OVERVIEW

Key achievements toward Strategic Objectives

Through a combination of essential humanitarian response interventions at least two million people have been reached with humanitarian aid in the form of health, WASH, shelter or food assistance. In addition to responding to those communities known to be particularly vulnerable due to on-going conflict and interruption of critical basic service, emergency relief assistance was also provided to over 120,000 people following a month of heavy rains in April and May, which killed an estimated 175 people and destroyed over 8,000 homes. Due to effective prepositioning of emergency stocks, humanitarian actors were able to respond swiftly to the new emergency needs.

Strategic objective 1: Emergency health care and critical services are restored, or provided where there is limited access to them. 16 out of 20 planned new first aid posts were established, to treat civilian casualties of the conflict. Primary health care and referral services were provided to cover the needs of 482,000 people, of a planned 800,000, in areas where conflict has impeded coverage. 23 partners responded to high rates of malnutrition through 77 inpatient facilities, 374 severe acute malnutrition outpatient treatment sites and 564 moderate acute treatment sites.

Strategic objective 2: Essential services are provided to the conflict-affected. 1 million of a planned 1.7 million people received emergency food security assistance. Over 200,000 people of a planned 660,000 target gained access to safe drinking water. Emergency WASH assistance to displaced people and refugees was provided to 127,000 of a planned 220,000. Over 19,000 of a planned 27,000 people benefited from mine clearance.

Strategic objective 3: Prevent protection violations. 16 reports on protection issues or human rights violations were published. Mine action achieved considerable success in dealing with abandoned firing ranges and post-battle Early Remnants of War (ERWS) and cleared 19 firing ranges. A comprehensive campaign on mine risk education, and increased advocacy and engagement on victim assistance began. Gender Based Violence (GBV) training sessions for law enforcement officials and medical personnel were conducted. Progress was made on the establishment of field-based protection and human rights alert systems.

Strategic objective 4: Critical life-saving services are provided to natural disaster-affected. Emergency shelter and NFI kits were distributed to over 85,000 people affected by natural disasters. A further 11,000 people received emergency cash grants and temporary shelter solutions. The emergency shelter and NFI Cluster reached 37% of affected people targeted for the year. 230,000 of a planned 850,000 natural disaster affected people received recovery assistance from food security organisations.
OVERVIEW

Challenges

As of June 2014, the clusters reported a total of 128 unique actors delivering humanitarian aid across Afghanistan, vis-a-vis the 214 actors reported in November 2013, due to increased insecurity and funding shortfalls. The reduced number of active agencies has impacted on the amount and coverage of humanitarian aid that was provided, with those areas that most need it being worst affected. This situation is particularly seen in the south and south-east of the country.

For those agencies providing humanitarian services, access remained challenging. Fighting in a number of districts in Helmand forced the postponement in June, of routine vaccination services. Response to the cross-border displaced from Pakistan in Khost and Paktika was especially challenging due to the very few agencies and NGOs present, particularly in Paktika due to insecurity and remoteness of the area. Some districts where homes were destroyed by the spring floods are also inaccessible to the majority of humanitarian agencies due to inhospitable terrain and challenging logistics.

At the end of this reporting period, a refugee influx from Pakistan, following military action in North Waziristan resulted in huge displacement of Pakistanis as well as some Afghan families, with some 22,000 families (approx. 165,000 people) seeking refuge in the remote and inhospitable Khost and Paktika provinces in eastern Afghanistan. An inter-sectoral emergency response has started to assist some 120,000 most vulnerable individuals.

As experienced during the wide scale flooding and resulting multiple actor response earlier this year, the lack of standardised humanitarian needs assessments remained a major challenge for identifying and prioritising humanitarian response interventions. Even outside of the flooding emergency context, few humanitarian needs assessments took place since the beginning of the year that were nationally comparable. There is an explicit need for cluster members to work together to harmonise these fundamental humanitarian assessment tools.

The new Common Humanitarian Fund (CHF) launched in January enabled more funding to be directed to immediate life-saving activities of health and nutrition. However, in practice NGOs have only started to receive funds at the midyear point due to the delays in start up of the fund.

Recommendations

1. The response to the refugee influx in Khost and Paktika provinces requires a sustained response, principally by Multi-Sector, WASH, Health and Protection clusters. Available resources with the CHAP 2014 requirements of $406 million are to be reprioritised to respond to the needs of the most vulnerable of this refugee caseload. At this stage the financial requirements to enable anticipated response activities will be in the region of $25 million. Donors are requested to contact UNHCR and OCHA for further information regarding funding priorities.

2. More funds are required to build shelters for those who lost their houses in the spring floods. So far the funds committed by donors cover only 15 per cent of the 6,579 Category A homes that were completely destroyed. Taking into account all possible efficiency measures and capacity of partners, and potential funding, some 2,500 families will likely be without any form of shelter come winter unless more funding is forthcoming.

3. The CHF is a vital tool in improving the relevance and coherence of humanitarian response by strategically funding assessed humanitarian action as identified in the CHAP. Additional contributions in the second half of 2014 will enable greater support to be directed to the most essential, prioritised life-saving needs and respond to the most critical gaps identified through the coordinated cluster system.

4. An increase in the capacity of humanitarian service delivery is needed in areas most affected by acute needs, particularly in the south and south-east.

5. Clusters need to work to identify humanitarian thresholds for intervention, and to design or adapt assessment tools to be used by all members, to enable collection of humanitarian needs data that is nationally comparable.

6. Donor support to partners will be required to replenish emergency stocks which have been extensively depleted in responding to the spring floods in April and May 2014.
Disclaimers: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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

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

Key Figures

**Humanitarian context**

The overall humanitarian context in Afghanistan remains as outlined in the strategic response plan at the beginning of the year. No major change has taken place in the strategic picture - characterised by political uncertainty, military stalemate and steady economic decline. While no dramatic deterioration in the humanitarian context is expected this year there has been increased impact on civilians by the conflict. Maps showing conflict incidents, civilian casualties and displacement from November 2013 to June 2014 are provided in Annex A.

Military operations by the Government of Pakistan against non-state armed actors in North Waziristan Agency which began in June resulted in a significant proportion of the North Waziristan population within Pakistan being displaced. Significantly for Afghanistan, refugees began crossing the border. After the announcement of the operation in June, numbers increased and by early August 2014, 22,530 families (16,155 in Khost and 6,375 families in Paktika) have been assessed, with more continuing to come across as fighting continues in Pakistan. A multi-sectoral response has been mounted in the remote and inhospitable areas where the refugees are sheltering. This response will need to be sustained through to year end and potentially into the early part of 2015. This unforeseen emergency is stretching partners’ capacities and is in need of timely funding.

In the security arena, it is important to note that while the volume of security incidents is relatively stable, the change in tactics with a greater use of ground attacks, direct engagements, indirect fire and use of IEDs, have each contributed to an increase in civilian casualties. Afghanistan's civilian population are experiencing an upsurge in conflict related deaths and injuries with the conflict brought closer to people’s homes as the Afghan national security forces, insurgents and armed opposition groups battle to control territory. The UNAMA midyear Protection of Civilians in Armed Conflict report, shows a 17 per cent increase in civilian deaths and reports civilian injuries to be up by 28 per cent from the same period last year. Ground engagements have caused two out of every five civilian casualties in 2014, an increase of 89 per cent compared to 2013.

Violence against aid workers has risen in the last year with a 25 per cent increase in related incidents (compared with the previous July to June period). A substantial increase in violence against humanitarian personnel, assets and facilities has been observed in Helmand, Kabul, Kunar and Laghman (refer to Map 5 in Annex A).

In the political arena, the still undetermined conclusion of the Afghan presidential elections, has led to a period of recriminations and increased tension, as supporters of the two opposing campaigns have become entrenched behind their preferred candidates. Economically, prolonged electoral uncertainty has resulted in a reduction in economic activity and reduced revenue generation. The economic growth rate in 2013 dropped below 4 per cent despite robust agricultural production. Growth is projected to remain weak in 2014, after several years of double-digit rates. Heightened uncertainty in the political and security transition, accompanied by the reduction in the international presence in Afghanistan, has led to a loss of investor and consumer confidence. A drop in revenue collection by the government means that with heavy expenditure on the security forces, important civilian, development and operational expenses may be increasingly compromised. Whilst Afghan National Security Forces (ANSF) expenses are secured by Chicago commitments, and health expenditure through the World Bank (BPHS / EPHS), other areas of government expense may be more vulnerable in the period immediately ahead as economic reform priorities are reformulated.

Prolonged and intense spring floods were concentrated most heavily in seven provinces; affecting an estimated 150,000 people across 132 districts. Over 8,000 homes were totally destroyed, accompanied by damage to roads, irrigation canals, crops and livestock.
At the national level, the cereal harvest outlook is good: FEWS, MAIL, NET, and WFP carried out a pre harvest assessment as a tool to inform decision-making on food security. The main findings from the assessment were that growing conditions are likely to result in a grain harvest larger than either of the two previous years, which were two of the biggest cereal crops in the last decade. Afghanistan is highly reliant on wheat flows from neighbouring countries. The outlook for the winter wheat harvest in Pakistan and the upcoming spring wheat harvest in Kazakhstan are both expected to be sufficient to allow smooth flow of wheat and flour into Afghanistan with fairly stable prices. Nevertheless, many households exposed to recent shocks whether through conflict or natural disaster displacement, are suffering acute food insecurity.
Needs Analysis

The only significant new field-based humanitarian needs assessment published in 2014 comes from the results of the 2013 national nutritional survey which identified almost 200,000 children under five years old with severe acute malnutrition, correlating to an estimated annual burden of approximately 500,000 acutely malnourished children. The national rate of severe acute malnutrition for children under five in Afghanistan was reported at 4 per cent, breaching the WHO threshold for an emergency. Some areas were significantly worse than this national average. Eight provinces of Khost, Kunar, Laghman, Nangarhar, Nuristan, Paktiya, Uruzgan, and Wardak were reported as having global acute malnutrition rates above 15 per cent.

The provincial needs index was updated to reflect revised nutrition needs and degradation in the security situation (refer to Table 2 in Annex A). The impact upon the overall needs index is relatively small, but shows a general rise in need across most provinces. Of particular note is the escalation in the needs index score of the two top ranked provinces, Hilmand and Kunar, which is primarily a result of the revised nutrition ranking.

Response capacity

The geographic distribution of humanitarian actors is primarily concentrated across the northern and eastern regions with fewer organisations operating in the south. The number of unique actors by district (shown below) provides a proxy indication of the humanitarian operational capacity. It is important to note the number of actors alone does not itself fully capture capacity, and a higher number of actors does not mean that all humanitarian needs in any sector are being met.

Clusters have focused their reporting on active implementing partners, therefore, offering a more concise view of the operational capacity (refer to Table 1 in Annex A). As of June 2014, clusters reported a total of 128 unique actors across Afghanistan (vis-à-vis the 214 actors reported in November of 2013). The change in the 3W methodology prevents a comparison between the numbers of humanitarian actors from the end of 2013 to this 2014 mid-year review.

The humanitarian indicative presence gap (featured below) is the best visual representation to date of the humanitarian response capacity by province. It highlights provinces with relatively fewer humanitarian agencies compared to the overall needs index (in red), and shows the provinces with relatively more humanitarian agencies compared to the overall needs index (in green). Compared to the beginning of the year the relative presence gap has widened in the eastern and central regions.
**STRATEGIC OBJECTIVES**

**OVERALL PURPOSE: CIVILIANS ARE PROTECTED IN AFGHANISTAN IN 2014**

Impact: Lives are saved, injuries and diseases are treated and suffering is reduced among affected people.

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Provide emergency health care and prioritize access to critical services</th>
<th>Respond to conflict IDPs and returning refugee needs</th>
<th>Prevent protection violations</th>
<th>Respond to natural disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes</strong></td>
<td>Reduced instances of emergency related deaths, injuries and illness due to the conflict.</td>
<td>Reduced instances of disease &amp; suffering among conflict IDPs; refugees are reintegrated.</td>
<td>The number of civilians affected by the conflict is contained, or reduced.</td>
<td>Reduced instances of emergency related deaths, injuries and illness due to natural disasters.</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>Emergency health care and critical services are restored, or provided where there is limited access to them.</td>
<td>Essential services are provided to the conflict-affected; assistance is provided to returning refugees.</td>
<td>Evidence-based advocacy initiatives to parties to the conflict are delivered.</td>
<td>Critical life-saving services are provided to natural disaster-affected.</td>
</tr>
<tr>
<td><strong>Cluster</strong></td>
<td>Health, Nutrition, Emergency Shelter &amp; NFIs; Multi-sector, FSAC, WASH, Protection incl. demining</td>
<td>Protection</td>
<td>FSAC, Nutrition, Emergency Shelter/Non Food Items, WASH, Health, Protection</td>
<td></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>$ 65 million</td>
<td>$173 million</td>
<td>$3 million</td>
<td>$133 million</td>
</tr>
</tbody>
</table>

**Progress toward Strategic Objectives**

1) *Emergency health care and critical services are restored, or provided where there is limited access to them:* To treat civilian casualties of the conflict 16 out of 20 planned new first aid posts were established. 482,000 of a planned 800,000 people were covered by primary health care and referral services. 23 partners responded to high rates of malnutrition through 77 inpatient facilities, 374 severe acute malnutrition outpatient treatment sites and 564 moderate acute treatment sites.

2) *Essential services are provided to the conflict-affected; assistance is provided to returning refugees:* Over 1 million people of a planned 1.7 million people received emergency food security assistance. Over 200,000 people of 660,000 targeted gained access to safe drinking water. Emergency WASH assistance to displaced people and refugees was provided to 127,000 out of 220,000 planned beneficiaries. More than 19,000 of a planned 27,000 people benefited from mine clearance.

3) *Evidence-based advocacy initiatives to parties to the conflict are delivered:* 16 reports on protection issues or human rights violations were published. Mine Action achieved considerable success in dealing with abandoned firing ranges and post-battle ERWs and 19 firing ranges cleared. A comprehensive campaign on mine risk education, and increased advocacy and engagement on victim assistance began. GBV training sessions for law enforcement officials and medical personnel were conducted. Progress was made on the establishment of field-based protection and human rights alert systems.

4) *Critical life-saving services are provided to natural disaster-affected:* Emergency shelter and NFI kits were distributed to over 85,000 people affected by natural disasters. A further 11,000 people received emergency cash grants and temporary shelter solutions. The emergency shelter and NFI Cluster reached 37 per cent of affected people targeted for the year. 230,000 of a planned 850,000 natural disaster affected people received recovery assistance from food security organisations.
ANALYSIS

Funding analysis

Afghanistan has one of the best funded humanitarian response plans globally for the 2014 calendar year. As of 27 July, 48 per cent of the requested amount for the strategic response plan was committed with $195 million received against the $406 million requested.

Outside of the Strategic Response Plan, donors have contributed $130 million, largely to the Red Crescent and the Red Cross movement for which the movement release a separate appeal. Also included in this figure is $40 million of contributions to the World Food Programme, which are judged to be outside of the humanitarian activities of the SRP. ECHO has also committed $23 million to Afghanistan from their Humanitarian Implementation Plan but not allocated to the Strategic Response Plan.

Funding: Required vs. Received to date (million $US)

<table>
<thead>
<tr>
<th>Cluster Not Yet Specified</th>
<th>Required</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter &amp; NFI's</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Health</td>
<td>15</td>
<td>44</td>
</tr>
<tr>
<td>Protection</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Coordination</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Aviation</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Nutrition</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>Multi-Sector</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>Food Security &amp; Agriculture</td>
<td>45</td>
<td>149</td>
</tr>
<tr>
<td>ERF: 4.7 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHF: 17.7 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Funded</td>
<td>195 million ($US)</td>
<td>48%</td>
</tr>
<tr>
<td>Unmet: 211 million($US)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Financial Tracking Service (FTS) as of 27 July 2014

Cluster Performance

An overview of the collective performance of the clusters shall be carried out in August once all the cluster coordination performance monitoring reports have been completed.
Contingency/Preparedness Plans

The Afghanistan humanitarian risk register for the period July to December 2014 is presented below (refer to Annex A for an unabridged version). Compared to the same period in 2013 there has been a slight increase in the perceived risk of conflict related events and attacks on humanitarian organisations, and in particular a higher risk of declining operational humanitarian access (refer to Table 3 in Annex A for an unabridged version of the table). Readers are encouraged to refer to the Humanitarian Needs Overview for a detailed explanation of the risk register approach.

<table>
<thead>
<tr>
<th>RISK DESCRIPTION</th>
<th>RISK SEVERITY (out of 25)</th>
<th>SEVERITY CHANGE (from 2013)</th>
<th>THRESHOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVENT: INCREASE IN CONFLICT (INTER-COMMUNAL OR GOVERNMENT-AOG)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population cannot access essential services</td>
<td>12</td>
<td>▲ 3</td>
<td>10% or more increase (at province level)</td>
</tr>
<tr>
<td>Populations of concern cannot be operationally accessed by agencies</td>
<td>12</td>
<td>▲ 3</td>
<td>10% or more increase (at province level)</td>
</tr>
<tr>
<td>Civilian casualties</td>
<td>9</td>
<td>—</td>
<td>15% or more increase (at province level)</td>
</tr>
<tr>
<td>Human rights violations</td>
<td>12</td>
<td>▲ 3</td>
<td>25% or more increase (at province level)</td>
</tr>
<tr>
<td>Internal displacement</td>
<td>9</td>
<td>—</td>
<td>10% or more increase (at province level)</td>
</tr>
<tr>
<td><strong>EVENT: INCREASE IN ATTACKS (DIRECT OR INDIRECT) ON HUMANITARIAN ACTORS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct attacks on humanitarian agencies (staff and assets)</td>
<td>9</td>
<td>▲ 3</td>
<td>Attacks on the compound (or offices) and staff of humanitarian agencies (as a means of intimidation rather than harm).</td>
</tr>
<tr>
<td><strong>EVENT: DISEASE OUTBREAK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemics/outbreaks</td>
<td>9</td>
<td>—</td>
<td>Case fatality rate exceeds international standards</td>
</tr>
<tr>
<td><strong>EVENT: NATURAL DISASTER (EXCEEDS NATIONAL COPING CAPACITY)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drought</td>
<td>4</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Earthquake in or near large urban area</td>
<td>6</td>
<td>▲ 1</td>
<td>Small (&lt;100 families) response within the province); medium (100-3,000 families) regional response; large (&gt;3,000 families) national level response (as recommended by SOP taskforce guidelines currently still under review)</td>
</tr>
<tr>
<td>Major earthquake in/near large urban area (Kabul, Jalalabad, Kunduz)</td>
<td>5</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Flood</td>
<td>6</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Landslide or avalanche</td>
<td>6</td>
<td>▲ 3</td>
<td></td>
</tr>
<tr>
<td>Extreme/harsh winter</td>
<td>4</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td><strong>EVENT: DRASTIC DETERIORATION IN ECONOMIC FOOD ACCESS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid increase in price of foods (wheat, wheat flour, rice)</td>
<td>6</td>
<td>—</td>
<td>&gt; 5% food price increase in 1-month comparison; or&gt;10% food price increase in 1-year, 2-year, or 5-year average comparisons</td>
</tr>
</tbody>
</table>

Greatest risks continued to be attributable to the intensity of conflict incidents. Risks of civilian casualties, attacks on humanitarian workers and conflict induced displacement remained higher in the southern and eastern regions. There has also been a marked increase in the conflict risk for Faryab and Nangarhar provinces over the last year, both of which rank in the top five provinces of highest need (refer to Table 4 and Map 6 in Annex A).
# Achievements against funding

<table>
<thead>
<tr>
<th>Cluster</th>
<th>People Targeted</th>
<th>People Reached</th>
<th>Percentage Reached (%)</th>
<th>Percentage Funded (%)</th>
<th>Amount Funded ($ million)</th>
<th>Funding Requested ($ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security &amp; Agriculture</td>
<td>2,000,000</td>
<td>1,333,387</td>
<td>67%</td>
<td>30%</td>
<td>45</td>
<td>149</td>
</tr>
<tr>
<td>Multi-sector</td>
<td>198,300</td>
<td>64,866</td>
<td>36%</td>
<td>42%</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,198,000</td>
<td>488,049</td>
<td>41%</td>
<td>71%</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>Health</td>
<td>2,503,000</td>
<td>572,411</td>
<td>23%</td>
<td>34%</td>
<td>15</td>
<td>43.6</td>
</tr>
<tr>
<td>Protection</td>
<td>938,686</td>
<td>393,430</td>
<td>42%</td>
<td>42%</td>
<td>13</td>
<td>30.7</td>
</tr>
<tr>
<td>Emergency shelter and NFI's</td>
<td>315,000</td>
<td>115,122</td>
<td>37%</td>
<td>39%</td>
<td>11</td>
<td>28.7</td>
</tr>
<tr>
<td>Humanitarian Aviation</td>
<td>30,000</td>
<td>6,221</td>
<td>21%</td>
<td>56%</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>870,000</td>
<td>328,900</td>
<td>38%</td>
<td>48%</td>
<td>8</td>
<td>16.5</td>
</tr>
<tr>
<td>Support &amp; Coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>11.6</td>
</tr>
<tr>
<td>SRP but not cluster specified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>48%</strong></td>
<td></td>
<td><strong>195</strong></td>
<td><strong>406</strong></td>
</tr>
</tbody>
</table>

Source(s): Financial Tracking Service (FTS) as of 27 July 2014; Cluster progress reports as of 30 June 2014
Emergency Shelter and Non-Food Items Cluster

Progress towards Cluster Objectives
DRC, NRC, IOM and UNCHR provided emergency shelter through kits, tents and cash grants to the IDP population. 3,254 internally displaced individuals (both conflict-induced and natural disasters affected) were provided with transitional shelter, while two cluster members, DRC and NRC, provided cash grants to 8,293 individuals respectively.

ANDMA, ARCS, IMC, IOM and a wide range of UN agencies and national and international NGOs conducted more than 410 joint rapid assessments in 30 provinces assessing natural disaster affected and displaced families. The IDP Task Force conducted more than 5,238 joint assessments throughout Afghanistan in 2014, profiling families displaced by conflict and natural disaster. The provision of relief items was coordinated with relevant government agencies, partners and Provincial Disaster Management Committees (PDMC); gaps were identified and pre-positioned stock was reallocated.

Changes in Context
Heavy rains in the northern provinces resulted in flash floods, landslides and an estimated 175 (excluding Ab-e-Barik Landslide casualties) deaths, 8,128 homes destroyed, and severe damage to infrastructure, crops and livestock. Assessments were conducted jointly by provincial and district authorities and the humanitarian community. Multi-sectoral emergency relief was provided to 17,608 families. Access, both for assessment and assistance was affected by ongoing flooding, damage to roads and infrastructure and security concerns. A National Shelter Recovery Plan developed in June aims to provide 6,579 shelters for the most vulnerable families displaced from completely destroyed Cat A homes. Current construction and secured funding for 941 shelters only means there is a significant gap going into winter. Assuming the necessary funding is obtained, the cluster's best case scenario planning, based on the current rate of construction and organisational and building system capacity, 2,500 families will remain without shelter over winter.

The cross border movement of people fleeing violence from Pakistan into Khost and Paktika provinces has resulted in approximately 16,000 families expected to settle for some time and therefore in need of some form of shelter assistance. Tents are being distributed as an emergency response, however, in the second half of the year transition to semi-permanent shelters and or/winterization options will be necessary.

Cluster Performance
An appraisal of the Cluster performance is planned for September 2014.

Challenges
Replenishments of NFI stocks post floods in the North and displacement in the Southeast: the evidence of depletion is in the distribution records between February and June, and the Northern region ESNFI Cluster stock tables. Shelter funding gap and arising need for winterization: the reassessment will identify families still in imminent need, displaced due to the flash floods, who do not have any means to self-construct, and who have not already gained from the Emergency Response Fund (ERF) allocation, donor funding, nor government assistance.

Actions to be Taken
- The Northern Shelter Recovery Plan target of 8,128 Cat A flood affected households was reassessed and reduced to 6,579 shelters. Efforts will continue to reduce the current gap and spread the funding to increase the coverage of shelters;
- Inform strategy for winter needs;
- Continue to update and provide credible information for advocacy and fund raising.
Food Security and Agriculture Cluster

Progress towards Cluster Objectives

Of the 2 million targeted people identified in the CHAP 2014, FSAC emergency food assistance has reached 1,258,962 people (63 per cent), including the emergency response for around 350,000 people affected by conflict and natural disasters during the past 6 months. Those receiving assistance have been flash flood and landslide affected communities, displaced people, and cross border displaced people and their host communities. FSAC partners conducted a qualitative Pre-harvest Appraisal (PHA), and the Seasonal Food Security Assessment (SFSA) the results of which will be available at the end of August 2014. Both these tools will inform cluster members on access to food and coping strategies at the household level.

Changes in Context

There has been no significant change in context affecting the FSAC response. The SFSA will be used to identify the causes and intensity of food insecurity at the provincial level, including households affected by various shocks causing food insecurity (conflict, natural disasters, etc). The PHA report highlighted that while a good wheat grain harvest was expected in 2014, some households in Afghanistan have experienced shocks that have placed them in situations of acute food insecurity. In areas affected by the flash floods during spring 2014, partners provided emergency food support to 227,000 people. However, only a few communities affected by the flash floods also received early recovery assistance to compensate for damaged infrastructure or flooded agricultural land. In some districts of the Central Highlands region, communities have not yet recovered fully from the previous year’s dry-spell shock.

Cluster Performance

FSAC conducted a cluster performance monitoring exercise during June 2014. With the support of the Afghan Government and FSAC partners, the cluster was successful in conducting the SFSA 2014, and was able to strengthen the Disaster Risk Reduction Working Group. It was acknowledged by cluster members that PHA and SFSA, are crucial assessments and essential outputs that the cluster successfully delivers. According to the preliminary findings of the report, the main areas the cluster needs to strengthen are: advocacy for activities on behalf of cluster partners that would link the concerns of FSAC partners to the humanitarian response decision-makers; strengthen the use of existing standards and guidelines; develop a Strategic Plan for the upcoming years and strengthen FSAC regional groups.

Challenges

The major challenge to the Cluster Strategic Response Plan has been the increase in the targeted population due to natural disaster, internal conflict and the cross border movement seen in Khost and Paktika provinces. The second challenge is funding availability for emergency food supplies. The cluster anticipates significant challenges in the months ahead due to possible delayed arrivals of food in-country, as well as pipeline breaks caused by limited resources. Another challenge is securing funding for the planned early recovery activities that would help restore livelihoods and strengthen the resilience of communities severely impacted by the flash floods in spring 2014, as well as for displaced persons and their host communities. Lack of an effective Integrated Phase Classification (IPC) continues to impact on the cluster's ability to accurately classify the food insecurity needs in Afghanistan, and design measured interventions in response.

Actions to be Taken

As a priority, cluster members need to initiate discussions with key humanitarian donors in order to secure support for new emergency food distribution requirements, as well as early recovery activities in communities severely affected by flash floods. The FSAC must also work to raise the quality of the IPC process. Without comprehensive evidence-based data to underpin realistic classifications, the IPC will be unable to meet its objective as a strategic analytical tool to aid decision making.
Health Cluster

Progress towards Cluster Objectives
Health cluster members responded to the needs of around 88,000 people during recent emergencies. Approximately 830 patients were referred to specialized trauma care facilities funded by CHF, ERF and other bilateral donors and around 270,000 people received emergency treatment in outpatient departments. 2,266 women received antenatal care in particularly hard to access areas. Around 200,000 children under 10 were immunized with special focus on the flood affected areas and additionally around 88,000 patients have received trauma care.

Through support to 37 mobile health teams and 16 First Aid Treatment Posts (FATP) and 2 hospitals, CHF funding will sustain the achievements of the past six months and further enhance trauma care and emergency services. CHF funding of $9 million will facilitate access to essential services for around 14 per cent of the 800,000 targeted for emergency PHC services and supplies for around 56 per cent. ECHO funding to extend the capacity of the Emergency Hospital in Helmand will increase coverage to 180,000 people and will support development and implementation of Mass Casualty Management (MCM) plans.

A district level prioritization exercise was undertaken with the nutrition cluster to further direct available resources. 134 priority districts across 22 provinces were identified where health and nutrition interventions were most critical. The acute needs and vulnerability of these districts is reflected by the significant increase in weapon-wounded casualties recorded in January and February of 2014, 70 per cent of which were seen in the 134 districts. CHF funded partners have focused their activities in 42 of the 134 districts where 50 per cent of the total wounded casualties have been reported. There has been a 50 per cent increase in the number of disease outbreaks, (95 since January). More than 60 per cent of reported measles outbreaks were also located in the 134 prioritized. While the cluster focuses to meet these immediate prioritized needs there remain significant gaps and the cluster is far from addressing the needs of the 2.5 million identified in the SRP.

Changes in Context
Effective contingency planning ensured the cluster was able to respond to all natural and conflict related emergencies. In the second half of the year the cluster will be focussing support to conflict affected people in Sanguin and cross-border displaced and host communities in Khost and Paktika.

Cluster Performance
The Cluster performance assessment was undertaken during the last two weeks of June, attaining a 78 per cent response rate. Areas such as service delivery were rated good while for informing decision making, strategic planning were satisfactory. Room for improvement was identified in terms of advocacy and monitoring. Follow up actions have been initiated to address these gaps.

Challenges
Cluster coordination at the provincial and regional level is not established in some regions such as Herat and Mazar. Lack of access due to insecurity and conflict poses public health risks in terms of immunization for polio and measles. There are still pockets of vulnerabilities due to insecurity in some provinces such as Helmand and armed opposition group controlled areas. Attacks on health facilities in some areas are rendering the facility in-operational. Inadequate capacity of the health implementers to monitor all projects in the deep field posses a consistent challenge.

Actions to be Taken
Strengthen health cluster monitoring at provincial and district level. Advocate for additional funding to close the gap in access to emergency services. Ensure that emergency campaigns also include measles vaccines for displaced populations and refugees along with polio.
Nutrition Cluster

Progress towards Cluster Objectives

The Nutrition Cluster is behind the expected SRP targets with 41 per cent achievement at mid-year due to a number of challenges faced by the cluster members, including delays in receipt of funds. With the funding situation continuing to improve, the cluster will be on course to reach its CHAP targets. Recognizing the need to adopt an integrated approach to reduce malnutrition, the Nutrition and Health clusters worked collaboratively to prioritize 68 districts where levels of need and vulnerability are the highest. There are currently 23 active implementing partners responding to nutrition needs through 77 inpatient SAM treatment facilities, 374 outpatient SAM treatment sites and 564 MAM treatment sites, each treatment programme is integrated with Infant and Young Child Feeding (IYCF) and micronutrient supplementation.

Changes in Context

The 2013 National Nutrition Survey (NNS) has highlighted some alarming levels of malnutrition in the country. Although the national GAM median did not change much from the last survey in 2004, there are pockets with elevated GAM and SAM rates that need urgent attention. Areas of elevated GAM of particular concern include Urozgan (21.6%), Nangarhar (21.2%), Nuristan (19.4%), Khost (18.2%), Paktia (16.7%), Wardak (16.6%), Kunar (16.2%) and Laghman (16%). All these provinces have GAM rates above the WHO critical threshold of GAM >15% and require comprehensive expansion of programmes to address the situation. The survey also established that the national rate for stunting was 40.9 per cent. Based on the NNS2013 results the malnutrition treatment requirements for children 0-59 months have more than doubled for MAM and more than tripled for SAM from an estimated 336,830 0-59 months children (CHAP 2014) to 852,936 0-59 months children (SAM-362,317 and MAM-490,618). The estimated number of Pregnant and Lactating Women requiring nutrition interventions have also doubled from an estimated 131,420 to 246,283 and that for micronutrient supplementation for 6-23 months increased from 706,996 to 1,561,386 children. Despite substantial increase in the needs for the targeted groups, the cluster has resolved not to change the targets for the remaining part of the year due to limited partner absorption capacity and time to respond at scale. The cluster will focus on increasing partner capacity, identifying new partners, as well as mapping the gaps through developing operational plans with partners which would eventually increase coverage of the treatment services in a phased approach. Further to the contextual changes highlighted by the NNS2013, further deterioration is expected in areas affected by the significant flooding in the North of the country and the displacement into the Southeast.

Cluster Performance

The Nutrition cluster performance monitoring was undertaken in July and the results are to be discussed in August.

Challenges

- Limited community screening for malnutrition and referral by all cluster partners in the country. Most of the admissions in programmes are self-referrals.
- Limited integration of the IMAM with IYCF and Micronutrient supplementation and lack of complementarities between SAM and MAM programmes has significantly reduced the efficacy of nutrition interventions.
- Lack of partner capacity to deliver nutrition interventions is a challenge along with extremely poor partner reporting with submissions below 40 per cent and many reports received after the due date.
- Cluster coordination at regional level has been dormant resulting in challenges to timely response.

Actions to be Taken

- Advocate for and support partner training in community outreach work including screening, home visits, follow up, integration of IYCF and micronutrient supplementation, rapid assessments, coverage and SMART surveys, nutrition in emergencies, and nutrition cluster coordination to enhance nutrition partner capacity at all levels.
- Roll out the online reporting database and provide training to partners.
**Protection Cluster**

**Progress towards Cluster Objectives**

The housing land and property (HLP) task force assisted 13,000 people in urban informal settlements to obtain Safayi booklets to reinforce security of tenure and 5,878 persons were assisted with acquiring HLP rights. Child protection in emergencies (CPIE) reached at least 11,570 children with Child Friendly Spaces and other services and Mine Action cleared 7,988,118 sq km of land, provided MRE to 292,001 persons and reached 6,885 persons with victim assistance. GBV sub-cluster established referral pathways in Baghlan, Balkh, Herat, Kabul and Nangarhar with functional Family Protection Centers (FPC). Over 130 cluster members were trained on protection principles. Mine action achieved considerable success with regard to abandoned firing ranges and post-battle ERW clearance with SoPs with ISAF now in place and 19 firing ranges cleared. UNAMA-HR issued its yearly PoC report and the PoC Working Group provided input on the renewal of ISAF’s mandate to the UN Security Council. Strategic partnerships were established with UNDP and UNAMA Rule of Law practitioners, the Ministry of Justice Human Rights Support Unit, the AIHRC and various civil society groups. IDP Task Forces profiled over 67,000 persons, reaching 37 per cent within one month of displacement.

**Changes in Context**

Access remained a critical challenge, for example in Helmand, where ongoing conflict caused significant displacement, and in Faryab. From the Protection of Civilians perspective, security incidents increased significantly during the elections, impacting on civilians’ rights. HLP task force increased its requested budget from $400,000 to 1.5 million post floods due to newly emerging and increasing needs. The HLP task force will increase its target caseload from 4,000 Heads of Household to 12,000 Heads of Household. The flood response highlighted the need for inclusion of physical disability within humanitarian response along with psychosocial counselling services.

**Cluster Performance**

The Cluster performance survey indicated the cluster needs to deal with prioritisation in humanitarian and protection action, ensuring the avoidance of duplication and the identification of gaps, information management, advocacy, and the development of common standardized tools.

**Challenges**

Some mine action partners had to scale down or shut down operations due to a severe funding shortfall. This will impact on the number of beneficiaries reached at year end. This also has significant implications for refugee response operations in the Gulan camp in Khost where anti-tank mines have been discovered and immediate demining operations are needed to clear land and allow families to relocate. Staffing turnover at coordination level remains a challenge for the cluster. Uneven coverage by protection actors in particular in the South, and capacity-building for cluster members remains a priority.

**Actions to be Taken**

Resource mobilisation for the mine action sector in particular are needed. More engagement with the donor community will be undertaken to improve funding to address HLP needs identified in the flood response. Capacity-building outreach to new national NGOs will be intensified. The combined GBV/CPIE/EiE countrywide assessment will be undertaken in September to inform the CHAP 2015.
Water, Sanitation and Hygiene Cluster

Progress towards Cluster Objectives

Progress towards achievement of the two cluster objectives varied from 17 to 72 per cent with overall population reached to be 38 percent. The government, UN agencies and national and international NGOs provided WASH interventions to flood-affected households and acutely vulnerable populations in 13 provinces. Seven of these provinces were among the 11 initially identified to be targeted. WASH interventions included water trucking, provision of water tanks, construction of latrines and bathing facilities, distribution of jerry cans and hygiene promotion. The total number of individuals obtaining equitable access to safe drinking water was 202,000, and the number benefitting from hygiene and sanitation promotion activities was 109,000.

WASH facilities and services for conflict-affected displaced people living in camps were implemented in Kabul and Baghlan benefiting 11,600 individuals. WASH projects targeting both displaced and host communities were conducted in 12 provinces located in the North, Central, East and Southern Regions, benefiting 115,300 individuals. Collectively, the WASH partners displayed good capacity in terms of geographical coverage and number of technical staff.

Changes in Context

There were no events outside the scope of the cluster's capacity to respond and WASH interventions were delivered as needed, including as part of the flood response in the North. The general WASH context in Afghanistan is unchanged since the development of the CHAP 2014.

Cluster Performance

Results from the cluster performance assessment are expected in August, and the WASH cluster is looking forward to recommendations on how to improve coordination among partners, facilitating intervention, and advocacy for the most vulnerable within Afghanistan. The WASH Cluster aims to considerably improve its functionality through member participation in this cluster performance assessment review process.

Challenges

Cluster members identified the key challenges in meeting cluster objectives as lack of funding and district-specific WASH data to inform project and strategic planning. The cluster has been very active but faces challenges in terms of staff and funding. The WASH coordinator position has been vacant and the co-lead is the only funded full-time staff member supporting the cluster. Since May, two partner organizations each donated one staff member at 50 per cent to share the duties of WASH coordinator.

Actions to be Taken

The cluster is taking a two-fold approach in addressing the uncertainty of future funding. Firstly, the cluster plans to narrow the focus of the current objectives, prioritizing WASH interventions to specifically target areas with high levels of malnutrition and disease-related morbidity and mortality. WASH activities will be geared towards providing support alongside critical health and nutrition services, enabling a convergence of effort between and across clusters for greater impact.

Secondly, the cluster will work within the Inter Cluster Coordination Team to identify opportunities for collaborative project interventions eligible for funding through the Common Humanitarian Fund (CHF), while continuing to actively solicit funds from traditional humanitarian and WASH donors. WASH partners are encouraged to use the most recent health and nutrition vulnerability rankings as a guide for WASH assessments and intervention.

In 2013, the WASH Cluster relied mainly on government databases such as the HMIS and the NRVA to inform its needs based approach to programming. Given the associated limitations of such secondary data, the cluster is expanding its scope in data gathering to improve its understanding of the acute WASH needs at a district level. The Cluster will develop a work plan and proposed budget for conducting its own national WASH needs assessment in early 2015. The results from which will be incorporated into future CHAP development.
Multi-Sector

Progress towards Cluster Objectives

During the first five months of 2014, the Multi-sector Cluster reached 64,866 (36 per cent) of its targeted caseload of 180,300. A total of 6,698 Afghan refugees (averaging 44 individuals/day) voluntarily repatriated to Afghanistan. The rate of return so far this year shows a sharp decrease (63 per cent) compared to the 18,175 Afghans who returned during the same period in 2013.

In the last two years, the number of Afghan refugee students who return under voluntary repatriation has increased. In 2014 alone over 30 per cent of returnees are students. Among whom around 60 per cent are male and 40 per cent female. During the first six months of 2014, there were a total of 105,157 deportations of undocumented Afghan (non-refugee) returnees, recorded from Iran and Pakistan. Comparing to the same period in 2013, the total number of deportees is lower by 11 per cent. Provision of assistance has been underway in 25 districts across the country. During the first six months of 2014, a total of 16,338 vulnerable undocumented Afghans (non-refugees) deportees/returnees were provided with post-arrival humanitarian assistance (such as NFIs, medical care and family tracing) and transportation assistance.

The decrease in returnees so far this year is possibly attributable to the extension of Proof of Registration (PoR) cards until 31 December 2015 in Pakistan, uncertainty regarding the Afghan elections and concerns about security during the transitional period. Therefore, the target number of Afghan refugees receiving assistance at point of entry has been revised from 50,000 to 20,000 individuals.

Changes in Context

On the Pakistani border, the recent crisis resulting from the military action in North Waziristan has caused huge displacement of Pakistanis as well as some Afghan families into Afghanistan’s Khost and Paktika provinces. In light of a reduced rate of repatriation of Afghan refugees and the new emergency situation, the Multi-Sector cluster has reprioritised funds towards Pakistani refugees, across sectors, and has therefore added an additional Multi-Sector target indicator accordingly. Indicator: number of refugees assessed and assisted through emergency humanitarian response, across sectors. Target: 120,000 refugees

Cluster Performance

The Multi-Sector has shown strong performance in coordination in regards to the recent refugee situation. The Multi-Sector also continues to work with relevant organisations and agencies in concern with returnees, with stronger coordination clearly evident in the East and North, directly in correlation with the number of returnees’ place of final destination during the first half of 2014. Furthermore, a harmonized returnee monitoring tool was successfully rolled out in 2014, the database for which will be live and accessible in the coming weeks.

Challenges

A joint initial analysis of 1,200 families assessed by UNHCR and the Government of Afghanistan in Khost province indicates that the majority of the populations crossing the border are complete families comprising on average 7.5 persons. 58% per cent of the refugee population are estimated to be children. The overall level of vulnerability is high: 70% of the population is living with relatives or friends, which places an additional burden on the already limited absorption capacity of hosting communities. In addition, 87% of the population both in host communities and the camp rely on daily wage labour. Of these, close to a third are considered to have a very low income. As job opportunities in Afghanistan and specifically Khost province are low. Urgent gaps are food, water and sanitation, and emergency shelter. Protection interventions including camp management, mine clearance and mine risk education, emergency education, identifying and addressing gender based violence issues, family tracing and protection monitoring, as well as key health activities such as vaccination campaigns, mobile health services, reproductive health services (including delivery care), and cholera treatment have been identified.
The spread of contagious but preventable diseases, such as measles, polio and Pertussis are high due to very low vaccination coverage of the refugee population. Outbreak of diarrhoeal disease, including cholera is a major concern for both the refugee population and hosting communities, due to the water scarcity in the summer season, endemic prevalence of such diseases and increased population with poor hygiene practices. The health system in both provinces has no capacity to handle a major cholera outbreak, thus cholera treatment centers are urgently required.

Several WASH assessments are on-going. As such, data will progressively be made available to determine the actual WASH needs on the ground. Based on existing evidence, acute needs are related to emergency sanitation and safe water supply, particularly in Bermal, Tani, Khost (Matun) and Mandozayi districts.

The situation unfolding in Khost and Paktika was unforeseen; therefore, additional staff and resources had to be mobilized in order to support the overall response. An inter-agency presence is currently being set up, hiring key programme and support staff, as well as reinforcing overall security in Khost. This will allow for the UN and NGOs to re-establish presence and effectively respond.

**Actions to be Taken**

The Refugee Response Plan provides a comprehensive overview of the priority humanitarian needs for an estimated 120,000 individuals, as defined earlier affected by the military operation in North Waziristan Agency, Pakistan.

The initial response can be divided into two phases:

1. Initial assessment and immediate delivery of life-saving assistance (tents, NFIs, water, food and emergency health services)
2. In order to prevent secondary displacement and maintain peaceful co-existence, prioritise community-based projects to sustain absorption capacity of hosting communities, targeting the displaced population hosted by the communities in Khost and Paktika.

The most immediate needs include life-saving assistance, including provision of emergency shelters (tents) and core relief items, food, health services such as vaccinations, mobile health services and cholera treatment; water and sanitation. Priority protection interventions include mine clearance and mine risk education, family tracing, emergency education, protection monitoring, assessments for distribution, addressing gender-based violence issues as well as reinforcement of camp management structures.

Khost and Paktika provinces are highly insecure. While UNHCR now has a presence in Khost, Paktika remains for now off limits. In Khost, UNHCR needs to assume the risk that its operations may need to stop suddenly due to a general worsening of the security situation, or a specific incident targeting UNHCR. Given the overall security situation, the establishment of camp, and particularly large camps, is better avoided to the extent possible. It is therefore crucial to support local communities to bolster their capacity to continue hosting refugees.

Supporting the government in the establishment of a comprehensive and accurate database is a pre-requisite to further targeted assistance and protection activities. As a more accurate picture of assessed families is established, the caseload figures and funding requirements will be revised accordingly.
Humanitarian Aviation

Progress towards Cluster Objectives

Humanitarian air services catered to all 25 locations targeted and transported 10,304 (34 per cent) of the targeted 30,000 humanitarian staff with appropriate services so that they could safely and efficiently reach their destinations. UNHAS provided essential transport services to 129 agencies out of 160 targeted and transported 38MT of cargo against its target of 60MT. The Humanitarian Air Service also performed all emergency flights and evacuations with 100 per cent success rate.

The UNHAS fleet has been reconfigured to better serve the humanitarian needs and assessments are on-going to identify required services to additional locations. Efficient movement of people and goods has contributed significantly to the effective response operations to rapid-onset natural disasters as well as conflict-related displacement. A number of unscheduled special flights were provided in flood affected areas to facilitate joint humanitarian assessment missions and further monitoring visits were organized to Farah, Khost and Sar-e-Pul. An online-booking system is now also operational and 23 organizations have engaged in this way for the use of UNHAS services.

Changes in Context

No events were outside the scope of the cluster capacity to respond.

Cluster Performance

In the past physical access to critical programme sites and areas affected by sudden emergencies was hampered by the lack of air assets. Now, through route optimization, well-organized aircraft utilization and overall efficient fleet management, UNHAS has achieved improved cost efficiency, better operational flexibility/capacity, a backup fleet option that enables effective flight recoveries, enhanced evacuation capacity, service reliability and additional capacity for special flights. Currently, there is a 44 per cent capacity utilization of the fleet.

Challenges

- Winter / weather cancellations
- Terrain, summer peak temperatures and altitude
- Security situation
- Election period uncertainty

Actions to be Taken

- An overview of UNHAS evacuation capacity is planned.
- More progress on the DFID Preparedness project is expected.
- Flights to Islamabad are to be cancelled given everyday connection by PIA and Safi.