314,545	1,314,545	-	1,314,545	0%	A. HIGH
AFG-12/H/45652/R/14953	Emergency health service provision to drought and conflict affected people in gizab district and a mobile health team in Sharistan district of Daikundi province.	LSO	98,707	98,707	-	98,707	0%	A. HIGH
AFG-12/H/45685/5982	Essential and Basic Health care for remote and unserved communities in 4 districts of Logar provinces	MRCA	200,900	200,900	-	200,900	0%	B. MEDIUM
AFG-12/H/45707/14975	HIV /AIDS prevention care and support program in Undocumented Afghan Returnees from Iran	HSDO	201,167	201,167	-	201,167	0%	B. MEDIUM
AFG-12/H/45717/5256	Improving access to emergency health services for the populaiton prone to natural and human made disasters with special focus on women and children	HealthNet TPO	159,672	159,672	-	159,672	0%	C. LOW
AFG-12/H/45728/14523	Basic emergency health services to the un-served population of Ghor province through provision of mobile health services (MHTs)	ACTD	416,000	416,000	-	416,000	0%	B. MEDIUM
AFG-12/H/45733/14975	Emergency Health Services for the communities affected by natural disasters and conflict with emphasis on mother and child health.	HSDO	451,000	451,000	-	451,000	0%	B. MEDIUM

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/H/45734/1024	Basic Emergency Health Services through Mobile Health Team to the un-served population by the Basic Package of Health Services (BPHS) of Saripul province.	JUH	73,000	73,000	-	73,000	0%	A. HIGH
AFG-12/H/45738/14523	Basic emergency health services to the un-served population of Bala Morghab district of Badghis province through provision of mobile health services (MHT)	ACTD	101,000	101,000	-	101,000	0%	B. MEDIUM
AFG-12/H/45739/1024	Basic Emergency Health Services to the un-served population of Samangan province through Mobile Health Team	JUH	71,000	71,000	-	71,000	0%	A. HIGH
AFG-12/H/45751/8707	Provision of emergency health care for the conflict affected communities with special focus on women and child health.	Mercy Malaysia	67,945	67,945	-	67,945	0%	A. HIGH
AFG-12/H/45756/8707	Building vulnerable communities' capacity on EPR with specific focus on Hygiene	Mercy Malaysia	37,860	37,860	-	37,860	0%	C. LOW
AFG-12/H/45774/5195	Access to essential health care with particular emphasis on maternal and child health amongst isolated, high risk communities in Badakhshan, through the provision of integrated emergency health care and referral services using Mobile Health Teams (MHTs).	MERLIN	440,063	440,063	-	440,063	0%	A. HIGH
AFG-12/H/45789/120	Basic health services for IDPs and returning IDPs	UNHCR	251,224	251,224	-	251,224	0%	A. HIGH
AFG-12/H/45839/14540	Basic emergency health services to remotely seated populations and IDPs (Kuchis and people cyclically migrating between Qishlaqs and Ailaqs) through mobile health units in Bamyan and Faryab provinces	AADA	366,467	366,467	-	366,467	0%	C. LOW
AFG-12/H/46478/124	Basic Maternal, New born and Child Health Services including immunization for emergency affected families	UNICEF	1,903,144	1,903,144	665,642	1,237,502	35%	A. HIGH
AFG-12/H/46547/R/5006	Provision of basic relief assistance to cover the essential needs of vulnerable communities living in Kabul Informal settlements	DWHH	385,880	629,204	-	629,204	0%	C. LOW
AFG-12/H/47153/7138	Access to life saving health and referral services for people affected by conflict in Helmand, Wardak, Ghazni, Logar and Kabul provinces.	EMERGENCY	3,226,680	3,226,680	187,470	3,039,210	6%	A. HIGH

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/H/51290/R/122	Reduce avoidable child mortality through nationwide measles/polio/Vit. A campaign	WHO	-	3,790,000	-	3,790,000	0%	A. HIGH
AFG-12/H/51290/R/124	Reduce avoidable child mortality through nationwide measles/polio/Vit. A campaign	UNICEF	-	12,100,000	-	12,100,000	0%	A. HIGH
AFG-12/H/51295/R/5982	Essential emergency Health care for conflict affected communities in 4 districts of Logar provinces	MRCA	-	200,900	-	200,900	0%	A. HIGH
AFG-12/H/51381/R/14976	Establishment of Emergency Preparedness and Disaster Response Mechanism health sector in Doshi and Khenjan districts of Baghlan province	ORCD	-	608,064	-	608,064	0%	A. HIGH
AFG-12/H/51601/R/122	Investigation and response to reported poisoning incidents in schools across Afghanistan	WHO	-	800,598	-	800,598	0%	A. HIGH
Sub total for HEALTH			15,202,354	32,857,092	1,853,112	31,003,980	6%	
LOGISTICS								
AFG-12/CSS/48872/561	Common Humanitarian Air Transport Services	WFP	21,970,768	21,970,768	8,921,775	13,048,993	41%	B. MEDIUM
Sub total for LOGISTICS			21,970,768	21,970,768	8,921,775	13,048,993	41%	
MULTI-SECTOR								
AFG-12/MS/45794/120	Voluntary repatriation, initial return assistance to returning refugees	UNHCR	122,248,551	122,248,551	40,933,755	81,314,796	33%	A. HIGH
Sub total for MULTI-SECTOR			122,248,551	122,248,551	40,933,755	81,314,796	33%	
NUTRITION								
AFG-12/H/44504/5095	Integrated Nutritional Treatment and Community Health & Nutrition Education Project in Badakhshan Province	MEDAIR	1,002,473	1,002,473	500,758	501,715	50%	A. HIGH
AFG-12/H/44774/5362	Integrated IYCF and CMAM Project in Balkh, Faryab, Sarepul, Paktya Provinces	OXFAM Netherlands (NOVIB)	1,253,483	1,253,483	-	1,253,483	0%	A. HIGH
AFG-12/H/45616/5186	Strengthening Nutrition Surveillance in Afghanistan by implementing an effective nutrition surveillance system through capacity building and partnership	ACF	402,235	402,235	-	402,235	0%	B. MEDIUM

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/H/45674/5256	Integrated IYCF(Infant and young child feeding) and CMAM (Community based management of acute malnutrition)	HealthNet TPO	431,160	431,160	-	431,160	0%	A. HIGH
AFG-12/H/45675/5186	Community based Management of Acute Malnutrition through nutrition activities amongst the Internally Displaced People and the most vulnerable population living in the Kabul Informal Settlements	ACF	369,730	369,730	-	369,730	0%	A. HIGH
AFG-12/H/45691/14523	Provision of Community-Based Management of Acute Malnutrition (CMAM) and Integrated Infant and Young Child Feeding (IYCF) in Moqor and Bala Murghab Districts of Badghis	ACTD	252,000	252,000	-	252,000	0%	A. HIGH
AFG-12/H/45702/14523	Provision of Community Based Management of Acute Malnutrition (CMAM) and Integrated Infant and Young Child Feeding (IYCF) in Lal wa Sarjangal district of Ghor province	ACTD	235,000	235,000	-	235,000	0%	A. HIGH
AFG-12/H/45736/R/6079	Integrated Community-Based Management of Acute Malnutrition (CMAM) and Nutrition Education Rehabilitation Sessions (NERS) project	SC	640,945	320,471	237,332	83,139	74%	A. HIGH
AFG-12/H/45747/561	Nutrition support for acutely malnourished children aged 6 to 59 months and acutely malnourished pregnant and lactating women in Afghanistan	WFP	34,280,373	34,280,373	2,310,724	31,969,649	7%	A. HIGH
AFG-12/H/45780/14465	CMAM/IYCF	CAF	342,741	342,741	-	342,741	0%	A. HIGH
AFG-12/H/46482/122	Improved access to emergency nutrition care for severely malnourished children with medical complications	WHO	488,191	488,191	200,000	288,191	41%	A. HIGH
AFG-12/H/46779/124	Provision of emergency nutrition services to children under 5, pregnant and lactating women affected by natural and man-made disasters	UNICEF	10,362,475	10,362,475	10,362,475	-	100%	A. HIGH
Sub total for NUTRITION			50,060,806	49,740,332	13,611,289	36,129,043	27%	
PROTECTION								

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/P-HR-RL/44695/14861	New IDP's Women's Empowerment project in Kabul Informal Settlement (Charahi Qamber (PD 5, Kabul City), Nasaji Bagrami Tapa Bagrami, Nasaji Bagrami Tapa Bagrami moved from Aqib Fabrika Nasaji Bagrami, and Kodakistane Bagrami (PD 8, Kabul City))	SHERDO	107,535	107,535	-	107,535	0%	B. MEDIUM
AFG-12/P-HR-RL/44941/5006	Stabilisation of IDP Living Conditions and Promotion of Local Integration of Communities Living in Informal Settlements and Camps in Kabul Province	DWHH	600,840	600,840	-	600,840	0%	A. HIGH
AFG-12/P-HR-RL/45272/R/1171	Addressing violence against women and girls of returnee and IDP community in the Eastern Region of Nangarhar	UNFPA	395,000	395,000	-	395,000	0%	A. HIGH
AFG-12/P-HR-RL/45343/R/298	Immediate Post-arrival Assistance to the Vulnerable Undocumented Afghan Returnees from Iran	IOM	8,575,001	8,575,001	8,575,001	-	100%	A. HIGH
AFG-12/P-HR-RL/45528/5834	Information, Counselling and Legal Assistance (ICLA) for returnees and IDPs in Afghanistan	NRC	1,905,594	1,905,594	1,361,448	544,146	71%	A. HIGH
AFG-12/P-HR-RL/45531/R/15015	WITHDRAWN - New IDPs SGBV Training for Vulnerable groups in Kabul informal settlements	MRAA	112,770	-	-	-	0%	B. MEDIUM
AFG-12/P-HR-RL/45592/124	Support Vulnerable Communities in Emergency Preparedness and Response, Prevention and Response to Violence Against Children	UNICEF	604,571	604,571	169,005	435,566	28%	B. MEDIUM
AFG-12/P-HR-RL/45716/R/6079	New IDPs Situation assessment of Child labor from informal settlements	SC	89,750	92,313	-	92,313	0%	B. MEDIUM
AFG-12/P-HR-RL/45769/14523	Prevention of gender-based violence (GBV) and provision of psychosocial support counseling	ACTD	252,450	252,450	-	252,450	0%	B. MEDIUM
AFG-12/P-HR-RL/45790/R/120	Protection and assistance for IDPs and IDP returnees	UNHCR	3,517,140	3,517,140	979,204	2,537,936	28%	A. HIGH
Sub total for PROTECTION			16,160,651	16,050,444	11,084,658	4,965,786	69%	
WATER,SANITATION AND HYGIENE								
AFG-12/WS/43979/R/5157	Jawzjan and Faryab Integrated and Sustainable Services for Returnees and Host Communities 1	TEARFUND	208,880	208,880	-	208,880	0%	B. MEDIUM
AFG-12/WS/44058/14862	Rehabilitation of School WASH---"Clean Water, Sanitation and Hygiene Education" at rural disaster affected schools of Kunar	SHPOUL	497,805	497,805	-	497,805	0%	B. MEDIUM

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Project code <small>(click on hyperlinked project code to open full project details)</small>	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/WS/44154/5983	Water supply and Sanitation and Capacity Building in Kandahar Province	NERU	233,290	233,290	-	233,290	0%	A. HIGH
AFG-12/WS/44247/R/14936	Emergency Water, Sanitation and Health Promotion Program in Kandahar and Hilmand Province	OHW	724,000	378,714	-	378,714	0%	A. HIGH
AFG-12/WS/44508/5095	Emergency WASH Directly Supporting Ongoing Emergency Nutrition Programme	MEDAIR	214,000	775,682	683,880	91,802	88%	A. HIGH
AFG-12/WS/44509/5095	Emergency WASH Access and Protection	MEDAIR	963,000	963,000	644,595	318,405	67%	A. HIGH
AFG-12/WS/44572/R/5290	Water Supply, Sanitation and Hygiene Education (WASH) Project in Badakhshan province	CoAR	784,845	470,907	-	470,907	0%	B. MEDIUM
AFG-12/WS/45614/5975	Emergency WASH Support for Tala -wa- barfak, Dahan-e-ghuri, Doshi districts of Baghlan and Hazrat sulatan, Piroz nakhchiear, Ieback, Khoram -wa- sarbagh districts of Samangan provices	AKDN	1,125,203	1,125,203	-	1,125,203	0%	A. HIGH
AFG-12/WS/45631/5186	Addressing emergency WASH Needs of drought and conflict affected host communities and IDPs of Shahrak and Tulak districts of Ghor Province	ACF	780,636	780,636	-	780,636	0%	B. MEDIUM
AFG-12/WS/45635/5186	Addressing emergency WASH needs of drought and cholera prone population in Dare-Suf Payen and Dare Suf Bala districts of Samangan Province	ACF	1,012,999	1,012,999	1,059,481	(46,482)	105%	A. HIGH
AFG-12/WS/45665/5633	WaSH Emergency disaster preparedness in Ruy-e-Doab, Samangan	Solidarités	747,211	747,211	-	747,211	0%	A. HIGH
AFG-12/WS/45669/5633	Provision of water and sanitation temporary facilities to New IDPs in Kabul Informal Settlements and advocacy for water access	Solidarités	485,751	485,751	-	485,751	0%	A. HIGH
AFG-12/WS/45701/124	Emergency WASH interventions for population in armed conflict, IDPs and returnees, no humanitarian access , and those affected by annual /seasonal natural disasters	UNICEF	9,576,500	9,576,500	9,083,980	492,520	95%	A. HIGH
AFG-12/WS/45753/5362	Strengthen Integrated Disaster Risk Reduction in WASH- in Faryab and Saripul Provinces, in Afghanistan.	OXFAM Netherlands (NOVIB)	900,000	900,000	-	900,000	0%	B. MEDIUM
AFG-12/WS/45776/6458	Emergency WASH needs fulfilment of vulnerable Communities in Keshindeh district, Balkh province	ACTED	1,603,502	1,603,502	-	1,603,502	0%	B. MEDIUM
AFG-12/WS/45777/14523	Community-based essential water supply and hygiene education Project in Uruzgan province	ACTD	196,900	196,900	-	196,900	0%	B. MEDIUM

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AFG-12/WS/45786/120	Afghan IDPs assistance	UNHCR	1,772,527	1,772,527	-	1,772,527	0%	A. HIGH
AFG-12/WS/45806/14520	Drilling and Construction of 25 hand pump wells in Dawlat Abad district of Faryab province.	NRDOAW	215,000	215,000	-	215,000	0%	B. MEDIUM
AFG-12/WS/45826/6686	Addressing emergency WASH needs of drought affected population in Zare and Kishinde districts of Balkh province.	PIN	1,329,915	1,329,915	-	1,329,915	0%	A. HIGH
AFG-12/WS/45837/14953	Construction of 5 reservoir for 125 families and water supply sanitation distribute 100 bio sand filters and create mobile health team in mention villages of meramor district	LSO	98,654	98,654	-	98,654	0%	B. MEDIUM
AFG-12/WS/45838/5255	Emergency Response to the Seasonal Floods in the most affected districts of Ghor Province	Afghanaid	838,819	838,819	-	838,819	0%	A. HIGH
AFG-12/WS/45870/5120	Emergency Water, Sanitation and Hygiene response to needs arising due to natural disasters in Afghanistan	OXFAM GB	1,877,850	1,877,850	-	1,877,850	0%	A. HIGH
AFG-12/WS/51390/R/5255	Emergency Water, Sanitation and Hygiene response to the drought affected population of Samangan province in Afghanistan	Afghanaid	-	336,347	-	336,347	0%	A. HIGH
Sub total for WATER,SANITATION AND HYGIENE			26,187,287	26,426,092	11,471,936	14,954,156	43%	
CLUSTER NOT YET SPECIFIED								
AFG-12/SNYS/46557/8487	Emergency Response Fund for Afghanistan - projected needs \$8 million (the figure shown for 'funding' is the unallocated balance of the fund)	ERF (OCHA)	-	-	194,580	n/a	n/a	NOT SPECIFIED
Sub total for CLUSTER NOT YET SPECIFIED			-	-	194,580	n/a	n/a	
Grand Total			437,140,634	448,278,798	140,664,347	307,614,451	31%	

NOTE: "Funding" means Contributions + Commitments + Carry-over
 Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
 Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
 Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table V: Total funding to date per donor to projects listed in the appeal

Consolidated Appeal for Afghanistan 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Japan	52,836,633	38%	-
United States	14,954,281	11%	-
Australia	12,142,803	9%	-
Norway	11,559,562	8%	1,696,292
European Commission	9,258,611	7%	-
Sweden	7,035,735	5%	-
Denmark	4,691,572	3%	-
United Kingdom	4,601,762	3%	-
Allocation of unearmarked funds by UN agencies	4,066,070	3%	-
Finland	3,976,648	3%	1,965,924
Italy	3,913,175	3%	-
Various (details not yet provided)	3,304,378	2%	-
Carry-over (donors not specified)	3,207,243	2%	-
Germany	2,329,617	2%	-
Belgium	2,054,975	1%	-
Switzerland	544,070	0%	-
Private (individuals & organisations)	167,212	0%	-
Hungary	20,000	0%	-
Grand Total	140,664,347	100%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VI: Total humanitarian funding to date per donor (appeal plus other)

Afghanistan 2012 as of 30 June 2012 http://fts.unocha.org

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

Donor	Funding** (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	110,473,649	29%	-
Japan	95,651,635	25%	-
European Commission	40,062,597	11%	-
United Kingdom	25,432,634	7%	-
Norway	24,076,531	6%	1,696,292
Australia	12,434,916	3%	-
Sweden	11,487,452	3%	-
Denmark	10,553,250	3%	-
Germany	10,446,026	3%	-
Finland	7,023,082	2%	1,965,924
Allocation of unearmarked funds by UN agencies	5,841,878	2%	-
Switzerland	4,080,523	1%	-
Italy	3,913,175	1%	-
Various (details not yet provided)	3,304,378	1%	-
Carry-over (donors not specified)	3,207,243	1%	-
Saudi Arabia	3,156,875	1%	-
Russian Federation	2,732,737	1%	-
Ireland	2,649,007	1%	-
Belgium	2,054,975	1%	-
France	1,679,587	0%	-
Private (individuals & organisations)	167,212	0%	-
Czech Republic	159,183	0%	-
Hungary	20,000	0%	-
Afghanistan	1,000	0%	-
Grand Total	380,609,545	100%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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

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

Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VII: Humanitarian funding to date per donor to projects not listed in the appeal

Other Humanitarian Funding to Afghanistan 2012 as of 30 June 2012 http://fts.unocha.org

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	95,519,368	40%	-
Japan	42,815,002	18%	-
European Commission	30,803,986	13%	-
United Kingdom	20,830,872	9%	-
Norway	12,516,969	5%	-
Germany	8,116,409	3%	-
Denmark	5,861,678	2%	-
Sweden	4,451,717	2%	-
Switzerland	3,536,453	1%	-
Saudi Arabia (Kingdom of)	3,156,875	1%	-
Finland	3,046,434	1%	-
Russian Federation	2,732,737	1%	-
Ireland	2,649,007	1%	-
Emergency Response Fund (OCHA)	1,775,808	1%	-
France	1,679,587	1%	-
Australia	292,113	0%	-
Czech Republic	159,183	0%	-
Afghanistan	1,000	0%	-
Grand Total	239,945,198	100%	-

NOTE: "Funding" means Contributions + Commitments + Carry-over
 This table also includes funding to Appeal projects but in surplus to these projects' requirements as stated in the Appeal.

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VIII: Requirements and funding to date per gender marker score

Consolidated Appeal for Afghanistan 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Gender marker	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
2b-The principal purpose of the project is to advance gender equality	48,076,492	48,443,846	12,910,531	35,533,315	27%	-
2a-The project is designed to contribute significantly to gender equality	92,669,292	87,191,185	31,213,002	55,978,183	36%	1,696,292
1-The project is designed to contribute in some limited way to gender equality	256,249,731	254,734,402	87,619,039	167,115,363	34%	1,965,924
0-No signs that gender issues were considered in project design	18,074,351	35,838,597	-	35,838,597	0%	-
- Not specified	22,070,768	22,070,768	8,921,775	13,148,993	40%	-
Grand Total	437,140,634	448,278,798	140,664,347	307,614,451	31%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table IX: Requirements and funding to date per geographical area

Consolidated Appeal for Afghanistan 2012 as of 30 June 2012 http://fts.unocha.org

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

Location	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
Badakhshan	5,341,907	3,228,625	1,184,638	2,043,987	37%	-
Badghis	353,000	353,000	-	353,000	0%	-
Baghlan	1,912,108	2,520,172	-	2,520,172	0%	-
Balkh	7,138,520	6,722,483	-	6,722,483	0%	-
Bamyan	3,609,289	3,195,371	881,927	2,313,444	28%	-
Daykundi	98,654	98,654	-	98,654	0%	-
Faryab	3,691,437	3,933,596	2,963,168	970,428	75%	-
Ghazni	541,034	541,034	-	541,034	0%	-
Ghor	3,799,139	2,270,455	-	2,270,455	0%	-
Herat	11,751,924	11,751,924	9,736,896	2,015,028	83%	-
Hilmand	327,450	327,450	-	327,450	0%	-
Jawzjan	5,123,369	2,392,199	-	2,392,199	0%	-
Kabul	26,027,247	25,622,377	9,503,757	16,118,620	37%	-
Kandahar	625,942	625,942	-	625,942	0%	-
Kunar	1,812,350	1,812,350	-	1,812,350	0%	-
Logar	200,900	401,800	-	401,800	0%	-
Multiple locations	353,708,973	367,716,339	113,791,213	253,925,126	31%	3,662,216
Nangarhar	2,861,353	2,177,434	-	2,177,434	0%	-
Paktya	498,353	498,353	-	498,353	0%	-
Samangan	5,126,380	5,602,331	2,602,748	2,999,583	46%	-
Sari Pul	73,000	2,673,131	-	2,673,131	0%	-
Takhar	1,941,305	3,236,778	-	3,236,778	0%	-
Uruzgan	527,000	527,000	-	527,000	0%	-
Zabul	50,000	50,000	-	50,000	0%	-
Grand Total	437,140,634	448,278,798	140,664,347	307,614,451	31%	3,662,216

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Annex II. Millennium Development Goals

Islamic Republic of Afghanistan MDG Annual Progress Report 2010

The definition and identification of humanitarian needs in Afghanistan must be considered in the framework of the country's progress toward achieving MDGs, the pursuit of which has been hindered by three decades of protracted violent conflict and recurrent environmental hazards and their effect on people, infrastructure and institutions of Government. While progress has been made toward reaching MDG targets in health and education, Afghanistan is 'off track' in meeting Goal 1 to eradicate extreme poverty, Goal 4 to reduce child mortality rates and Goal 7 to ensure environmental sustainability. See the table below on the MDGs Annual Progress Report for 2010 in comparison to 2008 data. Key humanitarian indicators have steadily deteriorated due to these factors and a combination of under-development and development failure.

Millennium Development Goals - Islamic Republic of Afghanistan Annual Progress Report 2010						
Goal	Indicator	Baseline	2008	2010	2015 *	2020 *
1	<u>Eradicate Extreme Poverty and Hunger</u>	33%	42%	36%	24%	21%
	Percentage with income less than cost of basic necessities. Percentage having less than 2100 kcal per day.	30%	39%	29%	11%	9%
2	<u>Achieve Universal Primary Education</u>	54%	60%	71%	-	100%
	Net enrolment ratio in primary education. Primary completion rate.	25%	38%	58%	-	100%
3	<u>Promote Gender Equality and Empower Women</u>	60%	59%	66%	-	100%
	Ratio of girls to boys in primary education.					
4	<u>Reduce Child Mortality Rates</u>	257	191	161	115	76
	Under-five mortality rate per 1,000 live births. Percentage of one-year-olds immunized against measles.	35%	68%	55.9%	90%	100%
5	<u>Improve Maternal Health</u>	6%	18.9%	24%	50%	75%
	Percentage of births attended by skilled personnel. Fertility rate.	6.3	7.2	6.27	4.4	3.1
6	<u>Combat HIV/AIDS, Malaria and Other Diseases</u>	18%	20%	26.7%	85%	95%
	Percentage in malaria risk areas using effective measures. Tuberculosis prevalence rates per 100,000.	440	231	NA	224	143
7	<u>Ensure Environmental Sustainability</u>	23%	41.4%	27.2%	-	61.5%
	Percentage with sustainable access to improved water source. Total slum population.	2,458,024	4,500,000	NA	1,543,639	-
8	<u>Develop a Global Partnership for Development</u>	26%	47%	NA	-	0%
	Unemployment rate of people aged 15-24					

Annex III. Maps

MAP **CORRESPONDING HYPERLINK**



[Afg Estimated IDP Population by District of Displacement Apr 2012](#)



[Afg Districts Affected by Natural Disaster Mar-Apr 2012](#)



[Afg Earthquake Hazards](#)



[Afg Local population targeted in security incidents for the month of April 2012 \(iMMAP\)](#)



[AFG Health Cluster Population Served Jan-Apr 2012](#)



[AFG Health Cluster Health Facility April 2012](#)



[Afg Health Cluster Districts Affected by Disease Outbreaks 1 Jan to 30 Apr 2012](#)



[Afg Health Cluster Outbreak Map Jan-Apr 2012](#)



[Afg FSAC Food & cash beneficiaries for the first quarter 2012](#)



[Afg FSAC Beneficiaries \(Agriculture\) for the first quarter 2012](#)



[Afg Nutrition Cluster CMAM Coverage May 2012](#)



[Afg Nutrition Cluster OPT SFP Programmes Admissions Jan- Apr 2012](#)



[Afg WASH Cluster Humanitarian Response May 2012](#)

Annex IV. Acronyms and Abbreviations

3W	who does what where
AAA	Action Aid Afghanistan
AADA	Agency for Assistance and Development of Afghanistan
ABR	Afghan Bureau for Reconstruction
ACBAR	Agency Coordinating Body for Afghan Relief
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACTD	Afghanistan Center for Training and Development
ACTED	Agency for Technical Cooperation and Development
ADA	Afghanistan Development Association
ADEO	Afghanistan Development and Educational Organization
ADRA	Adventist Development and Relief Agency
AGEs	anti-government elements
AHDS	Afghan Health and Development Services
AHTP	<i>Afghanische Hilfe und Training Program</i> (Afghan Aid and Training Program)
AIHRC	Afghan Independent Human Rights Committee
AIL	Afghan Institute of Learning
AKDN	Aga Khan Development Network
AKF	Aga Khan Foundation
ALC	Abundant Life Church
ALO	Afghanistan Liberation Organization
ALP	Afghanistan Local Police
AMI	<i>Aide Médicale Internationale</i> (International Medical Aid)
AMRAN	Afghan Mobile Reconstruction Association
ANDMA	Afghan Natural Disaster Management Authority
ANDS	Afghanistan National Development Strategy
ANSF	Afghan National Security Forces
APA	Afghanistan Peace Association
APC	Afghan Protection Cluster
ARC	American Refugee Council
ARCS	Afghan Red Crescent Society
ARD	Agency for Rehabilitation and Development
ARI	acute respiratory infections
ASDHA	Association for Human Rights in Afghanistan
ARECA	Agency for Rehabilitation and Energy Conservation in Afghanistan
AWD	acute watery diarrhoea
Basics	Basic Support for Institutionalising Child Survival
BDN	Basic Development Needs
BERO	Bureau of Environment and Rehabilitation Organization
BPHS	basic package of health services
BRAC	Bangladesh Rural Advancement Committee
CAWC	Canadian Association of Wounded Care
CAF	Care of Afghan Families
CAP	consolidated appeal <i>or</i> consolidated appeal process
CARE	Cooperative for Assistance and Relief Everywhere
Caritas Germany	International Conference of Catholic Churches -Germany
CBS	community-based schools
CCA	<i>Cooperation Center für Afghanistan</i> (Cooperation Centre for Afghanistan)
CDC	(US) Center for Disease Control and Prevention
CDC	Community Development Committee
CESVI	<i>Cooperazione e Sviluppo</i> (Cooperation and Development)

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CFR	case fatality rate
CFS	child-friendly space
CFW	cash-for-work
CHA	Coordination of Humanitarian Aid
CIC	Children in Crisis
CIDA	Canadian International Development Agency
CMAM	community-based management of acute malnutrition
CoAR	Coordination of Afghan Relief
CONCERN	Concern Worldwide
CORDAID	Catholic Organisation for Relief and Development Aid
CP	child protection
CPiE	Child Protection in Emergency
CRS	Catholic Relief Services
CSI	Coping Strategy Index
CSO	Central Statistics Office
CWS	Church World Service
DACAAR	Danish Committee for Aid to Afghan Refugees
DEWS	Disease Early Warning System
DHSA	Development and Humanitarian Services for Afghanistan
DoE	Department of Education
DoPH	Department of Public Health
DoRR	Department of Refugees and Repatriation
DRC	Danish Refugee Council
DRR	disaster risk reduction
DWHH	<i>Deutsche Welthungerhilfe e. V.</i> (German Agro Action)
EC	European Commission
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EFSA	Emergency Food Security Assessment
EMDH	<i>Enfants du Monde – Droits de l’Homme</i> (Children of the World - Human Rights)
ERU	Emergency Response Units
ERF	Emergency Response Fund
ERN	early recovery network
ERW	explosive remnants of war
ES	emergency shelter
ES/NFI	emergency shelter and non-food items
ETC	Emergency Telecommunications Cluster
FAO	Food and Agriculture Organization of the United Nations
FEWSNET	Famine Early Warning Systems Network
FFA	food-for-assets
FFE	food-for-education
FFT	food-for-training
FFW	food-for-work
FOCUS	Focus Humanitarian Aid
FSAC	Food Security and Agriculture Cluster
GAALO	Green Afghanistan Agriculture and Livestock Organization
GAM	global acute malnutrition
GBV	gender-based violence
GCMU	Grants and Contracts Management Unit
GDP	gross domestic product
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Association for International Collaboration)
GoIRA	Government of the Islamic Republic of Afghanistan
GPS	global positioning system

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ha	hectares
HAGAR	HAGAR Afghanistan
HALO Trust	Hazardous Areas Life-Support Organisation
HAPA	humanitarian action for people of Afghanistan
HAWCA	Humanitarian Assistance for Women and Children of Afghanistan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDG	Humanitarian Donor Group
HDI	Human Development Index
HDO	Hazrat Sultan Development Organization
HDR	Human Development Report
HealthNet TPO	Healthnet International and Transcultural Psychosocial Organisation
Helvetas	Swiss Intercooperation
HEWAD	HEWAD Reconstruction, Health and Humanitarian assistance Committee
HHI	Harvard Humanitarian Initiative
HHSP	Home Healthcare Service Providers
HI	Handicap International
HLP	Housing, Land and Property
HMIS	health management information systems
HNI	(organization name – definition not provided)
HR	human rights
HRDB	Human Resources Development Board
HRT	Humanitarian Regional Team
HRW	Human Rights Watch
HSDO	Health and Social Development Organization
HSSP	Health Service Support Project
IACP	inter-agency contingency plan
IASC	Inter-Agency Standing Committee
ICCT	Inter-Cluster Coordination Team
ICMA	International Capital Market Association
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	international military
IMC	International Medical Corps
IMMAP	Information Management and Mine Action Programs
INEE	Inter-Agency Network for Education in Emergencies
INTERSOS	Humanitarian Organization for Emergency
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
IRD	International Relief and Development
ISAF	International Security Assistance Force
IYCF	infant and young child feeding
JEN	Japanese Emergency NGO
JIPS	Joint IDP Profiling Service
JMP	Joint Monitoring Plan
Johanniter	<i>Johanniter Unfallhilfe e. V.</i>
KIS	Kabul informal settlements
KOR	Khateez Organization for Rehabilitation
km	kilometre
LSO	Labour Spring Organization

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MACCA	Mine Action Coordination Center of Afghanistan
MADERA	<i>Mission d'Aide au Développement des Economies Rurales en Afghanistan</i> (Aid Mission to the Development of Rural Economies)
MAM	moderate acute malnutrition
MAPA	Mine Action Programme of Afghanistan
MDGs	Millennium Development Goals
MDM	<i>Médecins du monde</i> (Doctors of the World)
ME	Mission East
MERLIN	Medical Emergency Relief International
MI	Micronutrient Initiative
MICS	multiple indicator cluster survey
MoE	Ministry of Education
MoE-ESU	Ministry of Education Emergency Support Unit
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MoRRD	Ministry of Rural Rehabilitation and Development
MOVE	Move Welfare Organization
MRE	mine risk education
MSC	Medical Services Corporation International
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MSH	Management Sciences for Health
MT	metric ton
MTDO	Marshal Training and Development Organisation
MYR	Mid-Year Review
NATO	North Atlantic Treaty Organization
NCA	Norwegian Church Aid
NDMC	National Disaster Management Committee
NFIs	non-food items
NGO	non-governmental organization
NiE	Nutrition in Emergency
NRC	Norwegian Refugee Council
NRDOAW	Nawayee Rehabilitation and Development Organization for Afghan Women
NRVA	National Risk and Vulnerability Assessment
OCHA	Office for the Coordination of Humanitarian Affairs
OECB	Organisation for Effective Communication Builders
OFDA	(US) Office of Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
OHW	Organization for Human Welfare
OSF	Open Society Foundation
OSI	Open Society Institute
OTP	outpatient therapeutic program
OXFAM	Oxford Committee for Famine Relief
Oxfam-GB	Oxfam Great Britain
Oxfam Novib	<i>Nederlandse Organisatie voor Internationale Bijstand</i> (Oxfam Netherlands)
PDC	Provincial Development Committees
PDMC	Provincial Disaster Management Committees
PLW	pregnant and lactating women
PoC	protection of civilians
PoR	proof of registration
RAADA	Rehabilitation Association and Agricultural Development for Afghanistan
RAF	Response Analysis Framework
RCDC	Ray Construction Development Company

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RI	Refugees International
RI	Relief International
RRAA	Rural Rehabilitation Association for Afghanistan
RRD	Rural Rehabilitation and Development
RWDOA	Rehabilitation and Welfare Development Organization for Afghanistan
SADD	sex and age disaggregated data
SAF	Securing Afghanistan's Future
SAM	severe acute malnutrition
SC	Save the Children
SCA	Swedish Committee for Afghanistan
SCEG	Security Council Expert Group on Protection of Civilians
SERVE	Serving Emergency Relief and Vocational Enterprises
SFP	supplementary feeding programme
SHA	Swiss Humanitarian Aid Unit
SHOHADA	(organization name – definition not provided)
SHRDO	Serve Health Relief and Development Organization
Shuhada	Shuhada Organisation
SIDA	Swedish International Development Agency
SMART	specific, measurable, accurate, realistic and time-bound/ standardized monitoring and assessment of relief transition (survey methodology).
SOP	standard operating procedure(s)
SWG	sub-working group
TBD	to be determined
TdH	<i>Terre des Hommes</i>
TLC	temporary learning space
TLM	teaching and learning material
TLO	Tribal Liaison Office
ToT	training of trainers
Trocaire	Catholic Agency for World Development
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Human Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
VHF	very high frequency
WASH	water, sanitation and hygiene
WB	World Bank
WFO	World Family Organization
WFP	World Food Programme
WG	working group
WHO	World Health Organization
ZCO	Zafar Cooperation Organisation
ZOA	ZOA Refugee Care

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