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EMERGENCY SHELTER & NFI CLUSTER STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

The Emergency Shelter and NFI cluster in Afghanistan has prioritized its strategy to adhere to a needs-based humanitarian response approach to coordinate and ensure immediate and appropriate delivery of emergency shelter and NFIs to the most affected population of IDPs, (induced from conflict and natural disasters), and populations affected by natural disasters, to protect their life and dignity. This will be achieved through:

1. Ensure assistance of shelter, NFIs and winterization/cool package kits is provided to the most vulnerable and affected populations due to conflicts and natural disasters.
2. Appropriate durable shelter solutions provided to the most vulnerable and displaced people.
3. Strengthen shelter and NFIs cluster coordination at the national and regional level by streamlining/standardizing the delivery packages including emergency shelters, shelter kits, transitional shelter, minimum NFI packages and winterization/cool package kits.
4. Assess the shelter and NFI needs and preposition stocks within the regions to respond faster, and ensure transparent support and distribution of shelter and NFIs through post-distribution monitoring.

CLUSTER OBJECTIVES AND INDICATORS

CLUSTER OBJECTIVE 1: ENSURE IDPs (NATURAL DISASTER AND CONFLICT-INDUCED) AND PEOPLE AFFECTED BY NATURAL DISASTERS HAVE ADEQUATE PROTECTION FROM THE WEATHER AND PRIVACY FOR FAMILY LIFE THROUGH PROVISION OF EMERGENCY SHELTER AND NFIs. SO: 2 & 4

The timely provision of emergency shelter, shelter kits and NFIs are life-saving assistance to people displaced by conflicts and natural disasters.

Cluster Output: Affected people have emergency shelter and living materials to preserve their life, health and dignity.

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Number of people (and % of People in Need) assisted with emergency shelters and shelter kits.	UNHCR PMT and IOM HAP databases which track IDP profiles through out the country. Target: 178,800 (50% PIN for this specifc indicator)	Shelter & NFIs cluster coordination team in coordination with cluster partners; along with UNHCR and IOM databases	X
2. Number of people (and % of People in Need) provided with NFI kits	UNHCR PMT and IOM HAP databases which track IDP profiles through out the country. Target: 284,800 (55% PIN for this specifc indicator)	Shelter & NFIs cluster coordination team in coordination with cluster partners; along with UNHCR and IOM databases	X
3. Number of vulnerable people assisted with winterization Kits	Country wide needs assessments. Target: 120,000	Shelter & NFIs cluster coordination team in coordination with cluster partners; along with UNHCR and IOM databases	

CLUSTER OBJECTIVE 2: AFFECTED PEOPLE LIVING IN DAMAGED OR DESTROYED HOUSES ARE PROVIDED WITH SHORT-TERM SHELTER SOLUTIONS. SO: 4

Shelter solutions will be provided to ensure the affected vulnerable population has adequate space for physical protection from severe extreme weather conditions as well as privacy and dignity for family life.

Cluster Output: Affected people have adequate shelter solutions to protect their lives and safeguard privacy in living.

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Number of people assisted with cash grants	Countrywide needs assessments and IOM HAP database which track people affected by natural disastersthroughout the country. Target: 30,000	Shelter & NFIs cluster coordination team in coordination with cluster partners; along with UNHCR, NRC and IOM databases.	X
2. Number of people assisted with partial shelter kits	Countrywide needs assessments and IOM HAP database which track people affected by natural disasters throughout the country. Target: 42,000	Shelter & NFIs cluster coordination team in coordination with cluster partners; along with UNHCR, NRC and IOM databases.	X
3. Number of people assisted with transitional shelter	Countrywide needs assessments and IOM HAP database which track people affected by natural disasters throughout the country. Target: 27,000	Shelter & NFIs cluster coordination team in coordination with cluster partners; along with UNHCR, NRC and IOM databases. (Coordination with Housing, Land and Property Task Force Members, a sub-cluster of the Afghanistan Protection Cluster).	X

CLUSTER OBJECTIVE 3: ENSURE IMMEDIATE AND APPROPRIATE SERVICE DELIVERY OF SHELTER AND NFIS THROUGH ASSESSMENT, PREPOSITIONING AND POST-DISTRIBUTION MONITORING. SO: 2 & 4

Preposition stocks for immediate and appropriate response to IDPs (of conflict and natural disasters) and enhance support to the Government and NGOs in planning ES & NFI distributions.

Cluster Output: Ensure ES & NFI needs are assessed and gaps identified, and to reduce overlap in delivery of services by cluster partners through monitoring post-distribution impact.

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Number of assessments done to mainstream Age, Gender and Diversity and identify vulnerable people (including female- headed households and un-accompanied children).	A one-time nationwide needs assessment planned to identify the gaps.	UNHCR, along with cluster partners, will be undertaking nationwide needs assessments and will map needs and completet a gap analysis for shelter and NFIs (in coordination with HLP-TF).	
2. Number of shelter kits prepositioned and distributed in each region.	Annual needs assessments done during the start of 2014 across the country. Target: 30,000	Shelter & NFIs cluster gathers information from the regional focal points on how the shelter kits are preopositioned and distributed in each region.	x
3. Number of NFI/winterization kits prepositioned and distributed in each region.	Annual needs assessments done during the start of 2014 across the country. Target: 30,000	Shelter & NFIs cluster gathers information from the regional focal points on how the NFIs/winterisation kits are preopositioned and distributed in each region.	x

HLP Taskforce:

The ES & NFIs cluster will coordinate with the HLP TF to ensure housing, land and property issues are considered in site selection, (in coordination with national and local authorities), to avoid not only discrimination but future conflicts and forced evictions.

Multi-Sector:

ES and NFI cluster will work closely with Multi-Sector in advocating land tenures for assistance for durable solutions, such as transitional shelters, to the most vulnerable refugee returnees who have no access to land and basic services. Annual needs assessments were collectively conducted through a multi-functional team involving both humanitarian and development actors to assess IDP and refugee returnee needs across Afghanistan.

Protection Cluster:

The tracking of IDPs and refugee returnees across Afghanistan is harmonized by using the same source of databases as the protection cluster, from UNHCR and IOM. Regional shelter and NFI cluster focal points are continuously coordinating directly with the Protection cluster focal points. All the assistance from the shelter and NFI cluster is part of a humanitarian response in close coordination and endorsement from the IDP taskforce at the regional and central levels in Afghanistan.

TARGET CASELOAD

Category	Female	Male	TOTAL
Conflict Induced IDPs	68850	66150	135000
Natural Disaster IDPs	8568	8232	16800
Affected people by Natural Disasters	67830	65170	133000
People affected by Houses Damaged & Destroyed.*	13770	13230	27000
Vulnerable populations assisted	15300	14700	30000
TOTAL	**174318**	**154252**	**314800**

* There is a cross over between this caseload and the one above. Thus it is not calculated in the total number.

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

As part of the annual needs assessment, Focus Group Discussions (FGDs) are conducted according to the principle of Age, Gender and Diversity (AGDM)/Gender Marking approach. FGDs are conducted for women, girls, boys and men belonging to the returnees' population separately. The FGDs are conducted by a multifunctional team which includes, as much as possible, members of the local and international NGOs, UN agencies and Government line-ministries, (including HLP TF members).

Shelter assistance is community-based, self-help programming. The community takes primary responsibility for identifying eligible beneficiaries to receive assistance, while the Ministry of Refugees and Repatriation (MORR), local authorities, implementing partners, and Multi-Sector team members play advisory and coordination roles. The Beneficiry Selection Committee must include members of the Community Development Councils (CDCs) where present or the provincial, district, or village shura (committee of elders and trustees), local authorities (district authorities, provincial representatives of MORR), in addition to representatives from the ES and NFI cluster members. Joint monitoring is also important, especially concerning communication channels with beneficiaries, land disputes, ownership, women's access and control of land, engaging with Government for relocation sites, social housing and other related issues.

Resilience:

Multiple displacements weaken the copign strategies of IDPs, refugee returnees and host communities. ES & NFI cluster, by supporting the displaced and other vulnerable populations with shelter/housing and NFI assistance, will ensure that the communities' resilience is strengthened (especially amongst the most vulnerable populations).

Environment:

Many housing, land and property disputes are fuelled by scarcity of land, (including agricultural land, pasture, and 'high value' land in cities), water, firewood and fodder and aggravated by environmental degradation. Some of

these disputes also result in displacement which have not only historical but also social, environmental, economic and political contexts. Therefore ES & NFIs cluster will ensure that all assessments, programming and advocacy efforts will adhere to a 'Do No Harm' framework and that conflict-sensitive solutions provided by the cluster are grounded in environmental protection and sustainability.

The cluster members will ensure that their interventions are cost efficient and use environmentally appropriate methodologies, and that the communities are also sensitized to its importance.

ESTIMATED COST OF CLUSTER RESPONSE

Category	Target Population/Families	Unit Cost per family	TOTAL
1. Number of people (CI & ND - IDPs) assisted with emergency shelters & Shelter Kits	135000/22500 16800/2800	100 100	2,250,000 280,000
2. Number of people(CI & ND - IDPs) provided with NFI kits	135000/22500 16800/2800	110 110	2,475,,000 308,000
3. Number of affected People by ND provided with NFIs	133,000/22100	110	2,431,000
4. Number of affected people by ND provided with Shelter Kits	27000/4500	100	450,000
5. Number of vulnerable people assisted with winterization/cold package Kits	120000/20000	170	3,400,000
6. Number of people assisted with cash grant	30000/5000	500	2,500,000
7. Number of people assisted with partial shelter kits	42000/7000	750	5,250,000
8. Number of people assisted with transitional shelter	27000/4500	1100	4,950,,000
9. Mapping of needs and gap analysis through country wide joint assessments			2,000,000
10. Number of shelter kits prepositioned & distributed in each region.	30000/5000	180	900,000
11. Number of NFI/winterization kits prepositioned & distributed in each region.	30000/5000	180	900,000
12. Coordination Staffing & Administration cost			650,000
Total			28,744,000

FOOD SECURITY AND AGRICULTURE CLUSTER (FSAC) STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

In 2014 FSAC plans to prepare for, and respond to, acute food security needs throughout the country. The promotion of the resilience agenda will be at the heart of the FSAC strategy, through the reinforcement of the early warning system and the strengthening of the capacities of national counterparts, (including government and national NGOs), concerning food security analysis. In addition to providing timely emergency assistance to severely food insecure populations, FSAC plans to implement early actions to avoid the depletion of livelihood assets. An estimated 2 million people will be targeted with assistance in 2014. This includes 1.65 million of people that have large food consumption gaps resulting in high acute malnutrition, or extreme loss of livelihood assets that will lead to large food consumption gaps in the short-term. The caseload also includes people affected in 2014 by displacement, (110,000 estimated internally displaced people), and natural disasters, (projected to be approximately 240,000 people). The response will include food assistance, cash/vouchers and early livelihood recovery services (including wheat seed, fertilizer, fodder and vaccinations). The aim is to avoid a further deterioration in the food security status of vulnerable populations after a temporary shock and to allow a rapid recovery from disasters. The first objective is designed to address acute food shortages, while the second objective responds to the destruction of sources of livelihoods following a transitory shock. The third objective aims to improve national capacity to anticipate disasters, alleviate their effect and improve the timeliness and quality of the response.

CLUSTER OBJECTIVES AND INDICATORS

Within the framework of the CHAP, the FSAC strategy for 2014 will hold the following guiding principles:

- Consideration of only acute food security needs and those principally caused by transitory disasters;
- Activities are strongly related to emergency preparedness and response;
- Development/strengthening of the capacities of national partners, (government authorities and civil society), to contribute to resilience-building;
- Promotion of good practices with regard to cross-cutting issues, (gender, protection and the environment), in order to achieve improved quality in programming;
- Promotion of nutrition-sensitive operations to ensure food security interventions do positively impact the nutrition status of highly nutritionally vulnerable groups, (e.g. children under five, pregnant and lactating women), among severely food insecure populations;
- The development of policy advocacy to build up a strong partnership with government authorities, particularly with the Ministry of Agriculture, Irrigation and Livestock (MAIL) and the Afghan National Disaster Management Authority (ANDMA).

FSAC will tailor its actions according to the resources made available by the donor community. It appears that 2014 FSAC budget may considerably shrink compared to the level of funding of the past 3 years. In this case, FSAC will downsize its activities and go back to the very basic coordination mechanisms to achieve emergency preparedness and response. Activities related to the promotion of national capacities, improved quality programming and mainstreaming of cross-cutting issues may have to be scaled-down or dropped.

CLUSTER OBJECTIVE 1: RESPOND TO IMMEDIATE FOOD INSECURITY NEEDS TO SAVE LIVES AND LIVELIHOODS OF ACUTELY FOOD INSECURE PEOPLE AFFECTED BY CONFLICTS AND NATURAL DISASTERS — SO: 2 & 4

The provision of emergency assistance through food aid, as well as cash and voucher programming, will contribute to reinforcing the protection of populations from very acute food gaps. The targeted populations include those affected by very severe food insecurity and those affected by transitory shocks. The provision of non-food items such as wood, charcoal and cooking tools may also be considered so as to improve the food utilization of the households.

Cluster Output: Provide emergency assistance through food distributions and cash/voucher transfers

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. % of people in emergency need assisted on time with appropriate transfers (cash, food, voucher)	1.65 million people, (about 80% of the estimated 2 million facing very severe food insecurity)	Monthly reporting from FSAC partners	X
2. % of 2014 new IDPs in emergency need assisted on time with appropriate transfers (cash, food, voucher)	Approx 110,000 people, (about 80% of the estimated 140,000 new IDPs in 2014)	Monthly reporting from FSAC partners	X

CLUSTER OBJECTIVE 2: SUPPORT THE LIVELIHOOD EARLY RECOVERY OF POPULATIONS AFFECTED BY CONFLICT/INSECURITY AND NATURAL DISASTERS — SO: 2 & 4

FSAC will provide early livelihood recovery assistance to populations that have been very recently affected by a transitory shock. This type of support is cost-effective as it allows affected populations to quickly recover from disasters and regain their livelihoods. If assisted in a timely fashion, the beneficiaries will not fall into chronic poverty food insecurity. This objective contributes to the reinforcement of the protection of populations, alleviating their suffering and safeguarding their dignity. Activities will include the distribution of agricultural inputs, (e.g. improved wheat/vegetable seeds, fertilizers, hand tools and fodder), through direct distribution and inputs fairs/voucher systems. Training will be delivered to ensure a quick resumption of agricultural activities and/or effectively fight against potential outbreaks of pests and diseases. Emergency livestock interventions, (animal vaccinations, animal feed/fodder and restocking), are also eligible actions, considering that animal husbandry is the backbone of livelihoods in mountainous areas. The implementation of cash and food-for-work interventions will be considered to support the reconstruction of households and community assets that have been destroyed by recent natural disasters.

Cluster Output: provide livelihood early recovery opportunities through the provision of essential inputs and labor-intensive public works

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. % of highly food insecure people receiving early recovery assistance	Approx 500,000 people (or 70,000 families) (25% of total number with very severe food insecurity)	Monthly reporting from FSAC partners	X
2. % of new IDPs receiving early livelihood recovery assistance	Approx 110,000 people (80% of the estimated 140,000 new IDPs in 2014)	Monthly reporting from FSAC partners	X
3. % of people affected by natural disasters receiving early livelihood recovery assistance	Approx 240,000 people (80% of the estimated 300,000 people without the coping mechanisms to recover from 2013 and 2014 natural disasters)	Monthly reporting from FSAC partners	X

CLUSTER OBJECTIVE 3: STRENGTHEN THE EFFECTIVENESS OF THE EMERGENCY PREPAREDNESS SYSTEM — SO: 2 & 4

This cluster objective contributes to the resilience approach as promoted in the humanitarian strategy for 2014. The development and/or consolidation of existing early warning tools, (e.g. early warning information working group, IPC framework), along with the prepositioning of food stocks and improved coordination with ANDMA at provincial level will positively impact the capacity of the food security and agriculture partners to provide early action as well as emergency programming. This objective is aligned with the OCHA position paper on resilience.

Cluster Output: to enhance the leadership of national stakeholders through capacity development actions, awareness raising and improved coordination

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Number of IPC acute food insecurity maps, produced in 2014	2 current and 2 projected acute food insecurity maps	Official publication of maps	No
2. Number of provinces covered by sentinel sites (surveillance system of slow-on set disasters)	34 provinces	Quarterly reporting on food security indicators (household hunger scale, coping strategy index, etc.)	No
3. Number of provincial partners with capacity to undertake rapid food security assessments	100 partners from MAIL, ANDMA, MRRD, NGOs in 34 provinces	Quarterly progress reports	No

The food security framework is built upon four pillars, including food availability, accessibility, utilization and stability. FSAC would only be able to improve the food utilization by working in close collaboration with the Nutrition, WASH, Health and Emergency Shelter and Non-Food Item (ES/NFI) clusters. The promotion of nutrition-sensitive actions, and the development of joint planning when responding to local shocks, would help build the required synergies and ensure that affected households can eventually make the most of the accessible food and health/nutrition interventions. The provision of cooking tools and fuel, (e.g. wood and charcoal), by the ES/NFI cluster will also be critical in achieving effective food utilization. The joint development and implementation of a nation-wide surveillance system together with the health, nutrition and WASH clusters will support an effective early warning system for slow-onset disasters, (e.g. dry spells and floods).

TARGET CASELOAD

FSAC will target about 80% of the estimated population in need of either emergency assistance or early livelihood recovery assistance in 2014. It includes IDPs displaced by conflict and insecurity, severely food insecure populations and populations affected by natural disasters. However, these target caseloads are partly based on CSO population figure estimates.

Category	Female	Male	TOTAL
IDPs	55,000	55,000	110,000
Host – IPC phase 4	825,000	825,000	1,650,000
Host – Natural disaster affected populations	120,000	120,000	240,000
TOTAL	**1,000,000**	**1,000,000**	**2,000,000**

- Estimates of new IDPs in 2014 are based on the trend of the last three years. However, the 2014 Presidential Elections and the withdrawal of international military forces present an element of great uncertainty;
- Natural disaster-affected populations comprise of those that have been affected in 2013 and are likely to be hit by a shock in 2014 with no sufficient coping capacities (borderline food secure populations);
- The IPC classification has identified severely food insecure populations in all 34 provinces, (stage 4 or emergency stage, according to the IPC framework). Phase 4 households have large food consumption gaps resulting in high acute malnutrition and excess mortality or extreme loss of livelihood assets that will lead to large food consumption gaps in the short-term. In addition to IPC, the FSAC will use a combination of sources to prioritize the areas of interventions, including the FSAC Priority Ranking, the CHAP needs Index and data/statistics on conflict.

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

Preliminary results of the 2013 Seasonal Food Security Assessment (SFSA) coordinated by FSAC identify the population groups at great risk of acute food insecurity. Rural poor, women and children, IDPs, as well as destitute urban households are more at risk of hunger. Food insecurity in urban areas is emerging as a particular concern, as migration to cities increases in the face of displacement caused by conflict and natural disasters. Of particular concern are those households with multiple/overlapping risk characteristics – for example female or widow headed IDP households. In 2013, a tool kit for protection, gender and disability was developed and promoted within the food security community. In 2014, FSAC will continue to encourage its partners to adopt and adapt the tools with the support of “champion” partners.

In order to promote the rehabilitation and protection on the environment in food security and agriculture responses in Afghanistan, food and cash for work projects should incorporate simple environmental action plans developed with communities and local authorities. Like in 2013, activities can include environmental rehabilitation and natural resource management such as watershed management approaches, hillside terracing, better storage and transmission of water.

The programmatic approach of resilience mainstreaming focuses on reinforcing early warning information system, early action and reinforcement of national capacity in emergency preparedness and response. The third FSAC objective directly contributes to the inclusion of the resilience approach within FSAC core activities. The development of a joint surveillance system with the nutrition cluster, the strengthening of the capacity of both ANDMA and MAIL on rapid food security assessments, and improved coordination mechanisms at provincial level are instrumental to ensuring good practice in resilience-building.

ESTIMATED COST OF CLUSTER RESPONSE

Interventions	Average cost per beneficiary (USD)	Number of targeted people	Total cost
Food Transfers	78	1,360,000	106,080,000
Cash Transfers	60	400,000	24,000,000
Agriculture Inputs	20	675,000	13,500,000
Livestock Inputs	25	175,000	4,375,000
Cluster operations			1,000,000
Total		2,000,000*	148,955,000

* 610,000 individuals will be targeted for both food and early recovery livelihoods assistance. They are not double-counted in the total

HEALTH STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

Reduced access to essential health services and limited capacity to deliver specialised care to a growing critical caseload emerged from the cluster vulnerability analysis, as the major concerns impacting population health status, attributable to the direct and indirect effects of conflict and insecurity. The overall 60% increase in weapon wounded patients, with reports concentrated in highly insecure districts, signals a worrying trend, one that is most likely to continue given all probable scenarios for 2014. Disruption of service provision through closures and restricted access not only limits patient's access but also staff capability to deliver essential mobile and outreach services and facilitate referrals. As a result, some 5.4 million people have been identified as living in districts and provinces considered high risk in terms of health vulnerabilities.

The main focus of the humanitarian health response will be on improving access to, and ensuring continuity of essential health services for conflict affected populations through the establishment of temporary health units, mobile services and upgrading and support of existing facilities. These measures will complement existing structures to ensure the delivery of a standardised health services package to vulnerable populations with constrained access to existing BPHS services and will be combined with the implementation of vital public health interventions such as vaccination campaigns, as and when required determined by the local context.

To ensure timely access to adequate trauma care for civilians, existing capacity gaps require addressing at all levels, from community level care to specialised centres. Interventions will be targeted at very high and high risk regions where active armed conflict incidents are frequent. First Aid Trauma Posts, equipped with ambulances and trained staff will be established to facilitate the stabilisation of war casualties and their evacuation to appropriate levels of care. Selected primary health care facilities, and provincial and district hospitals operating in, or serving the communities living in high risk zones will be enabled to provide timely and quality trauma care and referral, and to deal with mass casualty situations. The strategy of establishing health facilities with trauma capabilities will be reinforced through planning and system strengthening that ensures maintenance of adequate supplies and equipment as well as the establishment of effective coordination and communication mechanisms for referral as well as knowledge and skill sharing among health service staff.

Accumulated experience of successful access negotiations over the past year will provide a basis for ensuring continued operating capacity in contentious areas and a platform for expanding acceptance for critical health interventions.

Given the potential for sudden on-set natural disaster and conflict displaced population movements, maintaining an effective early warning mechanism and adequate emergency response capacity to manage disease outbreaks remains vital in the Afghanistan context. Surge capacity to scale up interventions will be maintained through prepositioning of contingency stock, regular inventory of actors capacities and identification of emergency teams for rapid deployment.

CLUSTER OBJECTIVES AND INDICATORS

CLUSTER OBJECTIVE 1: PEOPLE AFFECTED BY CONFLICT AND INSECURITY HAVE EQUITABLE ACCESS TO EFFECTIVE, SAFE, AND QUALITY ESSENTIAL HEALTH SERVICES

Equitable access to essential lifesaving health services is a fundamental human right. This objective contributes to the first strategic priority of the Afghanistan country response plan by addressing major causes of excess mortality and morbidity among populations affected and displaced by conflict and insecurity. Reducing health risks by ensuring access to health services among these vulnerable population groups is critical to save lives and preserve dignity.

Cluster Output: Emergency integrated PHC services to address the immediate health needs of 800,000 conflict affected people not covered by BPHS or other organisations.

Indicator	Baseline and target	Monitoring responsibility & method	
1.Population covered by emergency PHC and referral services	T: 800,000 people	Resp: WHO regional offices, Polio provincial teams, OCHA field teams. Meth: field visits, report of activities	X
2. Coverage for fully vaccinated children in targeted areas.	B; < 60% T; 90%	Resp; WHO Polio provincial and district teams; WHO and UNICEF regional emergency focal points; Meth: field monitoring visits and community inputs; monthly reports	
3. Percentage of temporary health facilities having female qualified medical staff	T; 60%	Same as above	

CLUSTER OBJECTIVE 2: PEOPLE IN PROVINCES AND DISTRICTS IDENTIFIED AT HIGH RISK DUE TO CONFLICT HAVE TIMELY ACCESS TO EFFECTIVE TRAUMA CARE TO PREVENT AVOIDABLE MORBIDITY, MORTALITY AND DISABILITY

Afghanistan continues to witness grave violations of international humanitarian laws and principles that protect civilian populations. Mass causality events overwhelm locally available resources and most trauma-related deaths occur in insecure regions away from health facilities. In the continued absence of interventions to protect the civilian population, provision of timely access to adequate trauma services is critical to prevent deaths and injuries from physical violence. Through this objective the cluster will contribute to the first strategic priority of the country response plan, providing emergency health care and reducing instances of emergency related deaths and injuries.

Cluster Output: Adequate capacity for trauma management at all levels of health care system in high risk provinces & districts for timely treatment of war casualties.

Indicator	Baseline and target	Monitoring responsibility & method	
1. 20 FATP and 48 PHC facilities in 13 high risk provinces able to stabilize, treat and refer war trauma cases		WHO regional and provincial teams; OCHA field teams; Monitoring visits and monthly report of activity	X
2. 32 provincial and district hospitals have adequate capacity treatment of civilian casualties in 13 provinces	BL: 3. Target: 13 provincial mass casualty management plans defined and implemented. B: 3 Target: 32 hospitals in targeted districts have the necessary standard equipment, supplies and ancillary services (blood bank, equipped ambulances) to deal	Mass casualty plans for targeted provinces endorsed by MoPH Stock reports Activity reports Monitoring and evaluation visits (against checklist) by WHO and MoPH.	X

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	Indicator	Baseline and target	Monitoring responsibility & method	
		with mass casualty situations.		
3.	Health professionals (targeted districts and provinces) have improved skills in stabilisation and management of war trauma	200 health staff trained (practical and theoretical)	WHO and MoPH – Training reports	

CLUSTER OBJECTIVE 3: PEOPLE HAVE ACCESS TO INFORMATION AND SERVICES DESIGNED TO PREVENT AND CONTROL COMMUNICABLE DISEASES THAT CONTRIBUTE MOST SIGNIFICANTLY TO EXCESS MORBIDITY AND MORTALITY

Communities without access to preventive and curative health services are at risk from increased morbidity and mortality caused by communicable disease. These risks are heightened further in emergency scenarios, particularly with mass displacements of populations among which, outbreaks can be frequent and devastating. Monitoring to inform early warning and initiate implementation of immediate containment actions is vital to decrease the mortality and morbidity rates and will contribute to the expected outcomes of strategic priority one and four.

Cluster Output: Decreased moratlity and morbidity caused by outbreaks through effective early warning and adequate response and control capacity.

	Indicator	Baseline and target	Monitoring responsibility & method	
1.	100% of the alarms are investigated within 48 hours from notification	Baseline: 93%	WHO & MoPH (provincial office) Investigation reports	
2.	Case fatality rate maintained within international agreed limits	Target: Cholera <1% Measles < 5%	WHO and MoPH; Reports and field monitoring visits	X
3.	Early warning established in 80% of newly covered conflict affected areas	B: 0% Target 80%	Same as above	

Health is impacted by a number of critical determinates besides access to curative and preventive services; balanced and sufficient nutrition, access to potable water and good sanitation, and access to adequate shelter that protects from exposure are all vital to reducing risks that lead to rapid health deterioration. Moreover, when neutrality and equity are maintained, delivery of essential health services can constitute an entry point for negotiation of access to provide complimentary interventions, for gathering information pertaining to the local situation in inform understanding of trends and dynamics, and education and advocacy to communities on broad determinants of health. Achieving an acceptable level of health among people in humanitarian need is the result of synergistic interventions of all these sectors.

Strong collaboration with the nutrition cluster is of particular importance. Links between maternal and child health and nutrition status are clear. The health cluster will work with UNICEF and nutrition cluster partners to ensure delivery of critical CMAM interventions in conjunction with basic health services. In communities unreached by BPHS or displaced by conflict, the clusters will cooperate to ensure temporary emergency health teams are able to integrate at least basic nutrition surveillance techniques, ensuring early identification and referral where levels of acute malnutrition, especially in children under 5 years of age, impact survival and exacerbate communicable diseases. In emergency situations, standard interventions aimed at reducing vulnerability to malnutrition through promotion of breast-feeding, promotion of optimal infant and young child feeding practices and provision of micronutrient supplementation will be jointly supported with UNICEF. Enabling the emergency health services to provide timely stabilization and referral of complicated cases, as well as local intensive care and surgical capacities, will be beneficial not only for civilian war casualties, but also for the emergency obstetrical and child cases as one of the most important life-saving interventions. This will enhance the protection of the most vulnerable segment of the affected populations.

Collaboration with WASH partners will be critical for the control of waterborne disease outbreaks and the critical provision of safe water and promotion of good hygiene practices essential to prevent such outbreaks.

The linkages and collaboration with the protection cluster need to be strengthened to enable sensitive communications through health interventions regarding protection issues, especially in the field of gender based violence. Increased emphasis on sensitization and improved awareness of health actors about more potential areas for collaboration with protection actors will allow a more structured approach.

TARGET CASELOAD

The health cluster members conducted the vulnerability ranking exercise at district level. This allowed for more accurate factoring of the complex issues of access, local conflict, population displacement, functioning and capacity of the public health system, leading to the identification of districts considered very high and highly vulnerable. Based on assessment of these district level vulnerabilities and need, the cluster was able to make accurate estimates of the populations most in need of humanitarian assistance.

The understanding of the impacts of the conflict on health status and mortality rates in high risk districts is incomplete; the 2010 mortality survey provides data at regional level and most high risk areas have been excluded. However, the use of proxy indicators, combined with data on the trends of war casualties gives a fair picture of access to services, increased vulnerabilities (e.g levels of childhood immunization), and direct impacts (number of outbreaks, casualties) thereby providing a basis to tailor humanitarian health interventions.

The focus of the humanitarian health response in 2014 and the target caseload have been identified, largely on the basis of disruption to health services caused by continued insecurity and conflict. Districts where access to critical health services is severely impaired due to insecurity for more than 40% of the population will be targeted in 2014, around 2,5 million people.

The caseload for 2014 includes not only people living in high risk districts/sub-district but also around 110,000 people newly displaced as they seek to escape the conflict. Furthermore, it is most likely that the trend of increasing civilian war casualties that put a tremendous burden on an unprepared health system (and actors) will continue in 2014, prompting the urgent need to ensure that adequate critical health services are available to cover at least the districts/provinces identified at high risk.

In spite of much improved coordination and engagement of the MoPH in response to emergencies, immediate service delivery still largely depends on external support, as little progress has been achieved in the institutionalization of emergency response, backed up by adequate resource allocation. In planning for anticipated caseloads in 2014, historical data of large population numbers affected by natural disasters in the country, that far surpass local response capacity, have also been taken into account. If such scenarios occur, depending on scale and need, the actions of the health cluster partners will focus on early warning, prevention and control of large scale epidemics; reactive vaccination campaigns, establishment of treatment centers, mobile response to IDPs and ensuring continuity and reactivation of health services (when health facilities are damaged or destroyed).

Category	Female	Male	TOTAL
IDPs	49000	51000	100000
Refugees	0	0	0
Host	0	0	0
Non-host	1078000	1122000	2200000
Outbreak response.	98000	102000	200000
TOTAL	**0**	**1275000**	**2500000**

Breakdown of 2.5 million target caseload by likely areas of assistance	TOTAL 2.5 million	COMMENTS
Temporary emergency static and mobile teams to cover conflict affected, IDP, and vulnerable (not covered by BPHS or other organisations)	1,000,000	Mobile and temporary health units providing integrated package of services including vaccination and MNCH
Emergency health and referral services for	1,300,000	Support for provincial, specialised, and district hospitals for

trauma and mass casualty management in the districts affected by active conflict and insecurity		treatment of civilian casualties, First Aid Trauma Posts for stabilisation and evacuation, and community level triage, and transport.
Medical supplies/response to people affected by outbreaks (other sudden onset)	200,000	Includes early warning, supplies, support for treatment centers, reactive vaccination and health awareness campaigns in response to outbreaks

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

Health cluster members and coordination are working closely with the MoPH at all levels aiming to prepare, and support the transition of responsibilities and full engagement of national authorities. Over the past years, working towards establishment of a functioning national emergency preparedness and response mechanism for health sector has been a crucial component of the humanitarian response. The Health sector national disaster management plan has been developed and endorsed by the MoPH, as well as the national operational guidelines for the response to outbreak caused by common diseases.

The 2014 plan for trauma care and mass casualty response has been developed aligned to the national guidelines of the MoPH. Successful implementation of the present plan will result not only on a better management of critical situations but also significantly contribute to the establishment of a provincial and national mechanism, improved capabilities from community to provincial and specialised hospitals, and creation of a pool of skilled professionals.

The cluster members are aware and acknowledged the many issues that affect the equity of access for women and children to health services, especially in rural and insecure areas; from under reporting of girls (from registration at birth, issuing of ID cards, representation during surveys) to cultural and economic challenges that affects their access. The strategic plan specifies that at least 49% of the target population reached must be female and also ensures adequate medical supplies to address specific needs of women and children. The cluster standards require that all health units have at least one female staff; however due to severe challenges in finding female staff willing to work in insecure conflict areas, a 70% target has been agreed for teams fulfilling this requirement. The information acquired on the gender determinants of health seeking behavior will be used for future planning and targeting as well as to inform community awareness and health messaging at the family level. During previous years, significant numbers of humanitarian health staff have been trained on gender mainstreaming during emergencies, and MISP approach. For 2014, all relevant health staff involved in emergency response will also be trained on GBV guidelines for health facilities (newly developed and endorsed by MoPH). This will also be an important area for collaboration with the protection cluster capitalizing on opportunities to promote linkages between principles of medical care and legal frameworks that enshrine protection of civilians, as well as seeking to build population awareness around basic rights.

The WHO guidelines regarding biological waste management by health facilities and during vaccination campaigns transport and manipulation of biological samples and safe water supplies for HFs will be applied by all partners.

ESTIMATED COST OF CLUSTER RESPONSE

Costing of Health sector 2012 CHAP

	Activity	# units	period	Unit Cost $	$ Cost
1	Supplies for emergency response				
	Interagency emergency health kit (basic)	3800	1	800	3,040,000
	Diarrheal Diseases Kit (complete)	56	1	8250	462,000
	Acute Respiratory infection kit	500	1	780	390,000
	Miscellaneous (including trauma PHC level, lab reagents and non communicable diseases)	1	1	3000000	3,000,000
	Trauma kit (complete hospital major surgery)	68	1	31000	2,108,000
	Emergency reproductive kit no 9	120	1	380	45,600
	ORS new formula -cartoons	300	1	70	21,000

	Reproductive kit 11 A &B (referral level)	20	1	4200	84,000
	Reproductive kit 6 A &B (delivery re-usable)	50	1	1500	75,000
	Reproductive 1,2,3,4,5,7,8 (each)	20	1	4800	96,000
	Clean delivery kits	80000	1	3	240,000
	First Aid kits CHWS	1000	1	120	120,000
	Midwifery kit	80	1	680	54,400
	Hygiene kits	120000	1	15	1,800,000
	Freight and In country transport	1	1	520000	520,000
2	Emergency repair and equipment - HFs damaged by conflict	6	1	250000	1,500,000
3	Mass casualty and trauma response				
	Operational costs 2 specialised hospitals Helmand and Kabul	2	12	98000	2,352,000
	Establishment and running of FATP	20	12	6000	1,440,000
	Supplies and equipment for mass casualties management 32 district/provincial hospitals (including repair ambulances)	32	1	110000	3520000
	Blood banks equip and transfusion kits	18	1	62000	1,116,000
	Training of doctors and nurses trauma stabilisation and management	200	14	95	266,000
	Module adaptation, trainers, premises trauma management	1	12	16000	192,000
	Community first aid training	600	3	45	81,000
	ETAT and EmOC training	180	14	95	239,400
	Training on GBV in emergencies	320	3	90	86,400
4	Establishment and running costs of temporary emergency mobile health units, treatment centers	60	12	6700	4,824,000
5	Establishment and running costs of temporary emergency static health units	58	12	4200	2,923,200
6	Emergency vaccinations				
	Vaccines costs/injections/freight/recording	2000000	1	3.42	6,840,000
	Vaccination operational costs (micro planning, training, transport, communication, etc)	2000000	1	1.2	2,400,000
7	Early warning sentinel sites system	385	12	450	2,079,000
8	Coordination costs	3	12	18889	680,008
9	Assessments provincial/district level on health system functionality and coverage	10	1	78000	780,000
10	Health awareness and risk communication				
	Printing materials	10000	1	12	120,000
	Risk communication and health awareness mass media and sessions	2800	3	13	109,200
11	**Total**				**$ 43,604,208**
	Crude estimate cost per beneficiary				$ 17.19

NUTRITION CLUSTER STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

In 2014 the nutrition cluster will continue its emergency nutrition interventions in vulnerable communities including those affected by conflict and natural disaster. A key component of this response is provision of life saving CMAM along with appropriate and timely IYCF and micronutrient supplementation as preventive measures. This will be complemented with enhanced capacity on Nutrition in Emergency and nutrition assessment for appropriate response. The cluster will focus on a caseload of over a million people from conflict and natural disaster affected populations as well as those chronically vulnerable communities in need of humanitarian assistance.

Due to a lack of recent data, to calculate a ranking or prioritization of need, the cluster used small scale surveys conducted in 2011/2012 to estimate regional GAM and SAM prevalence and reviewed these estimates alongside provincial assessments of aggravating factors associated with the underlying causes of malnutrition. The lack of current data has placed considerable limitations on the ability of the cluster to conduct an accurate needs analysis for the whole country. However, a National Nutrition Survey (NNS) has been undertaken this year. It is hoped that by the end of 2013 the data will be available to the cluster at which point the current needs analyses and vulnerability ranking will be revised making use of this current anthropometiric data. While the basic interventions planned by the cluster will not differ substantially, the new data will serve to better inform the geographic focus and prioritization of activities envisaged under the objectives of this strategy.

Delivery of the nutrition response will be channeled through the following three areas of intervention:

1. Integrated interventions that provide treatment of acute malnutrition in children <5, pregnant and lactating women and other vulnerable groups of the population.
2. Programs that provide services on prevention of under nutrition in vulnerable groups of the community with particular emphasis on <5 year old children and pregnant and lactating women.
3. Scaling up of cluster member capacity on Nutrition in Emergency and Nutrition Assessment to respond appropriately.

In addition the cluster will continue to support key areas of national nutrition policy and strategy development e.g supporting policy development and dissemination on the use of breastmilk substitutes, integration of IYCF-E into the National Strategy.

CLUSTER OBJECTIVES AND INDICATORS

CLUSTER OBJECTIVE 1: PREVALENCE OF ACUTE MALNUTRITION IN U5 AND PLW IS REDUCED IN MOST AT RISK COMMUNITIES

Cluster Objective 1 contributes to the overall strategic objective of the Afghanistan Strategic Response plan, principally to ***Strategic Priority 1***, *provide emergency health care & prioritize access to critical services* and to ***Strategic Priortity 4***, *respond to natural disasters.* The prevalence of malnutrition, both wasting and critical micronutrient deficiencies, is typically high in conflict affected and displaced populations due to disruption of health services, restricted access to nutritious foods and inadequate supply of safe water. Acute malnutrition presents a serious public health problem, exacerbating the risk of death from disease, especially in children under 5 years of age.

Cluster Output: Number of under-five boys and girls and PLW admitted in intervention programs (SAM and MAM) and cured in line with SPHERE standards

Indicator	Baseline and target		Monitoring responsibility & method	Dashboard?
1. Under-five boys and girls and PLW admitted	-	441,630	CMAM Monthly Reports from BPHS	x
2. Proportion cured in line with SPHERE standards	-	>75%		
3. Defaulter rate in line with SPHERE standards	-	<15%		
4. Death rate in line with SPHERE standards	-	<10% (SAM); <3%(MAM)		

CLUSTER OBJECTIVE 2: BOYS, GIRLS AND PLW HAVE ACCESS TO EVIDENCE-BASED AND FEASIBLE NUTRITION AND NUTRITION RELATED RESILIENCE ACTIVITIES TO AVOID SITUATION DETERIORATION

Cluster Objectve 2 also directly contributes to ***Strategic Priority 1***. Prevention of undernutrition is as important as treatment. Nutritional status is a critical determinant of health and directly impacts upon survival, particularly in emergency scenarios. Interventions to reduce micronutrient deficiencies and suboptimal infant and young child feeding practices are essential to limit vulnerability to undernutrition, disease and death.

Cluster Output: Number of PLW who receive correct IYCF information and counselling

Indicator	Baseline and target		Monitoring responsibility & method	Dashboard?
1. Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)	-	706,996	BPHS campaign report	x

Cluster Output: **Boys and girls 6-23 month old and PLW receive micronutrient supplementation**

Indicator	Baseline and target		Monitoring responsibility & method	Dashboard?
1. No. of boys, girls 6-23 month old reached with MNPS	-	706,996	BPHS campaign report	x
2. No. of PLW received with MNT (only disaster affected communities)	-	23,197	BPHS campaign report	

CLUSTER OBJECTIVE 3: THE NUTRITION CLUSTER HAS ADDRESSED CRITICAL CAPACITY GAPS TO ENSURE TIMELY ASSESSMENT, RESPONSE AND MONITORING OF EMERGENCY NUTRITION INTERVENTIONS.

The nutrition cluster lacks sufficient capacity to address the extensive need for nutrition interventions across the country. Developing capacity in rapid and SMART assessment techniques, verification of coverage achieved and delivery of emergency nutrition interventions, will fill a critical gap in the current response to identified nutrition vulnerabilities. Enhancing the delivery of such interventions will further advance the above two cluster objectives and therefore contribute to the overall country strategic response.

Cluster Output: Provision of technical training on nutrition in emergencies, standardized assessment techniques and coverage surveys.

Indicator	Baseline and target		Monitoring responsibility & method	Dashboard?
1. Nutrition Cluster members including MOPH/DOPH trained in NIE/SQEAC/SMART/RNA respectively.	-	> 100	Training attendance sheets; NC and its partners	x

CROSS CLUSTER REVIEW AND ALIGNMENT OF PLANNING

The main **underlying** preconditions that determine adequate nutrition are influcenced by many factors and therefore the response to malnutrition requires a multidisciplinary approach. While poverty is the basic cause others include hunger, poor access to safe water and health services. The nutrition cluster will continue to work to address the immediate causes of undernutrition, identify and treat acute malnutrition, help increase micronutrient intake, and ensure appropriate IYCF while at the same time working across clusters with FSAC, WASH and Health to ensure the adoption of a nutrition lense in the interventions that impact the underlying causes of malnutrition. For instance, ensure delivery of adequate rations for families including children less than 24 months, safe drinking water and hygiene promotion and access of appropraite health services. The nutrition cluster will provide support to the related clusters to identify those most vulnerable populations and will advocate for their consideration where other cluster interventions are essential to ensure tangible reduction of malnutrition.

TARGET CASELOAD

The primary groups targeted with nutrition services are children under five and pregnant and lactating women. These are considered the most vulnerable groups of a population and are the first to show signs of malnutrition. For curative services the cluster will use both mobile and static (SC/OTP/SFP) for service provision to ensure all are reached. The target includes beneficiaries in rural, urban and IDP setting. The elderly and children older than 5 and other groups will be targeted if and when necessary and if resources allow. For the preventive measures the cluster members will use campaigns, counseling, classroom and Focus Group discussion for caregivers and communities living in the catchment area. The nutrition cluster will monitor the programme implementation agaiinist sphere standards, GOIRA national IMAM guidelines/protocol and response plan indicators. Cluster will also reactivate its Peer-Review Monitoring Teams which were established in 2011 and to visit intervention programs to gain other cluster members experience in proper management of these intervention programs.

Category	Female	Male	TOTAL
Category	Female	Male	TOTAL
Conflict/IDPs	51,253	40,270	**91,524**
Natural disaster	319,508	251,042	**570,550**
Food insecurity	300,367	236,002	**536,369**
TOTAL	**671,128**	**527,315**	**1,198,443**
Category	**0**	**0**	**0**

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

Resilience is the ability to bounce back from difficult situations. The nutrition cluster will seek to enhance resilliance of those most vulnerable to malnutrition through interventions that reduce their susceptibility:

i. Timely and age specific appropraite infant and young children feeding.
ii. Micronutrient supplementation for both PLW and 6-23 month children

The cluster will support the IYCF and supplementation of micronutrient particularly during emergencies and ensure the pregnant/ lactating women in vulnerable situations are supported with supplementary ration to enhance their nutritional status.

The cluster’s target beneficiary calculation is designed to ensure equitable access of both genders to nutrition services. The needs of women are different than men due to their physiological differences and their role in the up-bringing of the offspring. The cluster will continue to support women during pregnancy and lactation to ensure they receive extra assistance to improve their nutrition status through the SFP program. Intervention program data is disaggregated by age and sex to detect change in trend. Cluster will ensure its members use the Gender Marker Coding to ensure gender is mainstreamed in all the activities e.g giving priority to hire women to work with the intervention programs, to conduct IYCF discussions and campaigns, to support mothers during pregnancy and lactation. At the same time the cluster will also ensure fathers, grandfathers and grandmothers, in-laws and other community elders will be included in all aspects of proper feeding of Infants, young children and PLWs to provide the support needed.

ESTIMATED COST OF CLUSTER RESPONSE

The costs used in the calculations per unit of the CMAM beneficiaries were provided by UNICEF and WFP. Both agencies are experienced in both the supply costs and other related logist/operational costs needed per beneficiary in the respective programs they support. The Anthropometric tools e.g scales and MUAC are based on UNICEF Catelogue costs. Both IYCF and Micronutrient costs are based on the World Bank estimates* plus input received from UNICEF, while the SMART/RNA and NiE training costs are based on estimates from the previous years experience in implementing these trainings in Afghanistan.

*Scaling up Nutrition: What will it cost? By World Bank

Key cost Item	Type	Cost per benef/Unit	Total Beneficiary /unit	Total cost USD
Treatment of SAM U5 children	Newly established program	$120	14,835	$1,780,200
	Existing program	$100	84,065	$8,406,500
Treatment of MAM children 6-59 Months	Existing and newly established program	$43.04	237,930	$10,240,507
Treatment of Acutely Malnourished PLW	Pregnant/lactating	$149.12	131,420	$19,597,350
Anthroprometry	Salter scales	$3.81	200	$762
	Scale,baby,electronic,10kg, min grad 5g	$135.00	100	$13,500
	MUAC Tapes,Child 11.0 Red/PAC-50	$3.43		$0
Micronutrient Powder (MNP)	Children 6- 23 months	$6	706,996	$4,241,976
Micronutrient Tablets	Pregnant/Lactating	$7	23,197	$162,379
Infant & Young Child Feeding in Emergency (IYCF/E) and WASH)	Children 6 - 23 months (6% of target population)	$3	706,996	$2,120,988
SMART SURVEYS	SMART Surveys	$25,000	10	$250,000
SMART Survey & RNA Training +Survey as part of the training	Training	$25,000	1	$25,000
RNA training per high ranking province	RNA	$4,000	10	$40,000
NiE Training per province	NiE trainings for cluster members	$2,500	10	$25,000
Cluster Coordination	Coordination both at National and Field Level; IM; *	$1,000,000	1	$1,000,000
			TOTAL COST	$47,904,163

PROTECTION - STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

The Protection Cluster will focus on responding to the protection needs of more recently displaced conflict-induced IDPs and conflict-affected populations as identified in the Cluster's humanitarian needs overview, with particular emphasis placed on reaching the most vulnerable within the target caseload, through a combination of responsive, remedial and environment-building initiatives. To achieve this goal, the Cluster will reinforce protection and human rights monitoring, in addition to tracking of IDPs, and seek to improve and strengthen its response mechanisms, in particular in relation to child protection, gender based violence and housing, land and property rights. The Mine Action sector will focus its life-saving activities on areas of the country where civilians are most impacted by mine hazards. For protracted IDPs, the Cluster will actively support the implementation of the national IDP policy and support the pursuit of sustainable durable solutions, while responding to protection gaps and implementing community-based protection initiatives. Advocacy and negotiation in relation to the protection of civilians impacted by the conflict will remain a central plank of the Cluster's response, buttressed by initiatives designed to strengthen community-based protection. The Cluster will develop a protection and human rights monitoring alert system, designed to monitor the protection environment and signal emerging protection concerns in relation to the evolving conflict. Protection coordination and capacity will be strengthened particularly in protection monitoring and response, key strategic partnerships will be developed at inter-cluster and cross-sectoral levels in particular in relation to access to basic services, rule of law and protection of civilian infrastructure, and protection mainstreaming within other clusters will be prioritised to expand the reach of the Protection Cluster's objectives and ensure that a rights-based approach is systematically and consistently applied. Considerable emphasis will be placed on the development of protection tools to facilitate the work of field protection clusters and on the improvement in information management to support protection assessments, evidence-based protection programming and thematic analyses. Finally, the Cluster will undertake proactive contingency and preparedness planning to militate against protection risks which may emerge as the transition year draws to a close.

CLUSTER OBJECTIVES AND INDICATORS

CLUSTER OBJECTIVE 1: PROTECTION OF CIVILIANS STRENGTHENED

STRATEGIC OBJECTIVE 2 & 3

How does this contribute to achieving the SO? The Objective focuses on continuing advocacy with various parties to the conflict at differing levels to reduce the impact of the conflict on civilians, and on the development of a protection and human rights alert system, evidence-based reporting and increased training sessions with parties to the conflict. The Cluster will continue to generate and provide input on protection and human rights violations to various UN reports, as well as drafting thematic evidence-based reports highlighting protection of civilians issues for wide dissemination, which will also serve to reinforce advocacy efforts. The focus on the development of protection and human rights monitoring networks will ensure that comprehensive reporting is achieved, again buttressing advocacy efforts.

Cluster Output:

(1) Increased evidence-based advocacy initiatives towards the parties to the conflict and with other stakeholders.

(2) Humanitarian actors contribute to targeted humanitarian and protection response.

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. # of advocacy or negotiation initiatives led by the Protection Cluster	Baseline: 4 Target: 8	Strategic Advisory Group of the APC	
2. # of reports on protection issues/human rights violations	Target : 30	N/A	Yes
3. # of field-based protection and human rights alert systems established	Target: 1 for each district	Strategic Advisory Group of the APC, field protection cluster coordinators	
4. # of training sessions/briefings for duty bearers on Protection of Civilians issues	Target: 12	Protection of Civilians Working Group	Yes

CLUSTER OBJECTIVE 2: POPULATIONS OF CONCERN BENEFIT FROM AND ACCESS CRITICAL PROTECTION SERVICES.

STRATEGIC OBJECTIVES 2 & 3

How does this contribute to achieving the country SO? This Objective is designed to ensure that populations of concern, in particular IDPs, access targeted, focused programmes and critical protection services.

Cluster Output: Provision of protection services

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard ?
1. # of specialised /focused programmes targeting conflict-affected people with special needs	Baseline: 5 Target: 8	Field cluster coordinators – field missions and reports	
2. # of conflict displaced under 18s who are "out of school" accessing humanitarian child protection services	Baseline: 10,000 Target: 25,000	Protection Cluster Coordination, CPiE Coordination, field missions, updates from members	Yes
3. # of IDPs assisted with acquiring and maintaining HLP rights	Baseline: 2,000 Heads of Household	HLP Task Force Coordinator, Protection Cluster Coordination; field visits, regular	Yes

How does this contribute to achieving the country SO? This Objective is designed to ensure that populations of concern, in particular IDPs, access targeted, focused programmes and critical protection services.

	Target: 4,000 Heads of Household	reporting, complaints mechanisms	
4. # of functioning referral and service mechanisms for GBV survivors at national and regional level in emergency and humanitarian context.	Baseline: 4 Target: 5	GBV cluster coordinator; Protection Cluster Coordination, field missions, updates from members	Yes
5. Dimension (sq.m) land cleared of land mines and/or unexploded ordinances for population living within 200m of a mine contamination	Baseline: 396,682,127 sq.m Target: 17,700,604 sq.m	UNMAS/MACCA coordination	
6. # of people benefitting from mine action: - Clearance - Mine risk education - Victim Assistance	Clearance Baseline need: 822,679 persons Target: 27,014 persons Mine Risk Education Baseline: 700,000 persons Target : 700,000 persons Victim Assistance Baseline need: 800,000 persons Target: 27,672 persons	UNMAS/MACCA coordination	Yes
7. % of IDP groups which receive assistance within two weeks of initially being assessed	Baseline: 40% Target: 60%	IDP Task Forces; Field Protection Clusters	

CLUSTER OBJECTIVE 3: INFORMATION COLLECTED, MANAGED, AND DISSEMINATED TO CREATE A BETTER UNDERSTANDING OF IDP FLOWS AND CASELOAD CHARACTERISTICS

STRATEGIC OBJECTIVE **2 & 3**

How does this contribute to achieving the country SO? This Objective is designed to ensure that recently displaced persons' multi-sectoral needs can be addressed in a timely manner. The emphasis on improving upon the access to persons recently displaced by conflict will ensure that the wider humanitarian community will be enabled to respond more rapidly and effectively, thus reducing vulnerability and in some cases saving lives.

Cluster Output: IDPs assessed, tracked and monitored in order to facilitate timely humanitarian assistance delivery and protection interventions

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. % of IDP groups assessed within one month of being displaced	Baseline: 20% Target: 40%	IDP Task Forces, Field Protection Clusters	Yes
2. # of urban IDP profiling initiatives undertaken	Baseline: 2 Target: 4	Protection Cluster	
3. % of IDP groups revisited within 6 months of initial assessment	Baseline: No data Target: 25%	IDP Task Forces, Field Protection Clusters	
4. Online Information sharing system available for wider humanitarian community use	Baseline: None Target: 1	IDP Task Force	

CLUSTER OBJECTIVE 4: INCREASE ACCESS TO AFFECTED POPULATIONS THROUGH IMPROVED CLUSTER CAPACITY

STRATEGIC OBJECTIVES **3**

How does this contribute to achieving the country SO? This Objective is designed to ensure that protection principles underpin all humanitarian activities undertaken by all clusters. The Objective also seeks to increase access to populations of concern by increasing national NGO response capacity.

Cluster Output: Outreach to and coordination with stakeholders

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. # of new national NGOs participating in the Cluster and its sub-groups, including joining in referral networks	Baseline: 0 Target: 30	Strategic Advisory Group; Field Protection Clusters	
2. # of protection-specific tools developed by Cluster, piloted and in use	Baseline: 3 Target: 10	N/A	Yes
3. # of protection mainstreaming products or initiatives piloted and in use by other clusters	Baseline: 1 Target: 5	Strategic Advisory Group	
4. # of strategic partnerships established	Baseline: 3 Target: 5	Strategic Advisory Group	

The Cluster, through its Protection of Civilians (PoC) Working Group will continue its close collaboration with the Health Cluster on issues surrounding the protection of medical infrastructure and personnel. The Cluster will also build upon the extensive protection mainstreaming initiatives already undertaken with the Food Security and Agriculture Cluster (FSAC), and will replicate similar initiatives with the Health, Nutrition, WASH and other clusters. The Housing, Land and Property (HLP) Task Force will coordinate closely with the Emergency Shelter and NFIs (ES-N)Cluster to ensure that HLP issues are considered in site selection and to ensure that HLP issues are integrated in service delivery, and will step up efforts to mainstream HLP in other clusters, whilst working closely with the Mine Action Sector and IDP Task Forces on HLP issues. The IDP Task Force will continue to work closely with FSAC and ES-N Cluster to address immediate needs of recently displaced IDPs. Mine Action will continue to work closely with the IDP Task Forces to ensure that areas of the country which are occupied by IDPs are kept mine and ERW hazard-free and IDPs are educated on mine risk, thus reducing the risk of injury and casualties, and also with Child Protection in Emergencies (CPiE) to reduce exposure of children to mine hazards. The Gender-based Violence (GBV) sub-cluster will continue to work closely with the Health Cluster to ensure that women and girls' access to health services is improved; the GBV sub-cluster and Child Protection in Emergencies sub-cluster will work together to address sexual violence against children.

TARGET CASELOAD

Category	Female	Male	TOTAL
IDPs	93,840	90,160	184,000
Mine affected populations (including IDPs, refugee returnees and host community)	384,890	369,796	754,686
Host	0	0	0
Non-host	0	0	0
etc.	0	0	0
TOTAL	**478,730**	**459.956**	**938,686***

*A further 12.5 million people – the estimated population of the most severely conflict-affected provinces as determined by the Protection Cluster HNO analysis – will indirectly through advocacy initiatives in relation to the Protection of Civilians.

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

In relation to resilience, the Cluster places great importance on strengthening the capacity of national NGOs to respond to the protection needs of IDPs and civilian populations. The Cluster will therefore work hard to increase the membership of national NGOs within the Cluster, and to partner them with international NGOs in a bid to increase their capacity. The Cluster will reinforce links with civil society organisations and national human rights bodies as part of its overall transition plan. In 2014, significant efforts will be made to improve the availability and quality of vital data and information relating to IDPs and civilian populations affected by conflict, to strengthen the readiness of the humanitarian community to respond to needs. On gender mainstreaming, the Cluster will ensure that data collected by members is disaggregated by age and sex to facilitate appropriately targeted interventions for men, women, boys and girls. Integrating gender and GBV perspectives and activities is especially critical in the context of Afghanistan, where there is weak or non-existent dialogue on issues relating to gender and sexual violence, in particular in relation to boys and men. On environmental considerations, given that many HLP disputes are fuelled by scarcity of land (including agricultural land, pasture, urban real estate), water, firewood, fodder and other resources, the HLP Task Force in particular will ensure that all assessments, programming and advocacy efforts com

ESTIMATED COST OF CLUSTER RESPONSE

Output No.	Category	No. of Units	Unit cost USD	TOTAL USD
	Cluster Objective 1 - Protection of Civilians			
1	Advocacy or negotiation initiatives	8	1,000	8,000
2	Protection / human rights alert systems	400	250	100,000
3	Training/briefings	12	2,000	24,000
4	Monitoring and Reporting Mechanism	5 zones	N/A	922,000
TOTAL				**1,054,000**
	Cluster Objective 2 – Access to critical services			
5	Specialised/focused programmes for people with special needs	8	200,000	1,600,000
6	Child Friendly Spaces for under 18s	20,000	150	3,000,000
7	CPAN skills training to support under 18s	600 members	366	219,600
8	Training on Minimum Standards for Child Protection in Humanitarian Action	100 actors	250	25000
9	Psychosocial services in Kabul Juvenile Rehabilitation Centre	2000 children	500	1,000,000
10	Child Protection Sub-cluster coordination	1	N/A	135,000
11	Combined GBV & CPiE rapid assessment	1	N/A	200,000
12	Baseline assessment on HLP issues in IDP settings	1	N/A	100,000
TOTAL				**6,279,600**
13	Response to HLP violations	4,000	100	400,000
14	Advocacy, training initiatives	10	3000	30,000
15	Coordination support to Task Force Members	N/A	N/A	10,000
TOTAL				**440,000**
16	Strengthening GBV regional coordination mechanisms	5	8,600	43,000
17	Establishment of new GBV regional coordination mechanism	1	8,000	8,000

18	Establish and strengthen national and regional referral mechanisms	5	20,000	100,000
19	Capacity building (GBV subcluster members)	6	8,500	51,000
20	VAW case management through community-based psychosocial counseling	1,800	34	61,200
21	Support to 6 self-help groups in 6 IDP settlements in Nangahar	6	11,000	66,000
21	GBV awareness campaigns	3	40,000	120,000
22	Information management and analysis	6	7,000	42,000
TOTAL				**491,200**
23	Victim support	27,672	9.58	265,000
24	Mine/ERW clearance	27,014	535	14,452,490
25	Mine Risk Education (MRE)	700,000	2.6	1,820,000
26	Support to coordination (coordination, advocacy, quality management, priority classification, information management, accreditation of Mine Action actors)	N/A	N/A	1,000,000
TOTAL				**17,537,490**
	Cluster Objective 3 – IDP information			
27	IDP Task Forces - initial assessments	N/A	N/A	1,300,000
28	IDP Task Forces - 6-month monitoring	N/A	N/A	500,000
29	Urban profiling initiatives	4	200,000	800,000
30	Online information sharing system	1		300,000
31	IDP profiling/periodic assessments	N/A	N/A	500,000
TOTAL				**3,400,000**
	Cluster Objective 4 – Access through capacity building			
32	Protection induction training for new NGOs	10	2,000	20,000
33	General Coordination	N/A	N/A	1,500,000
TOTAL				**1,520,000**
	GRAND TOTAL			30,722,290

WASH STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

The WASH Cluster strategy for 2014 focusses on the acute emergency needs of displaced population, returnees, and those affected by disease's outbreaks and natural disaster. With inadequate and untimely rainfall last winter the country is expected to face shortages of safe drinking water in summer, lowering of ground water table, deterioration of water quality, drying of surface water, and large number of nonfunctional water points with displacement and migration associated with diseases such as diarrhea and cholera.

With this outlook, the WASH cluster strategy is designed to respond and prioritize the emergency WASH needs of displaced population and their host communities, IDPs in the camps, population affected by outbreak of diseases dryness, land and rock slides, earthquakes, avalanches and seasonal flash floods. The interventions are focused in 11 WASH cluster priority provinces[1]

The cluster will continue dialogue and advocacy with the development WASH community aiming at the reduction of the large WASH development deficit that has been creating challenges for the WASH cluster. Development need in Afghanistan is substantial. NRVA 2011 ranks drinking water as top developmental need prioritized by 26% of Shuaras and according to the same source , the WASH cluster identified 14.6 million people in need for WASH services. The cluster through participating in the sector water and sanitation coordination and other forums will raise WASH developmental issues and recommend measures to speed up the overcoming of the deficit.

Cross cutting and standardization will be promoted through ensuring the provision of emergency , gender balanced and environment friendly emergency sanitation promotion and safe water interventions with adequate quality and quantity (minimum 15 liters/capita/day and other SPHERE standards) for drinking, cooking and hygiene purposes. Strategy on interventions prioritizes rehabilitation of water sources over new construction where nonfunctional water points and sanitation facilities are available in the target areas. Interventions will include handpump water supplies, pipe schemes, reservoir cleaning and repair, surface water treatment and disinfection, water transportation as the last option and other means... As part of the strategy package approach will be promoted with strong components of hygiene and sanitation promotion for acute vulnerable population. For IDPs in addition to this the cluster will ensure access to improved sanitation and in case of camps bathing facilities and latrine construction will be included.

CLUSTER OBJECTIVES AND INDICATORS

CLUSTER OBJECTIVE 1: SO: 2

Provision of emergency safe drinking water with basic sanitation and hygiene promotion benefitting 660,000 natural disaster affected and acute vulnerable population in the 2014 WASH cluster priority provinces. (The objective is expected to reduce and control the spread of water related diseases, contribute to the reduction of mortality and morbidity and leading to strengthening of health care).

Cluster Output:

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
5. Proportion of the target affected population that has equitable access to safe drinking water interventions	1.500,000 / 660,000 [2]	Cluster/Government /community joint monitoring visits to the field Monthly reports from the partners Develop new /improve existing monitoring tools	Monthly

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[1] 11 Priority provinces are: Kunar in east, Sari pul in north and Ghor in west as very high ranking total WASH vulnerable provinces. Baghlan, Badakhsahn, and Jawzjan in the north and north east, Daykundi in central highland, Nuristan in the east, and Urozgan, Hilmand, and Nimroz in the south as high ranking WASH vulnerable provinces

[2] . Base line is calculated for the last two years emergency WASH beneficiaries reached by the WASH cluster

Provision of emergency safe drinking water with basic sanitation and hygiene promotion benefitting 660,000 natural disaster affected and acute vulnerable population in the 2014 WASH cluster priority provinces. (The objective is expected to reduce and control the spread of water related diseases, contribute to the reduction of mortality and morbidity and leading to strengthening of health care).

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
6. Proportion of target population beneficiating from hygiene and sanitation promotion activities and/ or messages that address key behaviours, misconceptions and are targeting at all user groups	1,470,000/ 660,000 [3]	Same as above	Monthly

CLUSTER OBJECTIVE 2: SO: 3

Contribute to the enhancement of life saving for 210,000 conflicts affected IDPs and returnees through appropriate and timely emergency WASH interventions. (With collaboration with protection, shelter and other relevant clusters timely and appropriate WASH response will be provided to ensure the target population are saved from water related diseases and death consequences).

Cluster Output:

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Proportion of target conflict IDPs living in Camps have access to equitable full WASH facilities and services	75,000/ 50,000 [4]	WASH cluster joint monitoring visits Monthly reporting	Quarterly
2. Proportion of target IDPS in settlements and their host communities have access to WASH facilities (safe water, latrine promotion through demonstration and hygiene education) and services.	86,000/160,000[5]	Same as above	Quarterly

Coordination with other relevant clusters:
The IDP/returnee caseloads for 2014 are determined from UNHCR/IOM data. The response will be coordinated with the protection and shelter clusters to ensure collaboration and appropriate resource utilization for the provision of WASH emergency interventions. Health and WASH clusters will coordinate the water quality testing and interventions particularly during outbreaks. Health, Nutrition, and WASH already used same data sources on the incidence of water related infections. In case of cholera and diarrhea joint assessments and interventions need to be planned for control and prevention measures leading to reduced mortality and mobility cases. Hygiene education interventions will be planned jointly with MOPH and health cluster in the communities in close cooperation with education cluster and MOE in case of schools. Chlorination of water sources will continue in the disease outbreak areas along with distribution of biosand filter for household water treatment as a joint effort by WASH and Health Clusters and Government Partners.

[3] The same as no. 2.
[4] Only 2013 beneficiaries achieved as of 31 Oct. 2013
[5] The same as 4

TARGET CASELOAD

Category	Female	Male	TOTAL
Refugees	0	0	0
IDPs/returnees in Host communities	78,400	81,600	160,000
IDPs/returnees - Non-host	24,500	25,500	50,000
Natural disaster and acute vulnerable	323,400	336,600	660,000
TOTAL	**426,300**	**443,700**	**870,000**

From the available data first the total developmental needs were calculated. For safe drinking water the NRVA national median access data was used to calculate total humanitarian need for the whole country and then it was reduced to 2014 target by calculating the need for the 11 priority provinces. The caseload reached to 560,000 acute vulnerable people. Same way for sanitation and hygiene promotion indicator the incidence rate for water related diseases data was used for determining the total population exceeding a rate of 100 cased per 1,000 population and it was narrowed down to 11 priority provinces as caseload (592,000 people) for 2014.

According to WASH cluster strategy no separate intervention is recommended. Package approach has to be applied to ensure the impact of the sector on reducing and control the spread of diseases such as diarrhea and other water related infections. On this basis the caseload for sanitation and hygiene was agreed to be the caseload for both component and it was rounded off to 600,000 people that need to be reached with safe drinking water along with sanitation and hygiene promotion interventions.

For conflict IDPs and returnees the caseload of 210,000 people proposed by UNHCR is agreed. This data is from the last three years accumulated IDP data from UNHCR records ((average of last three years to date plus the expected number from now until end of 2013). For natural disaster a caseload of 110,000 from IOM records was discussed and only 50% of that was agreed as WASH cluster caseload rounded off to 60,000.

Therefore the WASH cluster total caseload for 2013 is the sum of the above mentioned three caseloads which equals to 870,000 people. For details of the calculations please see the annex of WASH cluster threshold and humanitarian need document attached.

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

The 2013 national workshop on WASH cross cutting issues (gender, resilience and environment) which was conducted for the key government and NGO partners by the regional WASH Cluster advisors provided the base for taking this knowledge and experience to the regional and provincial levels in 2014. The package will be translated into local languages and used for the regional and provincial trainings.

Gender issues relating to existing in-equalities and cultural norms are to be specifically addressed. In particular, the needs of women and girls are to be given special consideration due to their vulnerability in situations of conflict and displacement, which further challenges the need for privacy, security, and access.

To ensure early recovery and disaster risk reduction activities, WASH interventions has been accompanied with awareness-raising on better hygiene practices, water quality monitoring, ensuring application of emergency WASH technical standards and technical capacity-building, and promotion of operation and maintenance of WASH facilities. The Custer will ask for further regional /global support on the subject

To ensure environmental mainstreaming, ground water monitoring, sustainable extraction of ground water, safe disposal of excreta and solid waste, and engagement of communities in regards to environmental issues are activities that will be incorporated into the plan of action of WASH cluster in 2014. A checklist will be prepared for monitoring of environmental commitments during emergencies; Projects will be reviewed using the checklist based on agreed environmental standards. The existing NGO ground water depletion study will be encouraged and scaled up using funding from the donors.

ESTIMATED COST OF CLUSTER RESPONSE

For determining the cost for safe drinking water interventions rehabilitation and new construction of wells, pipe schemes, and strategic water points were selected and numbers were decided based on this years’ experience on capacity of the partners. In addition reservoir cleaning and rehabilitation, surface water treatment, water quality monitoring and testing and water transportation as the last resort for life saving were included for the cost

calculations. For sanitation and hygiene promotion it was agreed to use basic education and promotion without supply distribution and construction with a unit cost of $ 20 for both.

Conflict IDPs and returnees were divided into two categories. One in the host communities to be served with safe drinking water, and intensive hygiene and sanitation promotion including latrine demonstration. The other portion was estimated in case on camps with full package of WASH including latrine and bathing

The unit cost for each item was first proposed to the partners using their and government, UNICEF and DACAAR unit costs. Cluster coordination unit discussed comments received and incorporated in the cost calculation. Second and 3rd versions were again shared with partners and then final version was prepared.

Bellow table is a summary of the calculations. For details please refere to the cluster information manager.

Item No.	Intervention Description	No of Units	Cost / unit	Total cost	Remarks
1. Safe drinking water intervention					
1.1	Rehabilitation of Strategic water points	10.00	20,000.00	200,000.00	
1.2	Rehabilitation/repair of large pipe scheme	5.00	20,000.00	100,000.00	
1.3	Small spring fed pipe scheme	20.00	30,000.00	600,000.00	
1.4	Well deepening and handpump replacement	1,000.00	1,000.00	1,000,000.00	
1.5	Rehabilitation of handpump (repair only)	1,500.00	300.00	450,000.00	
1.6	Construction of new well with handpump	200.00	3,500.00	700,000.00	
1.7	Reservoir cleaning /rehabilitation	200.00	1,000.00	200,000.00	
1.8	Surface water treatment	1.00	1.00	400,000.00	Lump sum
1.9	Water transportation as last resort	1.00	1.00	100,000.00	Lump sum
1.10	Water quality monitoring and testing	500.00	100.00	50,000.00	
Total need 1				**3,800,000.00**	
2.1	Basic hygiene and sanitation promotion	86,000 families	20.00	**1,720,000.00**	7 person per family
3.1	WASH for IDPs and natural disaster and host communities (latrine demonstration)	220,000.00	27.625	**6,077,500.00**	Cost includes safe drinking water , sanitation and hygiene promotion with latrine demonstration
3.2	WASH for the displaced, returnees in camps (with latrine and bathing facility construction)	50,000.00	32.52	**1,626,000.00**	Cost includes safe drinking water , sanitation and hygiene promotion with latrine and bathing facility construction
Operating cost including M&E	Needs Total			**13,223,500.00**	**$19.2/ person**
	M&E, Assessments and Studies		15%	**1983525**	
	Total			**15,207,025.00**	
	Cluster Coordination Staff cost			**400,000**	
	Sub-Total			**15,607,025.00**	
	Overhead Costs (7%)			**1,092,492**	
	Gross Total			16,699,517.00	
			Say	16.7 million	

MULTI-SECTOR STRATEGIC RESPONSE PLAN

Overview of 2014 Humanitarian Response

Afghanistan is the largest repatriation operation in the world, albeit at a much lower rate compared to the peak years between 2002 and 2008. In total, more than 5.7 million Afghan refugees are believed to have returned to Afghanistan in the last 11 years. In addition, the increased projected deportations or spontaneous returns of undocumented Afghan migrants from neighbouring countries (Pakistan and Iran) represents over quarter of the current population in Afghanistan. This poses considerable challenges to the country's absorption capacity.

For 2014 planning purposes, the Multi-Sector will use the conservative figure of 50,000 Afghan refugee returnees and a further 45,300 undocumented People in Specific Need (PSN) migrants, in need of life saving assistance to return to their destination in Afghanistan.

Multi-Sector has prioritized activities taking into account accessibility and vulnerability. Objectives relate to immediate return assistance needs, (cash grants, travel assistance, provision of non-food items and shelter assistance), protection activities (including legal representation), and community-based interventions promoting peaceful co-existence. Specific activities include:
Immediate return assistance, (repatriation cash grants, travel assistance, provision of non-food items and shelter assistance);

- Cross-border monitoring, returnee tracking, profiling and annual multi-functional needs assessment;
- Legal assistance to help obtain security of land tenure to reduce the threat of forced evictions;
- Promote targeted community-based interventions in areas of high return, also including in urban settings where increasing numbers of returnees are settling;
- Multi-sector assistance for GBV victims;
- Strengthen national capacity for sustainable reintegration through an integrated approach aimed at facilitating the transition from humanitarian assistance to long-term development;
- Undocumented migrants' collective preparedness plan, mapping out the capacities of the humanitarian actors, updated on a regular basis. The same contingency plan is currently under development for returnees from Iran.

CLUSTER OBJECTIVES AND INDICATORS

CLUSTER OBJECTIVE 1: THE IMMEDIATE HUMANITARIAN NEEDS OF RETURNING REFUGEES, AND THE MOST VULNERABLE UNDOCUMENTED MIGRANTS, ARE MET — SO: 2

The Multi-Sector ensures protection and basic assistance at point of entry, supporting education registration, life saving health assistance, and essential vaccinations for children under 5 year of age, as well as basic mine awareness.

Cluster Output: All refugees and the most vulnerable undocumented migrants are assisted upon arrival in Afghanistan

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Number of Afghan refugees receiving assistance at point of entry	Baseline: 0 Reviewed throughout the year to monitor Government capacity and resources management. Target: 50,000	▪ UNHCR and DoRR Encashment Centre on arrival: ▪ Individual family verification/assessment: ▪ Voluntary Repatriation database.	X
2. Number of PSNs safely transported to place of return	Baseline: 0 Reviewed throughout the year to monitor Government capacity and resources management. Target: 45,300	▪ IOM and DoRR screening at zero point and Transit Centers on arrival: ▪ Individual family assessment: ▪ Beneficiary Assessment Forms.	X

CLUSTER OBJECTIVE 2: THE MOST VULNERABLE RETURNEES ARE PROTECTED THROUGH ACCESS TO BASIC SERVICES AND COMMUNITY-BASED INTERVENTIONS PROMOTING PEACEFUL CO-EXISTENCE — SO 2

The Multi-Sector shall ensure the most vulnerable returnees, (i.e. single and female-headed households and unaccompanied minors), on arriving at their place of return, have the same access to shelter and basic services through protection monitoring and other interventions as necessary.

Cluster Output: Returnees of the last three years, having the greatest disparity with host communities in the places of return, shall be assisted with access to shelter and basic services.

Indicator	Baseline and target	Monitoring responsibility & method	Dashboard?
1. Number of returnee communities assisted at place of return.	Baseline: 0 Target: 170 returnee communities	UNHCR Protection returnee monitoring (through H/H surveys and tracking interviews, follow up, physical visit of families).	

The Multi-Sector conducts annual needs assessments through a multi-functional team involving both humanitarian and development actors to assess both IDP and refugee returnee needs across Afghanistan, within all sectors. Focus Group Discussions (FGDs) are conducted according to the principles of the Age, Gender and Diversity Mainstreaming (AGDM)/Gender Marking approach. This multi-functional team consists of Protection and Shelter Cluster regional coordinators in all regions, with Health, WASH and FSAC Cluster members in respective regions also closely involved.

Many housing, land and property disputes are fuelled by scarcity of land, (including agricultural land, pasture, and 'high value' land in cities), water, firewood and fodder and aggravated by environmental degradation. Some of these disputes also result in displacement which have not only historical but also social, environmental, economic and political contexts. Therefore the Multi Sector will ensure that all assessments, programming and advocacy efforts will adhere to a 'Do No Harm' framework and that conflict-sensitive solutions provided by the Multi-Sector are grounded in environmental protection and sustainability.

TARGET CASELOAD

Category	Female	Male	TOTAL
Afghan Refugee returnees	74,970	78,030	153,000
Vulnerable Afghan returnees	22,650	22,650	45,300
TOTAL	**97,620**	**100,680**	**198,300**

MAINSTREAMING OF RESILIENCE, GENDER AND ENVIRONMENT

As part of the annual needs assessment, FGDs are conducted according to the principle of Age, Gender and Diversity (AGDM)/Gender Marking approach. FGDs are conducted for women, girls, boys and men belonging to the returnee population separately.

Shelter and basic services are community-based; strengthening resilience through self-help programmes aimed to bridge underlying tensions and promoting peaceful coexistence. The community takes primary responsibility for identifying eligible beneficiaries to receive assistance, while the Ministry of Refugees and Repatriation (MORR), local authorities, implementing partners, and Multi-Sector team members play advisory and coordination roles. The Beneficiary Selection Committee must include members of the Community Development Councils (CDCs) where present or the provincial, district, or village shura, (committee of elders and trustees), local authorities, (district authorities, provincial representatives of MORR). Joint monitoring is also important, especially concerning communication channels with beneficiaries, land disputes, ownership, women's access and control of land, engaging with Government for relocation sites, social housing and other related issues.

The Multi-Sector supports the Afghan government's efforts to develop the role of women and therefore has a strong commitment to the participation of women in decision making and implementation. Recognising the challenges of facilitating female participation, all interventions strive to involve women in selection, implementation, monitoring, and management to the greatest extent possible within regionally and culturally appropriate contexts.

The shelter package includes one latrine for every family, thereby increasing environmental hygiene in beneficiary communities. The shelter programmes seek to contribute to reviving local economies through its implementation wherever possible. This includes using skilled and unskilled labour, and local procurement of raw materials.

ESTIMATED COST OF CLUSTER RESPONSE

Output No.	Category	Unit description	No. of Units	Unit cost USD	TOTAL USD
1	Humanitarian immediate assistance on arrival	No. of returnees	50,000	$200	$10,000,000
1	Transit centre maintenance, including health, education and mine awareness partners, referral and registration	Transit centres (refugee returnees and undocumented)	8	$320,000	$2,560,000
1	Specialised /focused programmes targeting people with special needs – undocumented migrants	No. of People in Specific Need	45,000	$300	$13,500,000
1	Logistics support	No. of transportation services/ warehouse	50	$80,000	$4,000,000
1	Repatriation information sharing system available for wider humanitarian community use				$50,000
1	Cross-border monitoring, returnee tracking, profiling and annual multi-functional needs assessment				$500,000
	Total Objective 1				$30,610,000
2	Legal assistance with acquiring a form of security of tenure to reduce the threat of forced evictions	No. of returnees gaining assistance	18,500	$40	$740,000
2	Shelter assistance	Shelter units	10,000	$2,100	$21,000,000
2	Peaceful co-existence projects where local tensions and disparity in access could result in conflict	No. of returnee communities	170	$22,000	$3,740,000
2	Assistance for GBV victims	No. of caseload	8,000	$250	$2,000,000
	Total Objective 2				$27,480,000
	TOTAL				**$58,090,000**