

AFGHANISTAN THIRD QUARTER REPORT

JAN-SEP 2015

HRP financing, achievements and response challenges

KEY PLANNING FIGURES FOR 2015



417 million
US\$ required for Jan-Dec 2015



3.8 million
people prioritised for assistance

Q3 OVERALL PROGRESS



208 million¹
US\$ received as of September 2015



3.4 million²
beneficiaries assisted

SITUATION OVERVIEW

The conflict in Afghanistan continues to intensify, with notable escalations in violence seen throughout the North, South and East Regions; Faryab, Helmand, Kunduz and Nangarhar experienced large-scale displacement within and to surrounding provinces. During the quarter, approximately 63,500 individuals were recorded as conflict-displaced, with the total assessed number of forcibly displaced in 2015 reaching 197,000 by the end of September. One trauma care NGO reported a 19 per cent increase in war-related admissions. The increasing violence culminated with the significant, yet temporary, siege of the provincial capital Kunduz by non-state armed groups (NSAG) at the end of September, which led to a month-long displacement crisis of nearly the entire city's population across the North and North East Regions.

As military operations in North Waziristan continued and expanded, refugees remain in the camp and urban areas of Khost and Paktika provinces; families do not expect to be able to return home in the foreseeable future, thus requiring a focus on more medium-term interventions while still meeting life-saving needs of the most vulnerable. At the same time, the return of both documented and undocumented Afghans remains high, with nearly 54,000 registered refugees returning mainly from Pakistan in the first nine months of 2015, as compared to only 13,860 in

2014. Undocumented returnees have also reached higher levels with nearly 440,000 people returning, 80,000 of which are considered particularly vulnerable; the number of vulnerable families and persons with specific needs is also increasing, all contributing to a worsening humanitarian situation in the country and limited capacity to respond.

STRATEGIC PRIORITIES – Refer to Results Framework Pages 20 and 21

1 Excess morbidity and mortality reduced

\$157 million requested



44
reporting partners

2 Conflict related deaths and impairment reduced

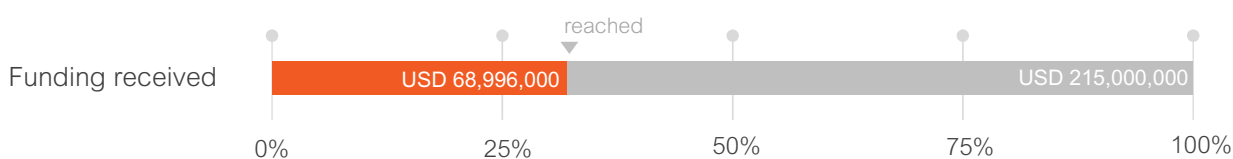
\$33 million requested



46
reporting partners

3 Timely response to affected populations

\$215 million requested



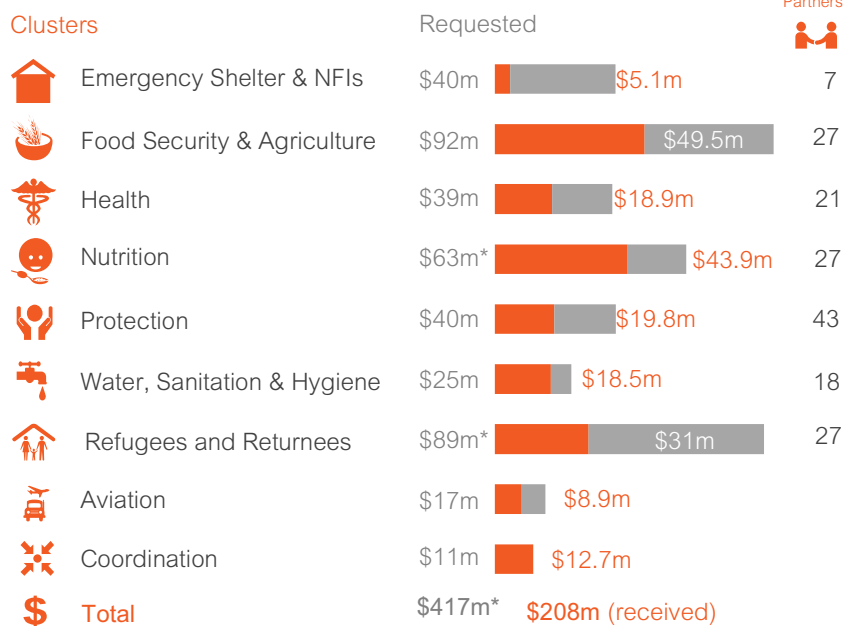
60
reporting partners

(1) The figure of \$208 million was reported by the clusters as of 30 September 2015. In comparison, FTS reported a total of \$182 million received as of 30 September 2015
(2) Although this figure was calculated with an approach that minimizes duplicate reporting, this still contains some duplication of beneficiaries across clusters.

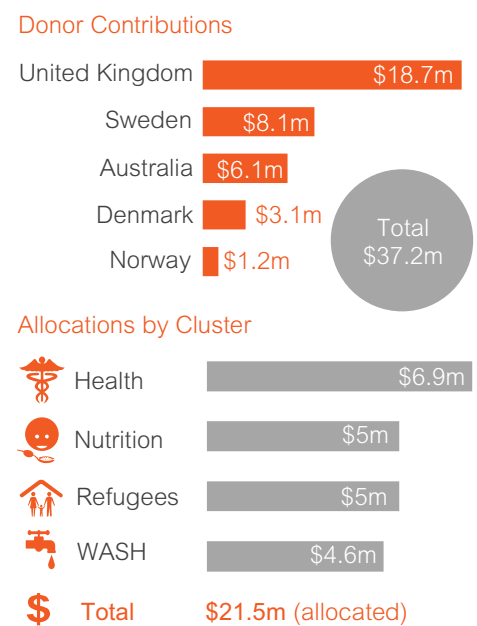
AFGHANISTAN ACHIEVEMENTS AGAINST THE HRP

Third quarter report of financing and achievements (January to September)

FUNDING FOR 2015¹

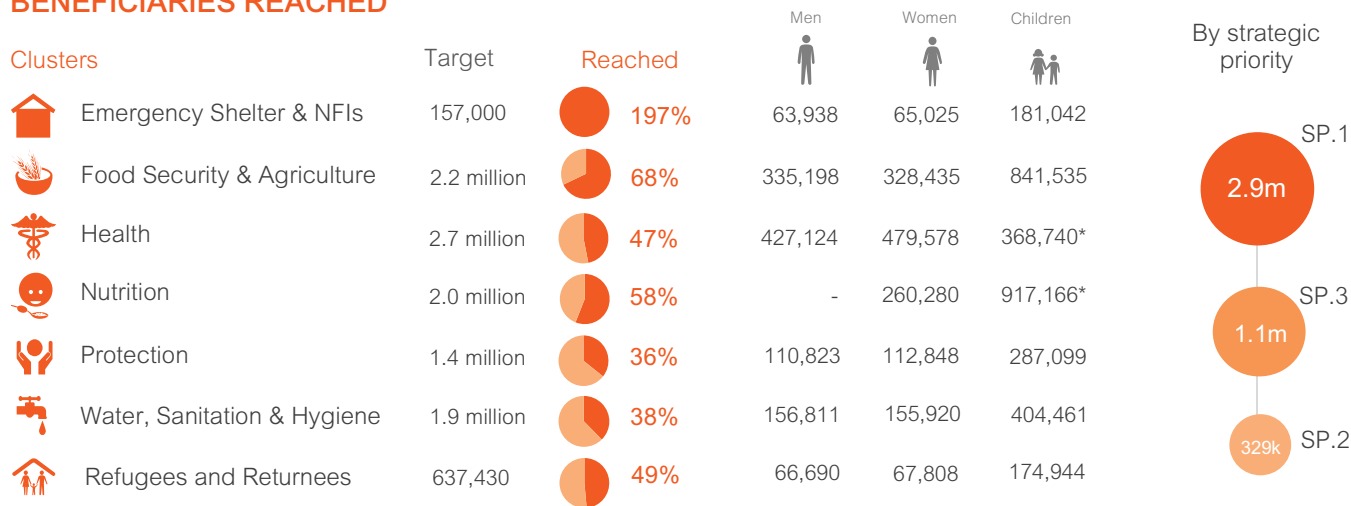


COMMON HUMANITARIAN FUND



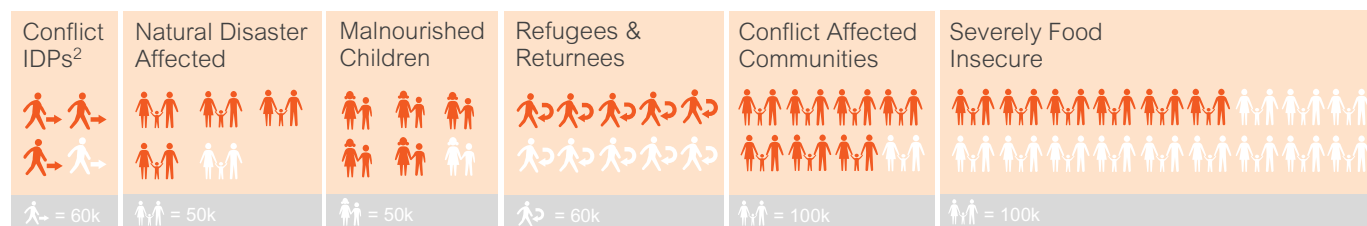
* Budgets have been updated to reflect the mid-year revision.

BENEFICIARIES REACHED



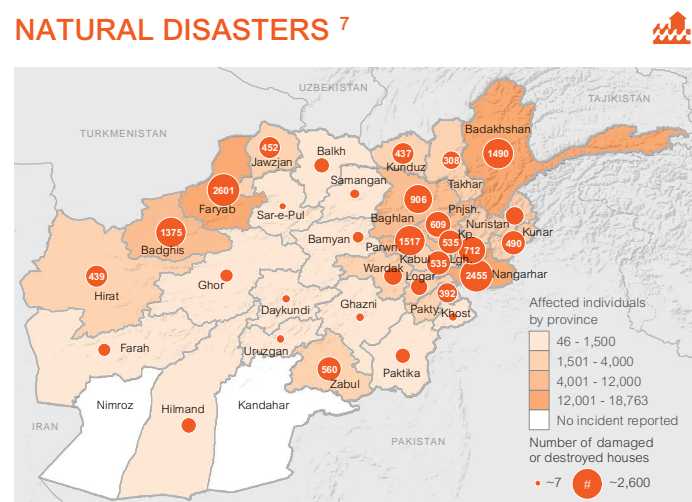
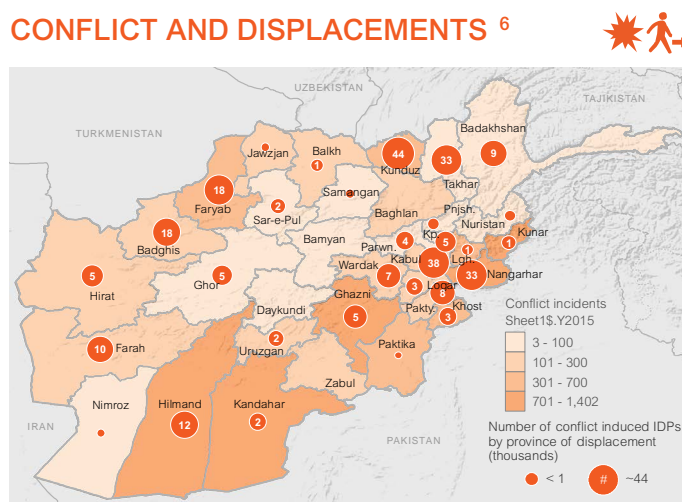
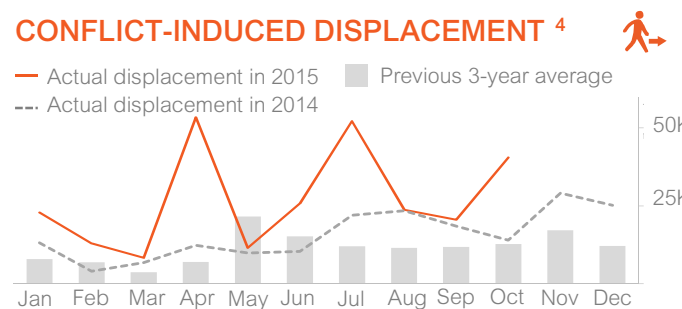
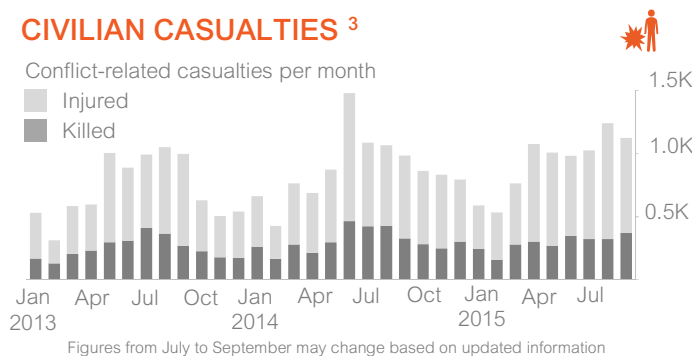
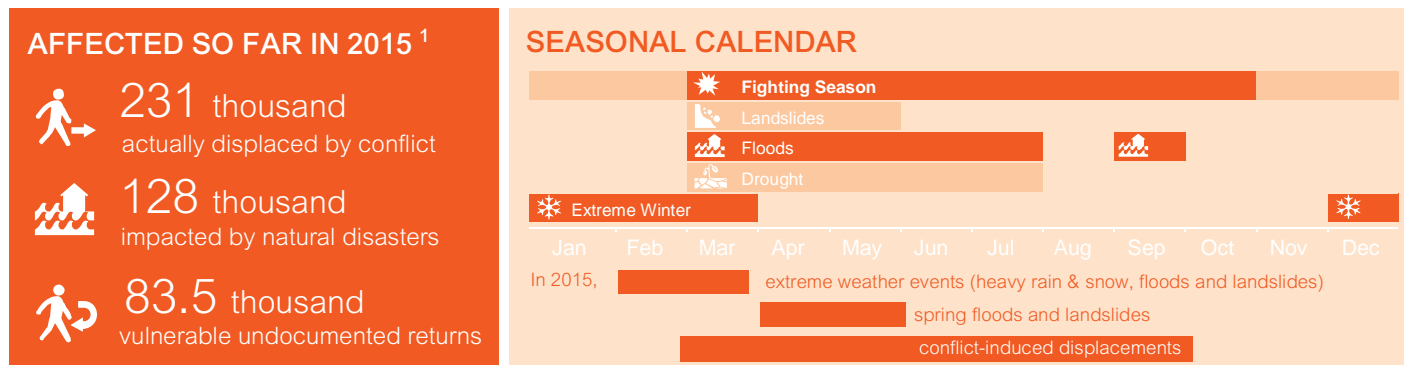
*Includes only under 5 children

BREAKDOWN OF PEOPLE IN NEED & ASSISTED



Notes: (1) Funds reported here reflect reporting by partners and not FTS, which has recorded approximately US\$182 million received in funding as of 30 Sep 2015. (2) The conflict IDP beneficiaries represent those assisted since January 2015.

Overview of the changes in the crisis



PREPAREDNESS

- 1** Inter-agency multi-hazard preparedness plans ✓
- 2** Situational risk assessment and monitoring system ✓
- 3** Register of minimum preparedness actions ✓

Notes: (1) Conflict displacement figures for 1-Jan to 30-Sep 2015 (profiled in accessible areas); natural disaster affected between 1-Jan to 30-Sep 2015; spontaneous return and deportation of undocumented Afghans from Pakistan and Iran between 1-Jan and 30-Sep 2015. (2) Various sources, Sep 2015 (3) A civilian casualty is defined as a civilian killed or injured resulting directly or indirectly from conflict related violence. Data source: UNAMA Human Rights Unit, Sep 2015. (4) Actual internal displaced due to conflict: UNHCR, Oct 2015. (5) Return of Undocumented Afghans from Pakistan (Torkham border): IOM, 17 Sep 2015. (6) Various sources; Displacement figures from UNHCR, Jan-Sep 2015. (7) OCHA & IOM, Jan-Sep 2015.

Disclaimer: The designations employed and the presentation of material on all maps contained herein, 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.

INTER-CLUSTER Coordination

Overview of achievements, constraints and challenges of the response



KEY PLANNING FIGURES FOR 2015



11.5 million

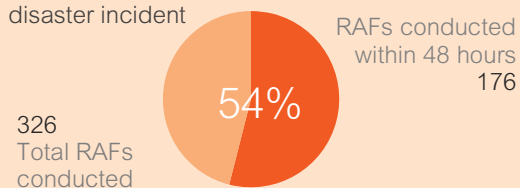
US\$ required for Jan-Dec 2015



12.7 million

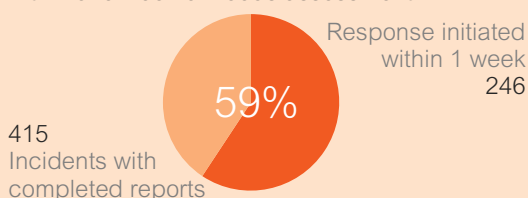
US\$ available

Percentage of Rapid Assessments (RAF) conducted within 48 hours of natural disaster incident **SP 3**



Target: 80%

Percentage response activities initiated within one week of needs assessment **SP 3**



Target: 75%

SITUATION OVERVIEW

The Inter-Cluster Coordination Team (ICCT) now reports against three inter-sector indicators to contribute to the 2015 Humanitarian Response Plan, notably mainstreaming of protection principles (Strategic Priority 2), percentage of Rapid Assessments (RAF) conducted within 48 hours of natural disaster events being reported (SP3), and percentage of response activities initiated within one week of needs having been assessed using the RAF (SP3).

The multi-sector Rapid Assessment Form (RAF) is the HCT and ICCT endorsed inter-agency rapid assessment tool for sudden onset natural disasters designed to collect enough information to: 1) respond to life-saving needs within the first one to two weeks of an emergency, and 2) identify the need for more in-depth sector assessments. Use of the RAF by all humanitarian actors enables systematic and consistent collection, collation and analysis of results, impacting the efficient and timely response to affected populations.

Cumulatively until September, a total of 326 assessments were conducted this year using the RAF. Of these, 176 (54%) were conducted within the first 48 hours following a natural disaster incident as per the inter-cluster indicator. This represents a decrease as compared to the 61% progress made by Quarter Two at Mid-Year; continued and spreading insecurity has resulted in access constraints, while pending (incomplete) assessments have been removed from the count. Of the 415 natural disaster incidents with completed reports, 246 responses (59%) were initiated within one week of the needs assessment; secure access and logistical constraints account for some of the delays.

As first reported on in Quarter Two at Mid-Year, the ICCT is now regularly reporting on mainstreaming of protection principles and standards, using the four below proxy indicators as agreed on in March 2015. The Protection Cluster continues to actively support other clusters to contextualize and contribute to the proxy indicators, having held trainings and briefings with clusters to support mainstreaming throughout the humanitarian programme

cycle. Further work is planned to review individual cluster checklists, support adoption of protection mainstreaming indicators into logical frameworks and response monitoring frameworks in partner programs, and encourage attendance at Protection Principles and Mainstreaming Trainings scheduled into 2016. Updated progress by cluster will be reported at year-end.

Clusters	Assessment tools collect data in disaggregated form (sex, age, diversity)	Cluster partners signatory to Standard Code of Conduct	Protection Checklist contextualized and disseminated	Activities, workshops, trainings conducted to increase understanding
Emergency Shelter & NFIs	⊖	⊖	✓	⊖
Food Security & Agriculture	⊖	⊖	✓	✗
Health	✓	⊖	✗	⊖
Nutrition	⊖	⊖	✓	⊖
Protection	✓	✗	✓	⊖
Water, Sanitation & Hygiene	⊖	⊖	⊖	⊖
Refugees and Returnees	✓	⊖	⊖	⊖

Completed
 In Progress
 Not yet started

EMERGENCY SHELTER and NFI Cluster

Overview of achievements, constraints and challenges of the response



KEY PLANNING FIGURES FOR 2015



40 million

US\$ required for Jan-Dec 2015



157,000

people prioritised for assistance

BENEFICIARIES REACHED

3

310,004 individuals supported with shelter, non-food items or cash voucher assistance.

SITUATION OVERVIEW

The increase in displacement rates during the quarter is overstressing humanitarian resources to respond to increased needs. More IDPs are also now choosing to settle in urban and peri-urban areas, thus adding pressure and diminishing resources of urban host communities. From data collected from the field and internal analysis, beneficiaries are willing to travel even more than 200 kilometers during displacement.

The SRP 2015 displacement planning figures for conflict affected populations have been exceeded by a large margin. Overall, the ESNFI Cluster partners have been struggling to respond to the caseload increase with limited resources. Since the Cluster's Technical Standards were developed in March-April 2015, the figures reported for population assisted has been plagued by a non-harmonized approach which has included households that have been assisted various times with partial or incomplete NFI kits or being double counted as receiving both NFIs and Emergency Shelter assistance. The Cluster is working to modify its monitoring and reporting standards to correct these inaccuracies.

ACHIEVEMENTS AND PROGRESS

Overall, 63,439 beneficiaries received shelter assistance, 191,721 people were provided with various types of NFI support (incomplete packages) and 73,785 beneficiaries were included in cash assistance during Jan – Sep 2015.

DELAYS AND PROGRAMMING CHALLENGES

Serious challenges have been experienced in identifying vulnerable families as a result of influence of the government/ local authorities in beneficiary selection process.

Other constraints are related to coordination with local authorities. Sometime assessments are not authorized (i.e. in Herat) by DoRR or delayed without reason. Still, some of the actors on the ground are not coordinating their activities, and responses are not in line with the Cluster standards in term of NFIs compositions. The national cluster is working to coordinate with the Regional Cluster representative to push for a common response and the respect of modalities/standard already defined at country level. The regional Cluster should be more active at IDP task forces/OCT/PDMC meeting.

The process of beneficiary selection has presented a significant obstacle thus far. Many severely affected potential beneficiaries had already relocated with friends and relatives in communities far from the disaster sites. However, all the beneficiaries that were selected belong to Category A, and met a minimum of one of the three vulnerability characteristics that delayed the process.

Difficulties in accessing conflict induced IDPs in remote locations due to security constraints is affected subsequent relief assistance delivery. Similar restrictions apply to movements of beneficiaries from district centres to their places of origin. Insecurity caused delays in assessments and distributions of relief items to families affected or displaced by conflict, while some remain unverified due to inaccessibility of the affected locations in Kunduz province. In addition insecurity has been an obstacle for implementation of shelters as well. Engineers and technical staff were not able to provide support to beneficiaries and monitor or evaluate shelter plans. This affected the quality of construction and ultimately ended in some of the shelters being damaged due to poor technical construction skills.

FUNDING

The conflict induced displacement trend has surpassed the SRP 2015 planned figures and thus, requesting immediate response of overstretched partners. Funds were in most of cases reduced due to internal funding shortages (i.e. UNHCR) and this affected mostly the shelter component of the Cluster's plan. There is a clear disconnection between FTS and the funds received by cluster partners; \$0 is reported on FTS as of the end of September, while in-country partners reported a total of \$5.1 million. Most partners are not reporting or have difficulties to disaggregate the portion allocated to ESNFI of larger programs. Based on the current funds reported by seven partners (UNHCR, IOM, DRC, AfghanAid, ACTED, WHH, NRC) it's totalized 5.1 m or 12.7 % of the planned Cluster budgeted.

3

Funding per strategic priority

40m

requested

5.1m

received

13%

funded

ASSESSMENTS

From January to September, 15, 726 joint rapid assessments were conducted in natural disaster affected areas

At the end of Quarter three, no assessments were pending in natural disaster affected areas with no significant gaps reported in terms of NFI or emergency shelter in the natural disaster affected areas.

Humanitarian access remains a major concern, determining constrains in the verification of IDPs and their vulnerabilities.

(1) Refer to Achievements & Progress section for explanation of likely double counting and distribution of partial NFI kit contents which impact figures.

FOOD SECURITY and AGRICULTURE Cluster

Overview of achievements, constraints and challenges of the response



KEY PLANNING FIGURES FOR 2015



92 million

US\$ required for Jan-Dec 2015



2.1 million

people prioritised for assistance

BENEFICIARIES REACHED

- 1 539,944 severely food-insecure population received food or cash assistance
- 3 965,225 affected by conflict or natural disasters, and refugees received food assistance or emergency livelihoods support

increased by 4% in the country, many IDPs and returnees affected by natural disasters will experience acute food insecurity. In Badakhshan the plant diseases were identified due to continued rainfall issues of rust in the cold climate districts are reported. This negatively affected the harvest in 2015 in at least in 10 districts. In east region, natural disasters (flood, rainfall) affected several people that lost and damaged their houses and as well as their own food stocks. In the central highlands, potato production was badly affected by frost and some type of disease especially in Bamyan, so the potato yield is expected to be much less than last year.

ACHIEVEMENTS AND PROGRESS

Reporting of cash and voucher interventions under Strategic Priority One has not seen significant growth this quarter, currently having reached 539,944 people or 30% of the target, perhaps due to less donor funding received and limited access to targeted areas in many regions; as a result this indicator is likely to be underachieved for the year as a result.

A total of 613,632 natural disaster or conflict affected people (168% of the target) have been reached to date this year with food assistance, a significant increase from results reported at Mid-Year. The total achievement to date will be nearly double the originally planned figures in this year's response plan owing to significant increase in response to conflict IDPs and natural disasters affected people, particularly in Badakhshan, Balkh, Bamyan, Kabul, Nangarhar and Nuristan.

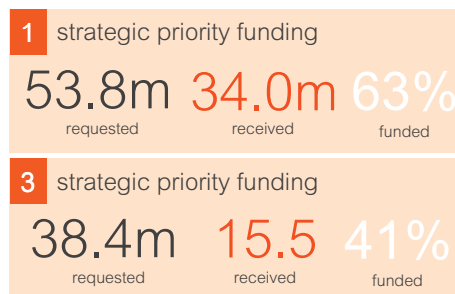
Similarly, the number of individuals supported with agriculture/livestock inputs is significantly increased from Mid-Year results, with 351,593 people supported (187% of target); this is largely in part to seasonality factors during the quarter, such as animals being vaccinated and dewormed prior to winter, while new partners with significant agriculture funding also started reporting to the Cluster this quarter.

DELAYS AND PROGRAMMING CHALLENGES

Cluster partners continue to report insecurity and accessibility challenges in some regions, along with funding constraints.

FUNDING

As of the beginning of October, FTS reported almost \$27 million of cluster income. Fourteen cluster partners reported income in Quarter three, bringing the cumulative reported cluster income total to \$49.5 million to date (54% of total cluster financial requirement of \$92 million for 2015) This quarter, two partners reported significant new funds received for cash and voucher programming, with another two reporting a significant increase in agriculture/livestock funds.



ASSESSMENTS

The Integrated Food Security Phase Classification (IPC) for Afghanistan was recently completed in October with resulting analysis and report¹. The projected analysis was conducted in 18 provinces; 11 of which are in Phase 3 Crisis totaling 1.8 million people, while Badakhshan, Kunduz and Paktika have 10-15% of the population in Phase 4 Emergency who are in need of life and livelihood-saving support.

(1) For the IPC report, visit <http://foodsecuritycluster.net/sites/default/files/IPC%20Analysis%20Report.pdf>



KEY PLANNING FIGURES FOR 2015



38.8 million

US\$ required for Jan-Dec 2015



2.7 million

people prioritised for assistance

BENEFICIARIES REACHED

- 1 909,217 medical consultations in areas outside of existing BHPS coverage
- 2 21% of conflict-affected districts have access to specialized trauma care centre
- 3 299,827 people affected by conflict or natural disasters and refugees served by emergency PHC or mobile services

mainly reported from conflict affected provinces including Farah, Faryab, Ghazni, Helmand, Kandahar, Kapisa, Khost, Paktya and Paktika affecting more than 275,000 individuals. Main diseases reported included diarrhea, ARI and Measles, affected mainly children under five. Partners have responded to outbreak in all 34 provinces, including 16 under high conflict risk and four that have particularly difficult terrain, harsh weather, and security concerns.

WHO and health cluster partners have focused on strengthening existing First Aid Trauma Posts (FATP) and local capacity to deal with trauma and injuries, currently targeting Helmand Kandahar, Paktya, Ghazni, Logar, Badakhshan, Wardak, Kapisa and Parwan. White area mapping, with overlay of conflict affected areas, is ongoing to determine areas most in need of limited targeted health resources; preliminary data shows that a significant 1.67 million people lack critical health services due to ongoing conflict. During the last three months, 11 facilities in the South and 10 in the East have closed due to conflict and insecurity. Additional FATP capacity in the regions is required as follows: 29 in East, North and North East; 19 in South and South East; 12 in West and 9 in Central.

Health services continue to be provided for refugees from North Waziristan living in Gulan Camp in Khost, and those in host communities in Paktika, as well as local conflict-affected communities and those hosting IDPs and refugees. Six static and mobile health facilities offer OPD, ANC, PNC, nutritional screening, vaccination, family planning and referral services in both provinces.

ACHIEVEMENTS AND PROGRESS

To date health cluster partners have provided health services through 156 primary health care (PHC) or mobile health teams (MHT) to 909,217 individuals amongst a target of 1.1 million consultations¹ in regions of South, Central and North East, mainly in Badakhshan, Helmand, Kandahar, Kapisa, Kabul Logar, Pansher, Parwa, Uruzgan, and Wardak. Districts supported are located in white areas and have been underserved for a long time.

The indicator for Penta 3 vaccination is almost 82% achieved for children under two through facilities established in white areas (where no BPHS exists); the denominator for this indicator was also recently revised as it was agreed that the target will be set at 8% of total targeted population.

The targeted percentage of births attended by a skilled birth attendant remains low at only 15% of the target achieved, as MHTs only remain in communities for a short period of time which doesn't always coincide with women's deliveries, while not all static health facilities have a midwife on their staff. Again the denominator for this indicator was revised to be 4% of the targeted population, although achievement remains low.

The health cluster continue to respond to casualties through 64 existing FATPs distributed across 42 districts (some partners have multiple FATPs in the same district). The FATPs are mainly located in Badakhshan, Helmand, Kandahar, Kapisa, Ghazni, Logar, Paktya, Panjsher, Parwan Paktika and Zabul. While the annual target is to have one FATPS per 202 high risk districts, this indicator will remain underachieved.

Finally, the health cluster has responded to 392 of 405 outbreaks (96.7%) within 48 hours of notification.

DELAYS AND PROGRAMMING CHALLENGES

The number of FATPs established compared to target remains low, despite increase in conflict severity and increase in casualties, owing to: low level of funding compared to needs; compromised access to many high risk districts and difficulty in establishing facilities in such new areas; increase in conflict displaced population has also increased response requirement from health partners in existing areas, such as post Kunduz conflict, thus limiting resources to expand FATP coverage. Aforementioned challenges are also restricting achievement of the skilled birth attendant indicator, including recruitment of midwives.

(1) Due to difficulty in tracking individual consultations and subsequent referrals/treatment, particularly in white areas, the total number of consultations are monitored, recognizing that the same individual may receive more than one consultation during the reporting period. The original annual indicator targeted 400,000 individuals, however due to change in context and achievement of partners, the target has been revised to 1.1 million consultations.

FUNDING

A total of \$15.4 million was reported online by FTS for health cluster income at September (40% of \$38.8 million financial requirement of the Health Cluster). As of quarter three, 19 health cluster partners have reported a cumulative total of \$18.948 million as income received in country for 2015 (49% of the cluster's financial requirement). Of partner reported income, \$8.3 million is for achievement of Strategic Priority 1, \$8.3 million for Strategic Priority 2, and \$2.4 million for Strategic Priority 3.

With only 49% of the total \$38.8 million required by the health cluster received to date, the fulfillment of the cluster's strategic response for 2015 is thus highly limited. The expected impact is related to inability to respond to all war casualties through FATP and increased displaced populations owing to new and worsening conflict, likely translating into an increase in avoidable morbidity, mortality and public health outbreaks.



ASSESSMENTS

WHO is conducting a health facility rationalization/functionality survey, which is assessing the availability and quality of different health services in all health facilities. The final report is expected in August 2015. The results of the assessment will guide the health cluster response and prioritization of activities. CORDAID has conducted an assessment in Jawzjan province.

NUTRITION Cluster

Overview of achievements, constraints and challenges of the response



KEY PLANNING FIGURES FOR 2015



63.3 million (MYR revised)
US\$ required for Jan-Dec 2015



2.0 million (MYR revised)
people prioritised for assistance

BENEFICIARIES REACHED

- 1** 351,957 U5 children received treatment and/or micronutrient supplements. 703,285 mothers of under-two children reached with IYCF promotional messages. 127,858 acutely malnourished pregnant and lactating women supported.
- 3** Rapid nutrition assessments carried out in all three emergency situations.

SITUATION OVERVIEW

The nutrition situation has remained largely the same as reported at Mid-Year. Three nutrition surveys in Nuristan, Kunar and Kandahar were carried out during the reporting period; they indicate a worrisome situation as Severe Acute Malnutrition (SAM) in all surveys was above 2% and Global Acute Malnutrition (GAM) was above the national average of 9.5%. The needs of refugees in Khost and Paktika continue to increase the caseloads of the Cluster, especially in Gulan Camp and surrounding areas. Conflict induced displacements in Kunduz, Faryab, Badghis and Nangarhar, while they haven't directly resulted in nutritional deterioration, have affected normal nutrition service delivery as some centres have had to close for some time. Pipeline breaks for some of the food commodities for the treatment of acutely malnourished pregnant and lactating women has impacted the programmes during the reporting period.

ACHIEVEMENTS AND PROGRESS

From January to September 2015, 125,076 children (57,386 boys, 67,690 girls) have been admitted for treatment of both IPD and OPD **SAM**, of which 43,350 (35%) children were admitted in the third quarter which is well within the expected trends. During the reporting period, 6,874 were

From January to September 2015, 125,076 children (57,386 boys, 67,690 girls) have been admitted for treatment of both IPD and OPD SAM, of which 43,350 (35%) children were admitted in the third quarter which is well within the expected trends. During the reporting period, 6,874 were admitted in IPD SAM and 36,476 in OPD SAM programmes across the country. The total admitted children is 81% of the HRP 2015 target of 155,279 children. The overall reporting rate is 67% for both IPD SAM (60%) and OPD SAM (74%). During the same period, 117,315 children (54,845 boys, 62,470 girls) were admitted in OPD **MAM** programmes of which 40,268 (34%) were admitted in the third quarter which is well within the expected trends. This total children reached is 84% of the HRP 2015 target of 140,309 children for the year. The OPD MAM reporting rate is low at approximately 45%. Although there are differences in the performance indicators by programme (e.g. IPD SAM OPD SAM and OPD MAM), the overall cure rate for the IMAM programmes was 87%, death rate was 0.5% and default rate was 13%, all of which are within the Sphere standards. A total 34 partners are providing nutrition services through 163 IPD SAM sites, 705 OPD SAM and 582 OPD MAM sites.

A total of 127,585 acutely malnourished pregnant and lactating women (PLW) have been reached until September, including 12,855 (10%) during the reporting period. The low coverage rate in the third quarter has mainly been due to shortage of some commodities for this programme related to funding constraints. A total of 210,965 children have been reached with micronutrient supplementation, including 70,143 during the reporting period. The total reached is underachieved at 36% of the annual target, mainly due to shortage of supplies as well as under-reporting. 703,285 mothers and caregivers have been reached with IYCF messages out of a planned annual target of 624,554. The number reached has already surpassed the target for the year as there is multiple reporting of beneficiaries if they receive the promotion messages more than once.

UNICEF, PND and partners conducted a Bottleneck Analysis (BNA) exercise from August to September covering all 34 provinces to fully understand the blockages to IMAM service delivery in the country. It was concluded that effective IMAM coverage was about 29%. It seems the main bottleneck on the supply side is access, as only 34.8% of health facilities provide OPD SAM followed by training of health workers on IMAM. On the demand side, initial utilization is the main bottleneck as only 39.9% of SAM children are admitted for treatment. It seems about 10% of SAM children who are admitted are not cured. An action plan and timeline to address the bottlenecks was prepared and agreed by all partners.

The cluster advocacy strategy for 2015-2016 was finalized and shared with partners; key activities were identified that will be implemented by partners to improve understanding of the nutrition issues among different stakeholders and generate support for nutrition programming. WHO trained 24 BPHS and government staff in Khost, Paktya and Paktika on inpatient SAM protocol. WHO also conducted a training of trainers (ToT) training for 29 lab technicians on key techniques needed for analyzing nutrition surveillance biochemical data. WFP delivered nutrition training workshops in Jalalabad and Mazar-e-Sharif, and trained 32 BPHS partner staff, provincial nutrition officers and programme monitors.

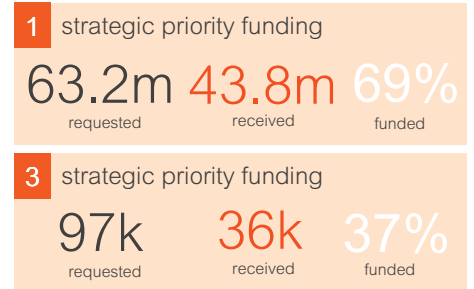
DELAYS AND PROGRAMMING CHALLENGES

A number of constraints were faced during the reporting period which affected programming and progress, including: Inadequate food rations for treatment of acutely malnourished pregnant and lactating women; Inadequate nutrition staff within health facilities to provide adequate nutrition programming; Poor community identification, referral and follow up of malnourished children. Access to nutrition services, though improving, still remains a challenge as on average, only about 40% of health facilities provide nutrition services. Partner capacity remains limited to conduct timely rapid assessments of displaced populations to inform programming, while the deteriorating security situation in some areas remains a key barrier to programme implementation, and accessibility (of partners to beneficiaries and of beneficiaries to services).

(1) Beneficiaries reached includes those from standard indicators, plus 127,858 moderately malnourished PLW, which is not a dedicated indicator.

FUNDING

In-country partner reporting shows a total of \$43,879,501 received by Nutrition Cluster partners of the total target of \$63,262,622 (69% of the annual financial requirement as revised at Mid-Year). According to the online Financial Tracking Service (FTS), the Nutrition Cluster is only funded \$22,127,208 or 35% of the revised financial requirement); a delay in reporting by donors and partners into FTS is likely the reason, while the Cluster will work to reconcile the differences by year-end.



ASSESSMENTS

ACF in collaboration with partners conducted three nutrition surveys and five coverage surveys (three SQUEAC and two SLEAC) during the reporting period. The following localized SMART nutrition surveys were undertaken during the reporting period, along with accompanying results: Nuristan= GAM-14.6% SAM-2.5%; Kunar=GAM-11.8%, SAM-2.3%; Kandahar=GAM-9.8%, SAM-2.2%. Even though there is a general improved nutrition situation compared to the 2013 National Nutrition Survey, the rates of malnutrition remain a concern. There is still a great need to provide life-saving needs especially to address severe acute malnutrition (SAM) as a rate above 2% is deemed high.

The following Coverage assessments were undertaken during the reporting period, with accompanying results: Khost, Coverage=42.2%; Paktika, Coverage=40.8%; Nuristan, Coverage=35%; Bottleneck Analysis, Effective coverage=29%. Both the localized coverage assessments and the national BNA indicate that there are still important issues that needs to be addressed with regards to the coverage of nutrition services. On average, there has been a 10% increase in access compared to 2014, yet more needs to be done to support BPHS implementers to increase nutrition access points across the country.

PROTECTION Cluster

Overview of achievements, constraints and challenges of the response



KEY PLANNING FIGURES FOR 2015



40 million

US\$ required for Jan-Dec 2015



1.4 million

people prioritised for assistance

BENEFICIARIES REACHED¹

- 2 13.5 km² of mine/ERW hazard cleared. 1,502 GBV survivors assisted.
- 3 5,931 children received Emergency Child Protection services. 1,065 IDP households assisted with acquiring, maintaining and restoring Housing, Land and Property rights.

SITUATION OVERVIEW

From July to September 2015 the conflict continued to intensify, with escalations of violence mainly throughout the North, South and East regions. Populations in Faryab (July), Kunduz (continuous from May onwards; peaks in July and September), Helmand (August) and Nangarhar (continuous from June/July onwards) experienced large scale displacement within and to surrounding provinces, as well as towards Kabul, with further violations of Human Rights Law and International Humanitarian Law reportedly occurring during military offensives by government forces, pro-government armed groups and non-state armed groups (NSAG). Of particular note is the temporary takeover by NSAGs of Kunduz city in late September, leading to a protracted military engagement within the city and resulting in a large-scale displacement crisis with increased humanitarian and protection needs as a consequence.

Within the reporting period, approximately 63,500 individuals were recorded as displaced due to the conflict, with the total assessed forcibly displaced in 2015 reaching 197,000 by the end of September, a number which is expected to rise even further when humanitarian access

expands. However, especially in contested or remote areas, access remains severely restricted leaving many conflict-affected people outside the reach of humanitarian actors and assistance.

The risk of neglect, abuse, and exploitation of women, children, and persons with disabilities remains prevalent countrywide. Displacement, trauma due to witnessed or experienced violence remains an obstacle to the well-being of boys and girls as the conflict turns more violent. Access to services and justice is not always guaranteed, demanding continued engagement from the government and protection actors including civil society through responsive and remedial action, working towards a more protection conducive environment.

ACHIEVEMENTS AND PROGRESS

IDP Task Force assessments of conflict-induced displaced groups have assessed 235,000 individuals in the first three quarters of 2015, reaching 69% of the recorded groups within one month of notification of their displacement. 64% of the prioritized mine/ERW contamination within 5km of a school, health facility or IDP settlement has been cleared, while Mine Risk Education (MRE) was provided to 260,649 conflict-affected persons (including children) amounting to 22% of the targeted caseload. The scale of MRE needs has increased even further due to the intensification of the conflict, with a shift of armed hostilities towards population centres.

1,502 self-reported GBV survivors have been assisted, reaching 75% of the modest target of 2,000. Out of 25,000 children targeted with CPIE activities, only 25% or 5,931 individuals, have been reached. 1,065 households or 61% of the targeted 1,750, have been provided with legal assistance or counseling aiming to result in the acquisition, maintenance, or restoration of HLP rights. Overall implementation of the APC Strategic Response Plan 2015 has, in some sectors, been hampered by underfunding, while other sectors progressed to their targets. Many of the total target caseloads were quite modest at the outset, recognizing the difficulties of implementing protection programming in the context of Afghanistan and taking a situation of declining funding into account.

DELAYS AND PROGRAMMING CHALLENGES

Implementation of protection activities and assessments of affected groups is hampered by access constraints, especially in certain districts in Nangarhar, Kunduz and Faryab. This inaccessibility likely leads to under-reporting of displaced populations. Concurrently, unprecedented increases in displacement stretch the capacity of the humanitarian system. MRE activities have been hampered throughout the year by funding shortfalls. Recent funds availability, including a CHF project combining battlefield clearance with MRE, has enhanced partners' ability to conduct MRE activities and will result in a much needed increase in capacity, while the overall response capacity is still inadequate to reach all in need of MRE due to exposure to conflict affected areas. A lack of female staff and cultural barriers hinder access to women and girl beneficiaries, complicating targeted interventions, as well as comprehensive data gathering on sensitive issues such as (S)GBV.

FUNDING

Cluster members have reported \$19,753,075 received by the end of the third quarter, which amounts to 49% of the \$40 million total financial requirement of the cluster for 2015 (with FTS reporting only \$6,691,837 received). Many of the activities of the cluster members have reported funding in the beginning of the year for their programming throughout 2015, resulting in only a slight increase in Q3. Funding for the mine action sector remains lower than needs require, with a big gap in MRE capacity, as well as an increased demand on survey and clearance activities due to the increase in armed engagements and the 2015 shift of the conflict towards population centers, resulting in heightened ERW related risks, particularly for children.

2 Funding per strategic priority
23.3m **14.6m** **63%**
requested received funded

3 Funding per strategic priority
16.7m **5.1m** **31%**
requested received funded

ASSESSMENTS

Regular ongoing assessments of conflict-induced IDP groups continued throughout the reporting period, leading to assistance to these conflict-affected groups. Persons with Specific Needs (PSN) are also identified, with targeted and tailored assistance as a result. The countrywide CPIE/GBV assessment initiated by the APC and the GBV and CPIE sub-clusters, with UNICEF and CPIE sub-cluster members facilitating the assessment, has been concluded, with the final report due to be published before the end of the year. An assessment focusing on challenges IDP families face in relation to civil documentation is currently being carried out by NRC and Samuel Hall in Kabul, Balkh and Herat provinces, with results expected early 2016.

WATER, SANITATION and HYGIENE Cluster



Overview of achievements, constraints and challenges of the response

KEY PLANNING FIGURES FOR 2015



25.3 million

US\$ required for Jan-Dec 2015



1.9 million

people prioritised for assistance

BENEFICIARIES REACHED

- 1 292,082 individuals living in underserved communities with high malnutrition and mortality/morbidity rates
- 3 425,110 individuals affected by conflict and natural disasters, including refugees

SITUATION OVERVIEW

Compared to the first half of 2015, an increase was seen in refugee returnees from Pakistan whose water, sanitation and hygiene (WASH) needs were attended to by various Cluster partners. No major natural disasters occurred up until September; impact of the October 7.5 earthquake will be detailed in the last quarter report of the year. The Kunduz displacement crisis which commenced at the end of September saw significant WASH needs of displaced persons in settlement sites and host communities; while cluster partners acted to cover a significant proportion of these needs, the full result of the response will be detailed in the last quarter report of the year. WASH Cluster partners were able to respond to the increase in conflict related displacement with their own funding and the ECHO funded Emergency Response Mechanism responded adequately. Refugees from North Waziristan remain in Khost and Paktika provinces in the South East of Afghanistan; while key Cluster partners continue providing critical WASH services, some gaps are still reported, such as drinking water and having adequate supply of water to aid refugees' construction of semi-permanent shelters in advance of the winter season.

ACHIEVEMENTS AND PROGRESS

The total population reached with WASH interventions during the first nine months of 2015, falls short of the estimated 1.9 million people expected to be in need of an emergency WASH response as per the HRP 2015. The Cluster partners reached 40% of the estimated population in need, equal to 756,748 people. Under Strategic Priority 1, a total of 158,319 people have been provided with access to a functioning sanitation facility, 206,138 people have been provided with access to sufficient and safe drinking water and 200,420 have benefitted from hygiene behavioral change interventions.

Under Strategic Priority 3, 175,893 people have been provided with access to a functioning sanitation facility, 331,111 have been provided with access to sufficient and safe drinking water and, 261,823 have benefitted from hygiene behavioral change interventions.

DELAYS AND PROGRAMMING CHALLENGES

Most WASH Cluster partners are development partners managing both development and emergency programs. The distinction between development and emergency WASH interventions in Afghanistan is blurred because of the protracted crisis with close to one million people displaced over the past decade. Often partners receive emergency funding which is allocated with the agreement of the donors to development WASH-type interventions. Populations reached with WASH services funded from development funding are not logged as achievements against the HRP.

Many cluster partners have struggled to meet the SPHERE standard of providing 15 litres per person per day of safe drinking water to people affected by a humanitarian situation. Water is often scarce and meeting the standards, especially in crowded refugee and camp situation has been challenging. Cluster partners also find it difficult to assess access to a place for handwashing with water and soap present. The Cluster has provided guidance and standard assessment tools for partners to verify this at the population level.

The WASH response to sudden onset emergency situations, refugees and returnees has been timely and adequate. Funding was made available in a timely manner.

FUNDING

FTS reports a total of \$11.6 million for cluster income against its \$25.3 million required for 2015 (46%). As of September 2015 however, partners report \$18.5 million having been received in country this year, including \$8.7 million for Strategic Priority 1 and \$9.8 million for Strategic Priority 3. Since most life-saving WASH interventions have adequately been attended to by Cluster partners with existing funding (largely ECHO supported ERM funding), WASH Cluster partners could not identify a sufficiently large population to apply for the Common Humanitarian Fund (CHF) funding envelope allocated to WASH. The requirement by the CHF to fund only life-saving interventions limited the WASH cluster partner response.



ASSESSMENTS

To date, WASH Cluster partners have conducted 57 assessments for populations affected in 2015 by conflict or natural disasters and for populations affected by the protracted crisis. Needs identified were not out of the ordinary, and included: safe drinking water supply, sanitation and the need for hygiene behavioral change. Some populations were affected by drought, whereas others drew water from unimproved drinking water sources. Urgent emergency WASH needs were readily and timely attended to.

REFUGEE AND RETURNEE Chapter

Overview of achievements, constraints and challenges of the response



KEY PLANNING FIGURES FOR 2015



88.9 million (MYR revised)
US\$ required for Jan-Dec 2015



637,430 (MYR revised)
people prioritised for assistance

BENEFICIARIES REACHED

3

227,887 Pakistani refugees were registered in Khost and Paktika and received assistance, 27,674 vulnerable returnees received assistance, while 53,881 returnees were provided assistance and services to return.

SITUATION OVERVIEW

As the military operation in North Waziristan continued and expanded throughout 2015, more refugees crossed into Afghanistan or relocated to the camp and urban areas of Khost and Paktika provinces. Dialogue with families indicated that families do not expect to be able to return home for two to three years, as a result the response will need to focus on more medium-term interventions while still meeting the life-saving needs of the most vulnerable.

Return of both documented and undocumented Afghans remain high, with nearly 54,000 registered refugees returning mainly from Pakistan in the first nine months of 2015 as compared to 13,860 for the same period in 2014. At the same time, undocumented returnees have also reached higher levels with nearly 440,000 people returning;¹ almost 80,000 are considered vulnerable.² Ongoing assessments indicate that the number of vulnerable families and Persons with Specific Needs (PSN) is increasing.

ACHIEVEMENTS AND PROGRESS

Key Achievements in the 3rd quarter of 2015, include:

- Teachers for the 173 classrooms through NRC's Emergency in Education project have been re-trained in Khost
- UNICEF and Solidarités distributed 10,000 mosquito nets in Gulan Camp
- CARE's Cash-for-Work project began in the Khost communities
- DACAAR, NCA and Solidarités continue to expand access to water
- Nearly 53,881 (10,186 between July and September 2015) newly arrived returned refugees provided with a small cash grant to cover their immediate humanitarian needs and basic services through the Encashment Centres
- 27,674 undocumented returnees have been provided NFIs, humanitarian assistance, and if needed specialized assistance to address vulnerabilities by both IOM and UNHCR

ES/NFIs assistance: 70,315 refugees³ (10,045 families) have received emergency shelters, NFIs and cash assistance from January to September. Note that this figure has been reviewed due to an overlap counting of beneficiaries in previous quarters (16,582 families – 116,074 individual refugees from January to June 2015).

Food assistance: up to the end of September WFP distributed 30,366 food packages and UNHCR provided 206,338 families with wheat, for an average of 26,300 families served monthly; supplemental food was distributed alongside the wheat in January and February through CHF funds. To note that the families served only received on average 30% of the standard ratio. Up to the 3rd quarter a total of 202,206 families received WFP food assistance (148,646 in Khost and 52,100 in Paktika)

Health assistance: As per the updated data from Khost and Paktika, 79,466 refugees were served through the BPHS facilities, temporary, BHC, SCs and MHTs in both provinces (4,860 in Paktika and 74,606 in Khost).

WASH assistance: in both Khost and Paktika a total of 93,495 refugees (84,304 in Khost and Paktika in 9,191) had access to at least 15 lpd of drinking water. The figure represent an increase of 11% from the Mid Year Q2 report.

DELAYS AND PROGRAMMING CHALLENGES

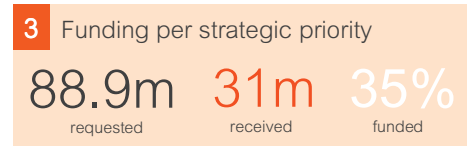
The response efforts are extensive, however, there are still a number of constraints:

- Pipeline delays in food and reduced food rations to approximately 30% of the standard ration (29kg of the standard 100 Kg). No provisions of food packages to undocumented returnee Afghan families since September 2014;
- Lack of funding and supplies to support winterization;
- Limited access and few partners in remote areas, particularly in Paktika province;
- Insufficient funding to assist People with specific needs and undocumented returnees, the high number of vulnerable undocumented Afghans;
- Pressure on refugees to return from Pakistan, a lack of job opportunities, land and shelter and deteriorating security in some parts of Afghanistan pose challenges for sustainable reintegration.

Notes: (1) This is the number of undocumented Afghan returnees recorded at Islam Qala and Milak border crossing points with Iran, Turkham and Spin Boldak border-crossing points with Pakistan, and undocumented returnees in Khost. The actual figure of undocumented returnees will be higher. (2) Given the limited resources available, IOM has been able to assist fewer than 34% of these vulnerable returnees. (3) Correction from the MYR: the breakdown for NFIs and the tents represented an overlap was just 990 families for Khost and 800 families for Paktika. So 4,698 families received tents and 7,137 received NFIs so the total is 11,835 – 990 – 800 = 10,045.

FUNDING

As of September 2015, the Refugee/Returnee chapter is 34.8% funded (USD 30,995,355) against the revised requirement of USD 88.9 million.



- The refugee response is 48.2% (USD 20.07 million) funded against the revised request of USD 41.5million, while serious gaps remain in food provision and winterization.
- The response for documented and undocumented Afghan returnees is 23.1% funded (USD 10.9 million) against the revised request of USD 47.3 million, which is insufficient to cover even the most vulnerable caseloads.

ASSESSMENTS

In the 3rd quarter the following assessments were conducted:

- UNHCR, DACAAR and OSDLR study indicated that families in both n Khost and Paktika expected to stay for the next two - to three years.
- ACF nutrition assessment in Gulan Camp revealed a serious risk of malnutrition.
- Johanniter/ACTD Health Assessment in the Camp as well as Gurboz and Tani districts found that access to health services is low, the main illnesses reported among refugees are diarrhoea-related.
- Solidarités WASH KAP survey in Gulan Camp, indicated poor hygiene practices while during the summer rains, pits from digging mud bricks have filled with water presenting serious health, hygiene and child protection risks.
- NCA conducted a WASH KAP survey in Tani and Gurboz districts.
- Returnee Monitoring found that for the majority of returnees, the initial humanitarian assistance provided lasts for less than two months, covering transportation and immediate needs only.

Ongoing Assessments








- TLO is conducting refugee shura in Khost to examine challenges faced by refugee population and barriers to return, as well as to provide information regarding the upcoming biometric registration.
- IRC is conducting assessments to determine gaps in winterization assistance.
- UNHCR is in the process of conducting the Comprehensive Needs Assessment which looks at needs of refugees, returnees and IDPs against host communities across the country.
- IOM is continuing to conduct assessments to determine vulnerability of undocumented returnees.

AFGHANISTAN HUMANITARIAN PARTNERS

JAN-SEP 2015

Overview of humanitarian partners reporting against the response plan

PARTNERS REPORTING BY STRATEGIC OBJECTIVE

	1 Excess morbidity & mortality reduced	2 Conflict related deaths & impairment reduced	3 Timely response to affected populations
 Emergency Shelter & NFIs			ACTED, AfghanAid, DRC, IOM, NRC, UNHCR, WHH
 Food Security & Agriculture	AREA, CARE, CRS, Caritas, FAO, IR, MADERA, NRC, ORCD, PiN, RCDC, RORA, SI, WFP, WHH		AREA, CRS, MADERA, RCDC, SI, WHH
 Health	AADA, ACTD, AHDS, AKDN, CAF, EMERGENCY, HADAAF, HN-TPO, IMC, IRW, Johanniter, MRCA, PU-AMI, SCI, SDO, SHRDO, TdH, UNICEF, WHH, WHO	ACTD, AHDS, EMERGENCY, SCI, WHO	ACTD, AHDS, CAF, EMERGENCY, HN-TPO, IMC, Johanniter, MRCA, SCI, SHRDO, WHO
 Nutrition	AADA, ACF, ACTD, AHDS, AKHS, BARAN, BDN, BRAC, CAF, CHA, CPHA, DAC, HADAAF, HHAAWC, HN-TPO, ICRC, IMC, MMRC-A, MOVE, MRCA, MSF, Medair, MoPH, OHPM, ORCD, PU-AMI, SAF, SCA, SCI, SDO, SHDP, TIKA, UNICEF, WFP, WHO, WVI		ACF, ACTD, IR
 Protection		AAR, ACTED, AECC, APA, ARAA, ARCS, ATC, AWA, AWE, CAEDPO, CAG, CHA, CRSDA, CiC, DAFA, DDG, DOLSAMD, DRC, FSD, HALO Trust, HI, IMC, MACCA, MCPA, MDC, NPO, NRC, OFD, OHW, OMAR, RCS, RSSAO, SCI, TLO, TdH, UNFPA, UNHCR, UNICEF, UNMAS, WADA, WCC, WSTA, WVA	ACTED, AECC, APA, ARAA, AWA, AWE, CAEDPO, CAG, CHA, CRSDA, CiC, DOLSAMD, DRC, IMC, MACCA, NPO, NRC, OFD, OHW, RSSAO, SCI, TLO, TdH, UNFPA, UNHCR, UNICEF, UNMAS, WADA, WCC, WSTA, WVA
 Water, Sanitation & Hygiene	ACF, AKF, Caritas, CoAR, DACAAR, IMC, Medair, NCA, Oxfam, UNICEF, ZOA		ACF, ACTED, CARE, Caritas, CoAR, DACAAR, IMC, NCA, NRC, SCI, SI, UNHCR, UNICEF, ZOA
 Refugees and Returnees			ACTD, APA, ARCS, Aschiana, CARE, CoAR, DACAAR, DDG, FAO, HALO Trust, HN-TPO, IMC, IOM, IRC, Johanniter, NCA, NRC, ORCD, OSLDR, Oxfam, SI, TLO, UNFPA, UNHCR, UNICEF, UNMAS, WFP, WHO

Indicates partners that also reported financial income during the quarter.

PROGRESS AGAINST Key Indicators

INTER-CLUSTER Coordination

SP 3	Percentage of Rapid Assessments (RAF) conducted within 48 hours of natural disaster incident				Progress	<div style="width: 54%;"><div style="width: 54%;"></div></div> 54%	Target: 80%
	176	RAFs conducted within 48 hours	326	Total RAFs conducted			
SP 3	Percentage response activities initiated within one week of needs assessment				Progress	<div style="width: 59%;"><div style="width: 59%;"></div></div> 59%	Target: 75%
	246	Response initiated within 1 week	415	Incidents with completed reports			

EMERGENCY SHELTER and NFI Cluster

SP 3	Percentage of targeted individuals receiving shelter assistance				Progress	<div style="width: 148%;"><div style="width: 148%;"></div></div> 148%	Target: 50%
	63,439	Assisted	43,000	In need			
SP 3	Percentage of targeted individuals receiving NFI assistance				Progress	<div style="width: 129%;"><div style="width: 129%;"></div></div> 129%	Target: 70%
	191,064	Assisted	148,000	In need			
SP 3	Percentage of targeted individuals receiving cash or voucher assistance				Progress	<div style="width: 343%;"><div style="width: 343%;"></div></div> 343%	Target: 40%
	73,785	Assisted	21,500	In need			

FOOD SECURITY and AGRICULTURE Cluster

SP 1	Percentage of very severely food insecure individuals assisted on time with appropriate transfers: voucher, cash, food				Progress	<div style="width: 31%;"><div style="width: 31%;"></div></div> 31%	Target: 100%
	539,944	Assisted	1,760,000	In need			
SP 3	Percentage of affected individuals assisted on time with appropriate food transfers				Progress	<div style="width: 168%;"><div style="width: 168%;"></div></div> 168%	Target: 100%
	613,632	Assisted	365,000	Target			
SP 3	Percentage of targeted individuals receiving emergency livelihood support: ag. Inputs, livestock, vaccines				Progress	<div style="width: 187%;"><div style="width: 187%;"></div></div> 187%	Target: 52%
	351,593	Assisted	188,250	Target			

HEALTH Cluster

SP 1	Number of people served by PHC / mobile health services outside BPHS				Progress	<div style="width: 80%;"><div style="width: 80%;"></div></div> 80%	Target: 1,136,521
	909,217	Med. consultations	1,136,521	Target			
SP 1	Percentage of births attended by a skilled birth attendant				Progress	<div style="width: 15%;"><div style="width: 15%;"></div></div> 15%	Target: 40%
	7,025	Assisted	45,461	In need			
SP 1	Percentage Penta 3 coverage among children under 2 years				Progress	<div style="width: 82%;"><div style="width: 82%;"></div></div> 82%	Target: 80%
	37,109	Assisted	45,461	In need			
SP 2	Number of affected districts with at least one FATP or HF providing specialised conflict trauma care				Progress	<div style="width: 21%;"><div style="width: 21%;"></div></div> 21%	Target: 202
	42	Established	202	Target			
SP 3	Percentage of outbreak alarms investigated within 48 hours from notification				Progress	<div style="width: 97%;"><div style="width: 97%;"></div></div> 97%	Target: 100%
	392	Alarms investigated	405	Outbreak alarms			
SP 3	Percentage of people served by emergency PHC / mobile services				Progress	<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Target: 100%
	275,991	Assisted	275,991	In need			

NUTRITION Cluster

SP 1	Percentage of U5 boys & girls with acute malnutrition admitted	240,226	Admitted	295,588	Target	Progress	<div style="width: 81%;"><div style="width: 81%;"></div></div> 81%	Target: 295,588
SP 1	Percentage of U5 boys & girls cured of acute malnutrition	132,422	Cured	152,400	Programme exits	Progress	<div style="width: 87%;"><div style="width: 87%;"></div></div> 87%	Target: >75%
SP 1	Percentage of targeted women with U2 boys & girls reached with IYCF promotion messages	697,631	Reached	624,554	Target	Progress	<div style="width: 112%;"><div style="width: 112%;"></div></div> 112%	Target: >80%
SP 1	Percentage of boys & girls 6-23 months who receive multiple micronutrient supplementation	209,115	Assisted	594,036	Target	Progress	<div style="width: 35%;"><div style="width: 35%;"></div></div> 35%	Target: 594,036
SP 1	Percentage of emergency situations where Rapid Nutrition Assessments (RNA) conducted	3	Assessed	3	Target	Progress	<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%	Target: 50%

PROTECTION Cluster

SP 2	Square kilometres of mine/ERW hazards cleared (within 5km of a school, health facility, IDP location)	13.5	Cleared	21	Target	Progress	<div style="width: 64%;"><div style="width: 64%;"></div></div> 64%	Target: 21 Sq. Km.
SP 2	Number of affected persons receiving direct Mine Risk Education	260,649	Reached	1,188,000	Target	Progress	<div style="width: 22%;"><div style="width: 22%;"></div></div> 22%	Target: 1,188,000
SP 2	Number of reported GBV survivors with at least one medical, health, protection, legal, or psychosocial service	1,502	Assisted	2,000	Target	Progress	<div style="width: 75%;"><div style="width: 75%;"></div></div> 75%	Target: 2,000
SP 3	Number of children affected by conflict and natural disasters receiving Emergency Child Protection services	5,931	Assisted	25,000	Target	Progress	<div style="width: 24%;"><div style="width: 24%;"></div></div> 24%	Target: 25,000
SP 3	Number of IDP households assisted with acquiring, maintaining and restoring House, Land and Property rights	1,065	Assisted	1,750	Target	Progress	<div style="width: 61%;"><div style="width: 61%;"></div></div> 61%	Target: 1,750
SP 3	Percentage of conflict induced IDPs assessed within 1 month of notification of displacement	162,311	Assessed within 1 month	235,233	Total assessed	Progress	<div style="width: 69%;"><div style="width: 69%;"></div></div> 69%	Target: 60%

WATER, SANITATION and HYGIENE Cluster

SP 1	Proportion of affected population with access to a functioning sanitation facility	158,319	Assisted	284,002	In need	Progress	<div style="width: 56%;"><div style="width: 56%;"></div></div> 56%	Target: 85%
SP 1	Proportion of the affected population with access to at least 15lpd of drinking water	206,138	Assisted	250,598	In need	Progress	<div style="width: 82%;"><div style="width: 82%;"></div></div> 82%	Target: 85%
SP 1	Percentage of the affected population with access to a place to wash hands with soap	200,420	Assisted	298,625	In need	Progress	<div style="width: 67%;"><div style="width: 67%;"></div></div> 67%	Target: 85%
SP 3	Proportion of affected population with access to a functioning sanitation facility	175,893	Assisted	334,497	In need	Progress	<div style="width: 53%;"><div style="width: 53%;"></div></div> 53%	Target: 85%
SP 3	Proportion of the affected population with access to at least 15lpd of drinking water	331,111	Assisted	399,389	In need	Progress	<div style="width: 83%;"><div style="width: 83%;"></div></div> 83%	Target: 85%
SP 3	Percentage of the affected population with access to a place to wash hands with soap	261,823	Assisted	487,750	In need	Progress	<div style="width: 54%;"><div style="width: 54%;"></div></div> 54%	Target: 85%

REFUGEE and RETURNEE Chapter

SP	3	Number of returnees provided with information and referrals to facilitate reintegration	53,881	Assisted	89,000	Target	Progress	61%	Target: 89,000
SP	3	Number of vulnerable returnees identified and assisted	27,674	Assisted	132,830	Target	Progress	21%	Target: 132,830
SP	3	Shelter and NFIs: Number of refugees receiving emergency shelter, NFIs and cash assistance	104,296	Assisted	227,887	Target	Progress	46%	Target: 227,887
SP	3	Food: Number of refugees assisted on time with appropriate food transfers	206,206	Assisted	227,887	Target	Progress	90%	Target: 227,887
SP	3	Health: Number of refugees served by emergency PHC / mobile services	79,466	Assisted	227,887	Target	Progress	35%	Target: 227,887
SP	3	WASH: Number of refugees with access to at least 15lpd of drinking water	93,495	Assisted	227,887	Target	Progress	41%	Target: 227,887

AFGHANISTAN RESULTS FRAMEWORK

2015 Strategic Response Plan

PURPOSE: Provision of prioritised, integrated humanitarian assistance that capitalises on a convergence of multi-cluster efforts, to save lives, alleviate suffering and maintain and protect human dignity

S.P 1 EXCESS MORBIDITY AND MORTALITY REDUCED

HRP OUTCOMES:	PRIORITY ACTIVITIES:	OUTPUT MONITORING: Monitoring achievement of results outlined in the SRP	OUTCOME MONITORING: (Longitudinal approach)	SITUATION MONITORING:
1.1 REDUCED INCIDENCE OF MATERNAL AND CHILD MORTALITY & MORBIDITY	<ul style="list-style-type: none"> - Provide critical primary outpatient care to vulnerable populations in remote, insecure and unserved areas - WASH activities in areas with high diarrhoea incidence and/or high potential for WASH-related disease outbreaks 	<ul style="list-style-type: none"> • No. and % of births attended by SBA in targeted areas (no existing BPHS coverage). • % Penta 3 coverage among children <2 years in targeted areas (no existing BPHS coverage). • No. people served by PHC / mobile health services outside BPHS • No. and % of households with access to a functioning sanitation facility • Proportion of population in intervention areas with access to at least 15lpcd of drinking water. • Proportion of population in intervention areas with access to a place to wash hands with soap. • No and % of boys and girls 0-59 months admitted for treatment of acute malnutrition 	<p>ONVI Indicators:</p> <ul style="list-style-type: none"> Acute diarrheal disease (ADD) Measles prevalence Measles outbreaks Acute Respiratory Infections (ARI) <p>GAM / SAM rates</p>	<p>HMIS, DEWS, SFSA, SMART, RNA, Assessment findings</p>
1.2 REDUCED INCIDENCE OF MALNUTRITION	<ul style="list-style-type: none"> - Enhance IMAM access through service expansion and enhanced community screening and referral. - Increase access to integrated preventive nutrition specific programmes - WASH activities in areas with acute malnutrition above emergency thresholds 	<ul style="list-style-type: none"> • No. and % of boys and girls 0-59 months cured of acute malnutrition • No. and % of targeted women with boys and girls aged 0-23 months reached with IYCF promotion messages. • No. of boys and girls 6-23 months affected by emergencies receiving multiple micronutrient supplementation (MNPs) • No. of very severely food insecure individuals receiving food / cash and / or voucher assistance. 		

S.P. 2 CONFLICT RELATED DEATHS & IMPAIRMENT REDUCED

HRP OUTCOMES:	PRIORITY ACTIVITIES:	OUTPUT MONITORING: Monitoring achievement of results outlined in the SRP	OUTCOME MONITORING: (Within HRP Cycle)	SITUATION MONITORING:
2.1 REDUCED INCIDENCE OF CONFLICT RELATED MORTALITY & IMPAIRMENT	<ul style="list-style-type: none"> - Provide timely access to effective trauma care in areas of conflict - Mine/ ERW clearance and risk education 	<ul style="list-style-type: none"> • No. and % of conflict affected districts with at least one FATP or HF able to provide specialised conflict trauma care. • Sq. km of mine/ERW hazards cleared (within 5km of a school, health facility or IDP settlement). 	<ul style="list-style-type: none"> % conflict affected areas with effective trauma care % reduction in sq. km of Afghanistan contaminated by mines and ERW % reduction in number of civilian casualties resulting from mines and ERW % reduction in reported Grave Child Rights Violations 	<p>CIVCAS, WHO trauma partner reporting, UNAMA HR reporting, MRM reporting, UNMAS reporting</p>
2.2 PROTECTION OF CIVILIANS STRENGTHENED	<ul style="list-style-type: none"> - Support the creation of a protection-conducive environment - Ensure targeted response to protection needs of particularly vulnerable populations. 	<ul style="list-style-type: none"> • # of reports produced on protection issues and human rights violations • # of clusters in which protection principles and standards have been mainstreamed and in which functional cross-referral mechanisms have been established. • # of reported GBV survivors provided with at least one of the following services: medical, health, protection, legal, psychosocial. 		

S.P. 3 TIMELY RESPONSE TO AFFECTED POPULATIONS

OUTCOMES:	PRIORITY ACTIVITIES:	OUTPUT MONITORING: Monitoring achievement of results outlined in the SRP	OUTCOME MONITORING: (Within HRP Cycle)	SITUATION MONITORING:
3.1 UNMET LIFESAVING NEEDS OF 2014 IDP & NATURAL DISASTER AFFECTED POPULATIONS MET	<ul style="list-style-type: none"> - Rapid assessments to identify protection and assistance needs. - Timely provision of emergency shelter and NFI's - Timely provision of food and emergency livelihoods support - Timely (within 48-72hrs) identification and response initiated to emergencies and public health risks 	<ul style="list-style-type: none"> • % of outbreak alarms investigated within 48 hours from notification. • No. people served by emergency PHC / mobile health services • No. and % affected families receiving shelter assistance • No. and % affected families receiving NFIs assistance • No. and % affected families receiving cash assistance • No. and % affected individuals receiving food assistance • No. and % of targeted households supported with agricultural / livestock inputs. • No. and % of households provided access to a functioning sanitation facility • Proportion of population in intervention areas provided access to at least 15lpcd of drinking water • Proportion of population in intervention areas provided access to a place to wash hands with soap • % emergency situations where Rapid Nutrition Assessments conducted • # of children affected by conflict and natural disasters receiving Emergency Child Protection Services • # of IDP households assisted with acquiring, maintaining and restoring Housing, Land, and Property rights • No. and % refugees registered • No. and % returnees provided with information and referrals to facilitate reintegration • No. vulnerable returnees identified and assisted 	<p>% emergencies addressed with adequately pre-positioned stocks</p> <p>Case fatality rate during epidemics are maintained within internationally agreed standards</p> <p>Target Cholera <1% measles <5%</p> <p>% Rapid Assessments (RAF) conducted within 48 hours of natural disaster events reported.</p> <p>% of IDP groups assessed within 1 month of notification of displacement.</p> <p>% response activities initiated within 1 week of needs assessed.</p>	<p>RAF data, Gap analysis</p> <p>PMT</p> <p>CPIE/GBV/EIE Rapid Assessment</p>
3.2 TIMELY PROVISION OF LIFESAVING ASSISTANCE TO NEWLY DISPLACED & NATURAL DISASTER AFFECTED POPULATIONS	<ul style="list-style-type: none"> - Timely response at scale to Nutrition in Emergencies Secure basic human rights and dignity for displaced and conflict-affected populations - Implement critical WASH activities for communities impacted by sudden events. - Provision of protection and essential services to refugees - Facilitation of informed, Afghan refugee voluntary repatriation - Provision of assistance to newly vulnerable, undocumented Afghan returnees. 			
3.3 TIMELY PROVISION OF LIFESAVING ASSISTANCE TO REFUGEES, AFGHAN RETURNEES & UN-DOCUMENTED VULNERABLE RETURNEES				

All activity monitoring will include designation of the beneficiary category to whom assistance is provided.

Beneficiary Categories:

1.1	Conflict affected (in situ)	3. At risk / underserved communities with high morbidity / malnutrition / mortality rates
1.2	Conflict IDPs Newly Displaced (< 12 months displaced)	4. Very Severely Food Insecure
1.3	Conflict IDPs >12 months displaced	5. Refugees
1.4	Communities hosting conflict IDPs	6. Documented returnees
2.1	Natural disaster affected (in situ)	7. Undocumented returnees
2.2	Natural Disaster IDPs Newly Displaced (< 12 months displaced)	8. GBV survivors
2.3	Natural Disaster IDPs >12 months displaced	
2.4	Communities hosting natural disaster IDPs	