

2017

# HUMANITARIAN RESPONSE PLAN MID-YEAR REVIEW

— OF FINANCING, ACHIEVEMENTS AND RESPONSE CHALLENGES —

JANUARY - JUNE 2017



Photo: Jim Huylebroek

## AFGHANISTAN



**149** MILLION  
US\$ RECEIVED AS OF JUN 2017



US\$ 149m received

US\$ 409m requested



**2.2** MILLION  
BENEFICIARIES ASSISTED



2.2m reached

3.6m targeted

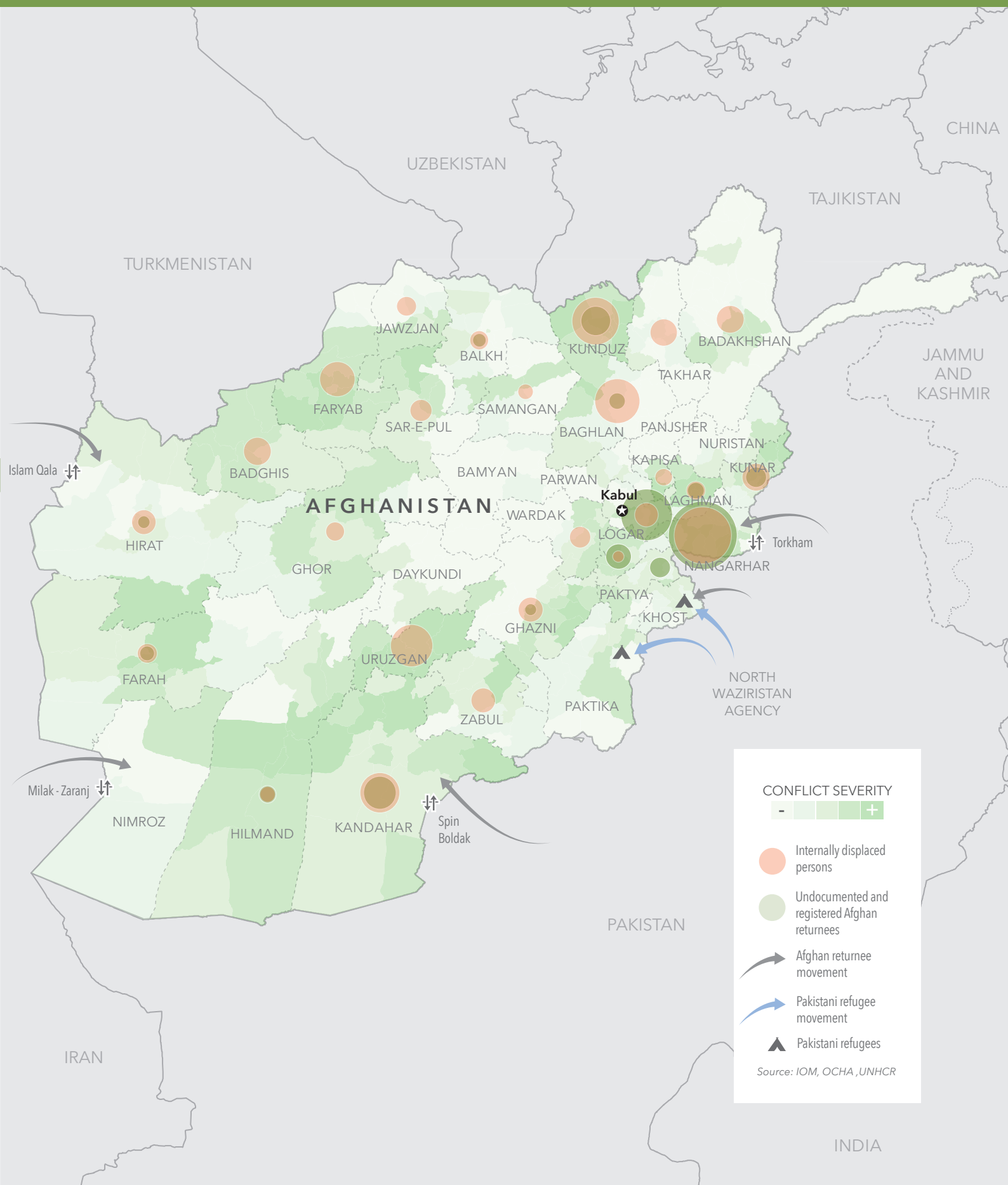
TOTAL POPULATION

PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS  
(US\$)# HUMANITARIAN  
PARTNERS30<sub>M</sub>7.4<sub>M</sub>3.6<sub>M</sub>409<sub>M</sub>

165



# TABLE OF CONTENTS

## OVERVIEW

Situation Overview .....	05
--------------------------	----

## PEOPLE IN NEED, TARGETS AND REQUIREMENTS

Mid-year review at a glance .....	08
People in need .....	09
People targeted for assistance .....	11

## MYR STRATEGIC PLANNING AND BUDGET REVISIONS

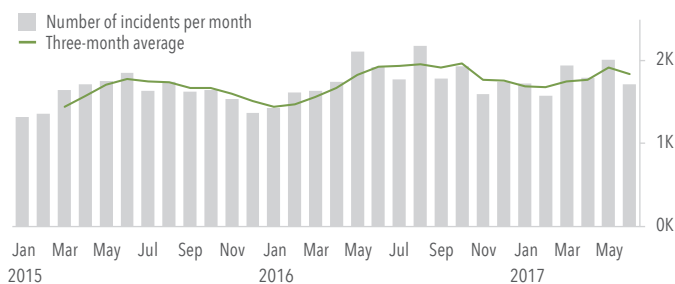
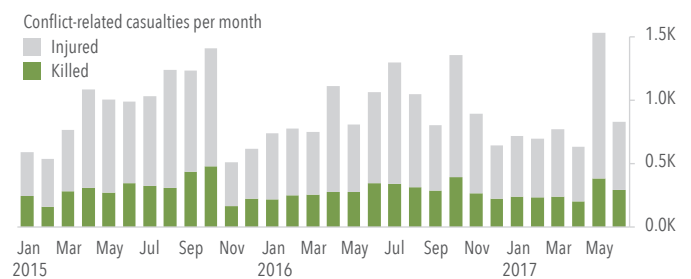
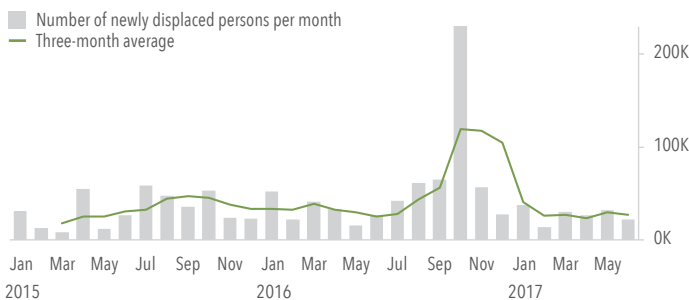
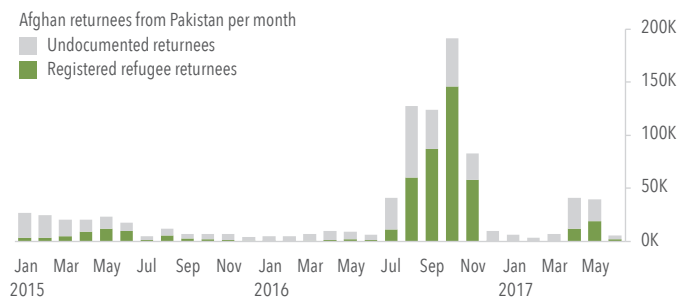
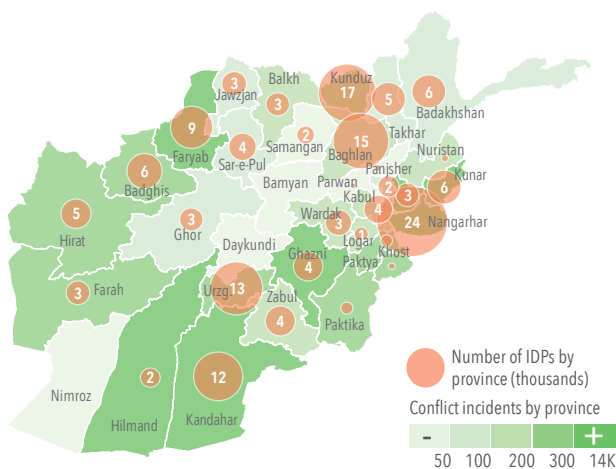
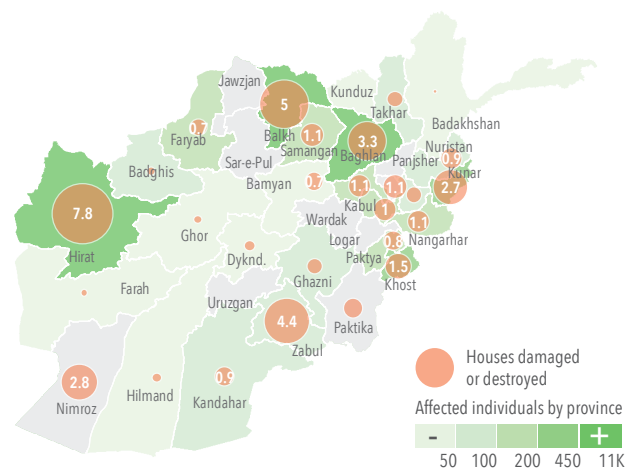
Emergency Shelter & Non-Food Items .....	15
Food security & Agriculture .....	16
Health .....	16
Nutrition .....	17
Protection .....	19
Water, Sanitation & Hygiene .....	20
Education in Emergencies Working Group .....	21
Refugee & Returnee Response Plan .....	21

## PROGRESS AGAINST STRATEGIC AND CLUSTER OBJECTIVES

Achievements against the HRP .....	25
Inter-Cluster Coordination .....	30
Emergency Shelter & Non-Food Items .....	32
Food Security & Agriculture .....	34
Health .....	36
Nutrition .....	38
Protection .....	40
Water, Sanitation & Hygiene .....	42
Education in Emergencies Working Group .....	44
Multi-Purpose Cash for Emergencies .....	46
Refugee & Returnee Response Plan .....	48
Progress Against Cluster Objectives Continued... ..	50

## OVERVIEW OF THE CHANGES IN CRISIS:

## SITUATIONAL MONITORING

CONFLICT DISPLACED<sup>1</sup>NATURAL DISASTER AFFECTED<sup>2</sup>CIVILIAN CASUALTIES<sup>3</sup>AFGHAN RETURNEES<sup>4</sup>CONFLICT INCIDENTS<sup>5</sup>CIVILIAN CASUALTIES<sup>3</sup>CONFLICT INDUCED DISPLACEMENTS<sup>1</sup>AFGHAN REFUGEE AND UNDOCUMENTED RETURNEES<sup>4</sup>CONFLICT AND DISPLACEMENTS<sup>1,5</sup>NATURAL DISASTERS<sup>2</sup>

**Notes:** All cumulative figures and maps cover 1 Jan to 30 Jun 2017. (1) Conflict displacement figures for 1 Jan to 30 Jun 2017, OCHA; IDP figures prior to Jan 2016 from UNHCR. (2) OCHA & IOM, Jan-Jun 2017. (3) A civilian casualty is defined as a civilian killed or injured resulting directly or indirectly from conflict related violence. Data source: UNAMA Human Rights Unit, Jan-Jun 2017. (4) IOM (undocumented Afghan returnees), UNHCR (Afghan refugee returnees). (5) Various sources, Jan 2015 - Jun 2017.



## SITUATION

## OVERVIEW

In keeping with previous years, humanitarian response has continued to be defined by conflict in the first half of 2017 with equally unacceptably high numbers of civilian casualties (-1 percent) and a steady rise in armed clashes (+4 percent) if compared to the same period last year, despite an overall reduction in displacement (-15 percent).

Between January and June 2017, some 5,243 civilian casualties (1,662 deaths and 3,581 injuries) were recorded by UNAMA Human Rights with Improvised Explosive Devices (IEDs) by Non-State Armed Groups (NSAGs) the leading cause (40 percent), followed by ground engagements between ANSF and NSAG forces. Notwithstanding the minimal overall reduction in civilian casualties, both child and women casualties rose during the first half of 2017 with a 23 percent increase in women casualties (636) and a nine percent increase in child deaths (436), mainly due to unexploded ordnance, the use of pressure-plate IEDs and aerial operations in civilian-populated areas – the latter up by an unprecedented 61 percent in the first six months of the year.

The contest for territorial control has continued unabated within the same period, with armed clashes now taking place in multiple provinces at the same time – three district administrative centres (Taywara, Janikhel and Kohistan) fell in the same week across different parts of the country in late July while another was (Waygal) temporarily under attack. Overall, conflict incidents are rising year-on-year with a 1,000 percent increase in armed clashes registered between 2007 and 2017.

The intensification of the conflict has led to unsustainably high numbers of war wounded on both sides of the conflict. Between January and June, almost 25,000 war wounded patients were reported through First Aid Trauma Points (FATPs) and specialised trauma care centres across the country with high combat areas Kandahar, Kunduz and Uruzgan recording the most incidences. Heightened NSAG casualties, combined with limited opportunities for in-country and external patient transfer, have increased the pressure on district-level hospitals for additional stabilisation and casualty management services to be provided, while simultaneously restricting their ability to deliver safe and quality primary health care to local communities. The first half of the year saw an increasing number of health facilities closed by NSAGs with Laghman, Farah and Badghis provinces the most affected. These closures, which constitute a grave violation of international humanitarian law, have rendered more than half a million people without access to essential healthcare, 250,000 of them in Laghman province alone, and may be indicative of a growing trend in which basic services are used as a bargaining chip, primarily by NSAG forces, to extract improved healthcare delivery for their combatants.

Overall, access to life-saving and basic health services across Afghanistan remains inadequate as a consequence of a defunct

and underfunded public health system and a conflict which is both intensifying in nature and expanding in geographic scope. In some 51 districts the Basic Package of Health Services (BPHS) is not available. Health indicators in these areas are particularly bad: women are twice as likely to die giving birth in Uruzgan and Hilmand compared to the national average – already the third highest in the world – and 50 percent less likely to give birth in the presence of a skilled birthing attendant.

Growing insecurity in 2017 has also been punctuated by a doubling in attacks attributable to the Islamic State of Khorasan (from 128 to 237), with the number of provinces and districts affected increasing from 1 to 7 and 8 to 24 respectively compared to the same period in 2016. The rise of ISK activity, which up until 2016 had mostly been confined to Nangarhar province in the Eastern region, has since intensified as fighting has broken out between three entities – ISK, NSAG and government forces – and threatened to expand into neighbouring provinces Kunar and Nuristan. The presence of multiple competing actors across the region, and attendant rise in conflict activity, is one of the main reasons behind the increase in civilian displacement experienced in the East so far this year.

In this regard, the conflict continues to exact a terrible toll on the people of Afghanistan and fuel the need for large-scale humanitarian assistance to be provided. Over 160,600 individuals (24,240 families) were displaced during the first six months of 2017, roughly 30,000 less than in the same period in 2016. With the insurgency now controlling or exerting influence over areas comprising around a third of the Afghan population, it is likely that the humanitarian community's ability to identify or assess those impacted by conflict has declined. Some 45 districts are now fully or partially under the control of NSAGs according to the Special Inspector General for Afghanistan Reconstruction (SIGAR), while a further 118 are contested. As general insecurity has spread, populations have been faced with increasingly difficult choices: move to areas which are no safer than those where they currently reside or remain where they are and effectively become isolated and without access to essential supplies. Indeed, with the official IDP petition system largely or completely out of reach for those living in non-government held areas, in addition to the limited coverage of disease and food insecurity early warning systems, the capacity of humanitarian partners to detect or respond to the most acute needs may have been considerably weakened over the past six months, resulting in less IDPs being reported despite intensified conflict.

Insecurity is only likely to increase and further expand over the remainder of the year following the recent announcement of next years' parliamentary elections. In this context, the eroding military stalemate looks set to continue with no seasonal lull in fighting anticipated as winter arrives later and is expected to be

more mild. The recent decision by Trump to surge additional troops to Afghanistan may also result in a more volatile landscape over the coming months, contributing to higher outflows of IDPs. With this in mind, it is likely that the number of new IDPs generated by conflict will reach the 450,000 projected caseload.

While the rate of refugee returns increased significantly between January and June, more than tripling (33,733) compared to the same period last year (7,812), they are significantly lower than the initial annual projection (550,000) and considerably down on the highs seen during the second half of 2016 when 364,765 returned in a six-month period. Although the number of refugee returns is expected to increase over the second half of the year (to between 200,000-300,000), additional spikes cannot be ruled out and will depend on the safeguarding of protection space in Pakistan and an extension in the validity of Proof of Registration cards past 31 December 2017.

In terms of undocumented returnees, a total of 231,193 were recorded across all border points in the first half of the year, less than the 253,074 who returned during the same period in 2016. Undocumented returns from Iran, including forced evictions, account for 70 percent of new arrivals. It is expected that the documentation exercise which began in Pakistan on 20 July 2017, combined with the results of the refugee elder Jirga on 29-30 July in Kabul and the general deterioration in the security situation in Afghanistan will also impact the decision to return over the course of the coming months. Moving forward, while the provision of post-arrival assistance to returnees at entry points and main areas of settlement will remain a key component of humanitarian response, these populations are ultimately in need of durable solutions. In this regard, the World Bank's plan to invest USD 172 million – 40 percent of revised HRP requirements – in reintegration projects delivered through government programmes such as the Citizens' Charter will need to be factored into planning for the 2018 cycle and beyond.

Protection monitoring and consultations highlight raised levels of vulnerability amongst those displaced. Recent assessment data suggests that more than a third of children have been exposed to psychological distress due to loss of family and community members and the constant risk of death and injury (with this being as high as 68 percent in Kunduz). Populations affected by conflict are also more likely to be exposed to multiple forms of gender based violence (GBV), including early and forced marriage, domestic and psychological and sexual abuse. A community-level protection assessment conducted in the Eastern region in May, for example, identified increased incidences of GBV in Nangarhar, Kunar and Laghman provinces as men reported that the pressures of a loss of income during displacement caused them to resort to negative coping mechanisms such as domestic violence.

Afghanistan's nutrition situation continues to be negatively impacted by the conflict. Assessment data from the first half of the year shows that global acute malnutrition (GAM) rates in children under 5 across three provinces – Uruzgan (21.6%), Kandahar (16.5%) and Kunar (16.2%) – breach

emergency thresholds. The malnutrition rates in a number of other provinces including Kunduz, Nangarhar, Paktika and Zabul are equally concerning. Amidst a backdrop of existing food insecurity, limited livelihood options, poor access to quality water and poor hygiene practices, high rates of diarrhoea persist, negatively influencing the nutrition situation, particularly in areas already impacted by fragmented healthcare and weak service delivery.

Integrated Management of Acute Malnutrition (IMAM) programmes continue to suffer low coverage and frequent high defaulting. Outpatient MAM interventions are only reaching an estimated 31% of those in need of treatment. Critical barriers prevent children with unmet needs from accessing treatment. Amongst many contributing factors is the limited access to community level service delivery, especially nutrition education, counselling, and treatment follow-up, as part of an overall weak capacity at all levels of healthcare.

As of mid-year, the number of individuals affected by natural disaster is 40 percent lower (39,800) than during the same six-month period in 2016 (65,523) and 64 percent lower than the previous three-year average (approximately 110,440 people). This is mainly because, as in 2016, no major, large-scale natural disasters hit between January and June, and of the small to medium scale events that did, only the heavy snowfall, avalanches and localised flooding of February impacted a significant number of people (20,000). Indeed, these three events alone comprise 50 percent of the total natural disaster affected population in the first half of 2017. As in previous years, a significant locust infestation in Ghor and Badghis provinces during the first quarter – which is still ongoing – affected approximately 4,000 households in Dawlatyar district and 24,000 households in Jawand, Mughab and Qadis Districts of Badghis. Almost 10,000 farmers in the Northern region have also been unable to cultivate their crops or experienced crop failure because of delayed rain.

Despite the decreased incidence in natural disasters, the humanitarian community must maintain a state of readiness to respond to sudden onset crises, of any type and scale, at all times. To support such preparedness efforts, funds have been made available from the 2nd CHF Allocation to decentralise existing stockpiles and preposition them in high-risk weather and conflict areas, including Lashkar Gah, Tirinkot, Kunduz City and Takhar, to ensure sufficient response capacity.

Humanitarian personnel, assets and facilities continue to be targeted throughout Afghanistan with OCHA reporting 142 incidents affecting NGOs, UN and International Organisations in the first half of 2017, a considerable increase on the 107 recorded in 2016. As a result of these incidents OCHA has recorded 9 killed and 10 injured national and international aid workers, while 20 instances of abduction have been reported in 2017. There has also been a substantial increase in the occupation and closure of health facilities by in the first half of 2017, with 69 incidents reported versus 19 during the same period last year. More pronounced access constraints have also occurred in key military battlegrounds such as Nangarhar, Hilmand and Uruzgan with these three provinces accounting for 50 percent of all access incidents reported.

**MID-YEAR REVIEW**

# PEOPLE IN NEED, TARGETS AND REQUIREMENTS

## THE HUMANITARIAN RESPONSE PLAN

MID-YEAR REVIEW  
AT A GLANCE

## STRATEGIC OBJECTIVE 1



Immediate humanitarian needs of shock affected populations are met

## STRATEGIC OBJECTIVE 3



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

## STRATEGIC OBJECTIVE 2



Lives are saved by ensuring access to emergency health and protective services and respect for IHL

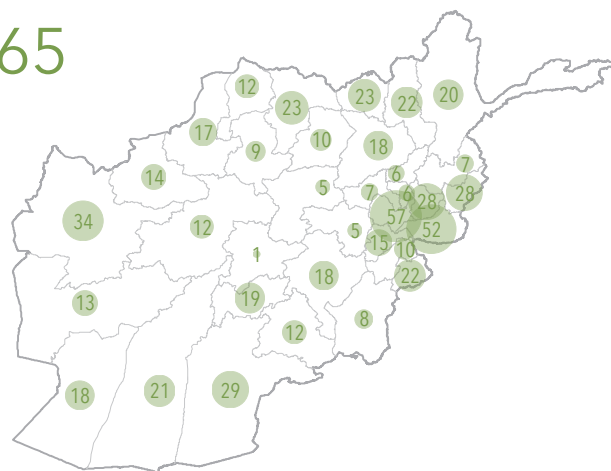
## STRATEGIC OBJECTIVE 4



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

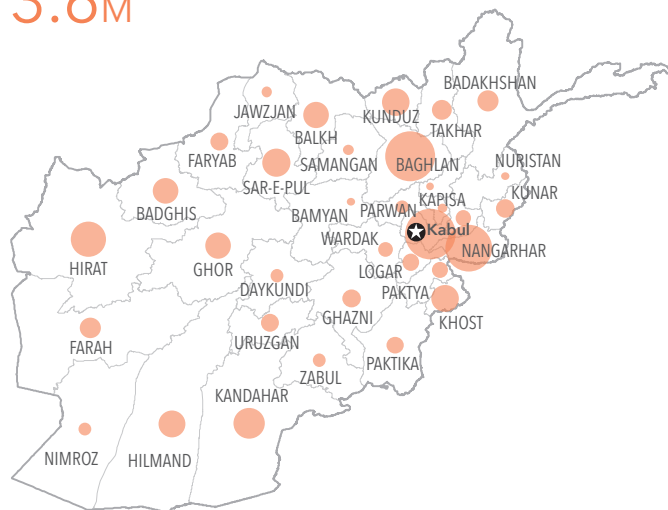
## OPERATIONAL PRESENCE: NUMBER OF PARTNERS

165



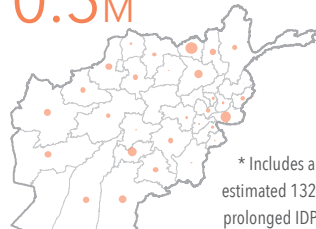
## PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE

3.6M



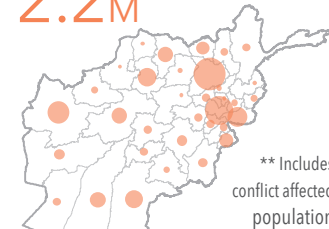
## CONFLICT DISPLACED \*

0.5M



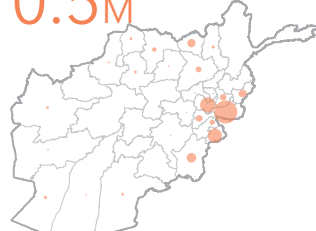
## ACCESS TO ESSENTIAL SERVICES\*\*

2.2M



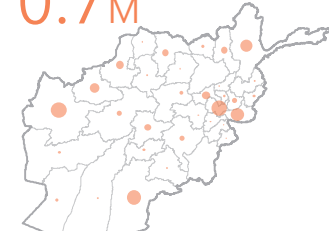
## REFUGEES AND VUL. RETURNEES

0.5M



## SEVERELY FOOD INSECURE

0.7M



Note: overlap exists across the four caseload types above.

## PROJECTED ASSIST. REQUIRED



7.4M

## PEOPLE TARGETED



3.6M

## TOTAL REQUIREMENTS (US\$)



\$409M

## REFUGEES (US\$)

\$20M  
(included in total)












## PEOPLE

## IN NEED

Although the number of people projected to be displaced by conflict in 2017 remains the same at the mid-year point (450,000), the overall number in humanitarian need has decreased by 20 per cent – from **9.3 million to 7.4 million** – mainly due to changes in returnee projected caseloads, down from 1.4 million at the time the HNO was developed to 773,000 now, as well as slight amendments to natural disaster affected populations (from 200,000 to 152,000), prolonged IDPs (from 385,000 to 227,000) and people requiring access to essential services (from 7 million to 6 million). Consequently, the number of people to be targeted with humanitarian assistance over the remainder of year has also declined – from **5.7 million to 3.6 million** – a reduction of 37 per cent. The vast majority of these changes impact

populations falling under category A and thus those most affected by displacement (both internal and cross-border) and the ongoing conflict, as well as those falling under Category B who are susceptible to excess morbidity and mortality due to limited access to essential basic services such as health and nutrition. Additionally, a small reduction has also occurred to those populations falling under Category C who have acute residual humanitarian needs despite experiencing a shock sometime ago. The principal reasons for this are due to revisions in the number of prolonged IDPs following publication of the REACH report in the first quarter, and targeted numbers of returnees which were initially based on the Flash Appeal but which now reflect 2016 actual received caseloads.

## NUMBER OF PEOPLE IN NEED BY SECTOR

1. Food Security & Agriculture 2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees		TOTAL	BY STATUS		BREAKDOWN OF PEOPLE IN NEED					BY AGE AND SEX				
		People in need	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu- nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
 ES&NFI <sup>1</sup>	1.1M	0.5M	80K	0.6M	-	33K	-	-	49%	51%	57%	39%	5%	
 FSAC <sup>2</sup>	2.7M	0.7M	0.1M	0.2M	0.1M	-	-	1.6M	49%	51%	56%	39%	5%	
 Health	3.3M	0.3M	20K	50K	60K	50K	2.8M	-	49%	51%	55%	40%	4%	
 Nutrition	4.3M	-	-	0.2M	7K	-	4.2M	-	64%	36%	71%	29%	-	
 Protection	2.7M	0.6M	52K	0.7M	0.1M	0.1M	1.2M	-	49%	51%	56%	39%	5%	
 WASH <sup>3</sup>	1.8M	0.4M	63K	0.6M	75K	0.3M	0.4M	-	49%	51%	56%	39%	5%	
 EiE WG <sup>4</sup>	0.9M	-	-	-	-	-	0.9M	-	40%	60%	-	100%	-	
 MPC <sup>5</sup>	0.4M	-	-	0.4M	-	-	-	-	50%	50%	57%	39%	4%	
 R&R <sup>6</sup>	0.1M	-	-	-	0.1M	-	-	-	51%	49%	63%	28%	9%	
TOTAL	7.4M	0.7M	0.2M	0.8M	0.1M	0.3M	6M	1.6M	52%	48%	59%	38%	3%	

## SO1: IMMEDIATE HUMANITARIAN NEEDS

	1. Food Security & Agriculture 2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees	TOTAL	BY STATUS		BREAKDOWN OF PEOPLE IN NEED					BY AGE AND SEX				
		People in need	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu-nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
ES&NFI <sup>1</sup>		0.8M	0.5M	70K	0.3M	-	33K	-	-	49%	51%	57%	38%	5%
FSAC <sup>2</sup>		0.7M	0.5M	0.1M	0.2M	-	-	-	-	49%	51%	57%	38%	5%
Health		0.4M	0.3M	20K	50K	-	50K	-	-	49%	51%	58%	37%	5%
Nutrition		-	-	-	-	-	-	-	-	-	-	-	-	-
Protection		1M	0.5M	50K	0.4M	-	0.1M	-	-	49%	51%	57%	39%	5%
WASH <sup>3</sup>		0.9M	0.3M	53K	0.3M	-	0.3M	-	-	49%	51%	57%	39%	4%
EiE WG <sup>4</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
MPC <sup>5</sup>		0.4M	-	-	0.4M	-	-	-	-	50%	50%	57%	39%	4%
R&R <sup>6</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>		<b>1.3M</b>	<b>0.5M</b>	<b>0.1M</b>	<b>0.4M</b>	<b>-</b>	<b>0.3M</b>	<b>-</b>	<b>-</b>	<b>49%</b>	<b>51%</b>	<b>57%</b>	<b>39%</b>	<b>4%</b>

## SO2: ACCESS TO EM. HEALTH &amp; PROT. SERVICES

	1. Food Security & Agriculture 2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees	TOTAL	BY STATUS		BREAKDOWN OF PEOPLE IN NEED					BY AGE AND SEX				
		People in need	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu-nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
ES&NFI <sup>1</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
FSAC <sup>2</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
Health		2.9M	-	-	-	60K	-	2.8M	-	49%	51%	55%	41%	4%
Nutrition		4.3M	-	-	0.2M	7K	-	4.2M	-	64%	36%	71%	29%	-
Protection		1.2M	-	-	-	-	-	1.2M	-	48%	52%	55%	41%	4%
WASH <sup>3</sup>		0.9M	97K	10K	0.3M	75K	-	0.4M	-	49%	51%	56%	39%	5%
EiE WG <sup>4</sup>		0.9M	-	-	-	-	-	0.9M	-	40%	60%	-	100%	-
MPC <sup>5</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
R&R <sup>6</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>		<b>6M</b>	<b>97K</b>	<b>10K</b>	<b>0.4M</b>	<b>75K</b>	<b>-</b>	<b>5.4M</b>	<b>-</b>	<b>54%</b>	<b>46%</b>	<b>60%</b>	<b>37%</b>	<b>3%</b>

## SO3: SHOCK-INDUCED ACUTE VULNERABILITY

	1. Food Security & Agriculture 2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees	TOTAL	BY STATUS		BREAKDOWN OF PEOPLE IN NEED					BY AGE AND SEX				
		People in need	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu-nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
ES&NFI <sup>1</sup>		0.3M	32K	10K	0.3M	-	-	-	-	50%	50%	56%	40%	4%
FSAC <sup>2</sup>		1.9M	0.2M	-	-	0.1M	-	-	1.6M	49%	51%	56%	39%	5%
Health		-	-	-	-	-	-	-	-	-	-	-	-	-
Nutrition		-	-	-	-	-	-	-	-	-	-	-	-	-
Protection		0.6M	0.2M	3K	0.3M	0.1M	-	-	-	50%	50%	58%	37%	6%
WASH <sup>3</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
EiE WG <sup>4</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
MPC <sup>5</sup>		-	-	-	-	-	-	-	-	-	-	-	-	-
R&R <sup>6</sup>		0.1M	-	-	-	0.1M	-	-	-	51%	49%	63%	28%	9%
<b>TOTAL</b>		<b>2.2M</b>	<b>0.2M</b>	<b>10K</b>	<b>0.3M</b>	<b>0.1M</b>	<b>-</b>	<b>-</b>	<b>1.6M</b>	<b>49%</b>	<b>51%</b>	<b>56%</b>	<b>40%</b>	<b>5%</b>

## PEOPLE

# TARGETED FOR ASSISTANCE

## PEOPLE IN NEED



7.2M

## PEOPLE TARGETED



5.7M

## REQUIREMENTS (US\$)



409M

## BY STATUS

## TOTAL

PROJ. ASSISTANCE REQUIRED	PEOPLE TARGETED		Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu- nities	Access to Essential Services	Severely food insecure	TOTAL
			0.7M	0.2M	0.8M	0.1M	0.3M	6M	1.6M	7.4M
	CAT A		0.4M	0.1M	0.4M	-	0.1M	-	-	1M
	CAT B		58K	4K	0.1M	75K	-	2.2M	-	2.5M
	CAT C		0.1M	7K	21K	0.1M	-	-	0.7M	1M
	TOTAL		0.5M	0.1M	0.5M	0.1M	0.1M	2.5M	0.7M	3.6M

11

## PEOPLE IN NEED, TARGETS AND REQUIREMENTS

	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY AGE AND					REQ.
	People in need	People targeted	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu- nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly	Total (US\$)
1. Food Security & Agriculture															
2. Emergency shelter & NFI															
3. Water Sanitation Hygiene															
4. Education in Emergencies WG															
5. Multi-purpose Cash															
6. Refugees & Returnees															
ES&NFI <sup>1</sup>	1.1M	0.6M	0.3M	56K	0.2M	-	13K	-	-	49%	51%	57%	38%	5%	35.6M
FSAC <sup>2</sup>	2.7M	1.4M	0.4M	0.1M	0.2M	35K	-	-	0.7M	49%	51%	56%	39%	5%	65.6M
Health	3.3M	1.8M	0.2M	10K	20K	30K	20K	1.5M	-	49%	51%	56%	40%	4%	30M
Nutrition	4.3M	0.7M	-	-	80K	3K	-	0.6M	-	64%	36%	71%	29%	-	48M
Protection	2.7M	1.9M	0.5M	3K	0.4M	0.1M	75K	0.9M	-	49%	51%	57%	39%	5%	54.4M
WASH <sup>3</sup>	1.8M	0.9M	0.3M	51K	0.3M	75K	0.1M	0.1M	-	49%	51%	57%	38%	5%	25M
EiE WG <sup>4</sup>	0.9M	0.7M	-	-	-	-	-	0.7M	-	40%	60%	-	100%	-	40M
MPC <sup>5</sup>	0.6M	0.6M	-	-	0.4M	-	-	-	-	50%	50%	57%	39%	4%	64.8M
R&R <sup>6</sup>	0.1M	0.1M	-	-	-	0.1M	-	-	-	51%	49%	63%	28%	9%	19.5M
TOTAL	7.4M	3.6M	0.5M	0.1M	0.5M	0.1M	0.1M	2.5M	0.7M	50%	50%	55%	40%	4%	409M

## SO1: IMMEDIATE HUMANITARIAN NEEDS

		TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY AGE AND SEX				
		People in need	People targeted	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu-nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
2. Emergency shelter & NFI	ES&NFI <sup>1</sup>	0.8M	0.6M	0.3M	49K	0.2M	-	13K	-	-	49%	51%	57%	38%	5%
3. Water Sanitation Hygiene	FSAC <sup>2</sup>	0.7M	0.6M	0.3M	0.1M	0.2M	-	-	-	-	49%	51%	56%	39%	5%
4. Education in Emergencies WG	Health	0.4M	0.3M	0.2M	10K	20K	-	20K	-	-	49%	51%	58%	37%	5%
5. Multi-purpose Cash	Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Refugees & Returnees	Protection	1M	0.8M	0.4M	3K	0.3M	-	75K	-	-	49%	51%	57%	39%	5%
	WASH <sup>3</sup>	0.9M	0.5M	0.2M	47K	0.2M	-	0.1M	-	-	49%	51%	56%	39%	5%
	EiE WG <sup>4</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MPC <sup>5</sup>	0.4M	0.4M	-	-	0.4M	-	-	-	-	50%	50%	57%	39%	4%
	R&R <sup>6</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>TOTAL</b>	<b>1.3M</b>	<b>1M</b>	<b>0.4M</b>	<b>0.1M</b>	<b>0.4M</b>	<b>-</b>	<b>0.1M</b>	<b>-</b>	<b>-</b>	<b>49%</b>	<b>51%</b>	<b>56%</b>	<b>39%</b>	<b>4%</b>

## SO2: ACCESS TO EM. HEALTH &amp; PROT. SERVICES

		TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY AGE AND SEX				
		People in need	People targeted	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu-nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
1. Food Security & Agriculture	ES&NFI <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Emergency shelter & NFI	FSAC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Water Sanitation Hygiene	Health	1.5M	0.3M	-	-	-	-	29K	0.2M	-	41K	37K	0.1M	83K	-
4. Education in Emergencies WG	Nutrition	0.7M	0.3M	-	-	30K	30K	-	0.3M	-	-	88K	93K	0.1M	-
5. Multi-purpose Cash	Protection	0.9M	0.6M	-	-	-	-	-	0.6M	-	0.1M	94K	0.2M	0.2M	-
6. Refugees & Returnees	WASH <sup>3</sup>	0.3M	0.1M	-	-	-	-	84K	21K	-	21K	24K	29K	31K	-
	EiE WG <sup>4</sup>	0.9M	0.7M	-	-	-	-	-	0.7M	-	40%	60%	-	0.7M	-
	MPC <sup>5</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	R&R <sup>6</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>TOTAL</b>	<b>2.5M</b>	<b>0.9M</b>	<b>-</b>	<b>-</b>	<b>30K</b>	<b>30K</b>	<b>84K</b>	<b>0.8M</b>	<b>-</b>	<b>0.1M</b>	<b>0.2M</b>	<b>0.3M</b>	<b>0.3M</b>	<b>-</b>

## SO3: SHOCK-INDUCED ACUTE VULNERABILITY

		TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED					BY AGE AND SEX				
		People in need	People targeted	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu-nities	Access to Essential Services	Severely food insecure	% Male	% Female	% Adult	% Children	% Elderly
1. Food Security & Agriculture	ES&NFI <sup>1</sup>	26K	30K	10K	3K	17K	-	-	-	-	9K	9K	6K	6K	-
2. Emergency shelter & NFI	FSAC <sup>2</sup>	0.8M	0.5M	2K	-	-	35K	-	-	0.5M	98K	76K	0.2M	0.2M	-
3. Water Sanitation Hygiene	Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Education in Emergencies WG	Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Multi-purpose Cash	Protection	0.3M	37K	37K	-	-	-	-	-	-	10K	9K	10K	9K	-
6. Refugees & Returnees	WASH <sup>3</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	EiE WG <sup>4</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MPC <sup>5</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	R&R <sup>6</sup>	0.1M	87K	-	-	-	87K	-	-	-	16K	9K	35K	27K	-
	<b>TOTAL</b>	<b>1M</b>	<b>0.6M</b>	<b>43K</b>	<b>3K</b>	<b>17K</b>	<b>89K</b>	<b>-</b>	<b>-</b>	<b>0.5M</b>	<b>0.1M</b>	<b>96K</b>	<b>0.2M</b>	<b>0.2M</b>	<b>-</b>

**MID-YEAR REVIEW**

# STRATEGIC PLANNING AND BUDGET REVISIONS



## MID-YEAR REVIEW

STRATEGIC PLANNING  
AND BUDGET REVISIONS

The humanitarian response plan for 2017 has received a total of US\$ 150 million to date as reported in-country by partners, representing 36 per cent of the revised financial requirement of \$409 million (reduced from \$550 million). Mid-year revisions detailed below have resulted in an approximately \$151 million reduction in the overall ask principally as a result of changes to the Refugee and Returnee Chapter (-\$151.2 million), the Protection Cluster (-\$39.9 million), the Food Security Cluster (-\$65.5 million), the Health Cluster (-\$23 million), the Nutrition Cluster (-\$18.5 million), the WASH Cluster (-\$11.5 million), the ESNFIs Cluster (-\$2 million) and Multi-Purpose Cash (-\$26.6 million), despite the addition of education in emergencies (+ \$40 million).

The bulk of the reductions are the result of revised projected caseloads for returnee populations, down from 539,000 to 185,100 in the case of undocumented returnees and 550,000

to 200,000 in the case of registered refugees, the latter of which has seen a \$16 million reduction in the amount required for the repatriation cash grant alone. Requirements for undocumented returnees and registered refugees have now been fully clusterised following the decision in May to deactivate the Chapter for these caseloads. At the same time, the budget revisions also reflect funding constraints which have impacted the ability of the clusters to implement planned programmes in the first half of the year – particularly for prolonged IDPs and the severely food insecure – and realistic absorption capacity and capability to deliver in the coming six months.

The following pages outline strategic planning and budget revisions by cluster at the midyear point, along with sectoral gaps and priorities for the duration of 2017.

## EMERGENCY SHELTER & NON-FOOD ITEMS



### MYR Strategic Planning and Budget Revisions

The Cluster will revise certain targets related to displacement and returnee population in some provinces that are either high or low. For example, the support to returnees for permanent shelters is lower than expected at 19 per cent. The achievement of objective 1, indicator 2.2 appears to be underreported as most emergency shelter response were covered and reported under the multipurpose cash assistance. The cluster will liaise with OCHA to find a way forward. Similarly, to avoid double counting, the cluster did not include the additional ES/NFI assistance provided. The Cluster proposes to include an indicator to record this so that all achievements are consistent with total funding received. With the current returnee and natural disaster trends, the cluster will revise its targets and funding requirements.

### Gaps and Priorities

From 1 July to 31 December 2017, the Cluster will prioritize its response in the hard to reach districts and provinces with limited partners including Baghlan, Ghazni, Ghor, Hilmand, Kunduz, Paktika, Wardak and Takhar. From lessons learnt in winter 2016/2017, priority will be placed on resource mobilization for timely response to meet the needs of the acute vulnerable families located in the high winter affected areas, particularly those living in poor shelter conditions. Prior to the winter season, the Cluster will undertake measures to improve the shelter conditions with the provision of sealing off kits for minimum repair to damage shelters, replace damaged tents, provide emergency shelter kits to those living in holes and open spaces.

About 27 per cent of funds received covered the continuation of activities from 2016 and the majority were completed during the first half of the 2017 while the remaining 73 per cent are being used for ongoing activities. Although the cluster partners continue to seek donor support, it is unlikely that the funds required for winterization, shelter improvement and the construction of shelter will be secured.

Given the overall funding level, the Cluster will prioritize winterization including minimum upgrade of shelters, emergency shelter and heating. As funds become available, the construction of transitional shelters will be covered. With the current stocks, the cluster will be able to replace

damaged tents and provide emergency shelter assistance while shelter upgrade and heating materials remain a gap. Although Winter is a seasonal occurrence, the traditional coping mechanisms of the most vulnerable population remain limited due to displacements.

Based on seasonal trends, approximately 421,737 individuals representing 60,248 families would be at high risk from the impending winter in the relatively high altitude regions, particularly in the Central, North and Southeast. It is anticipated that approximately 173,565 individuals representing 24,795 extremely vulnerable families will be in need of standard winterization package for heating (insulation) as compared to the last winter response of 265,349 individuals representing 37,907 families.

Of the 24,795 families, 1,240 (5 per cent) will require prior assistance to repair/upgrade their shelters while 20 per cent especially those living in informal settlements will need emergency shelters. The total estimated budget for Winterization is \$4,463,100. This is consistent with the cluster's standards at \$60\*3 months and the 2016 winterization response. The estimated cost for the minimum repair/upgrade of shelters kit is \$868,000 (\$700 per upgrading kit). However, this will be reviewed by the Technical Working Group and a more in-depth assessment will be needed, hence the Cluster requires an estimated total amount of \$5,331,100 for the winterization response.

The Cluster will advocate donor support for the construction of shelters and winterization response to mitigate protection risks and health hazards. The Cluster will also continue to coordinate with the HLP Taskforce on land advocacy and with the Government of Afghanistan to provide land; while at the same time, engage community-based mechanisms to support temporary arrangements and peaceful co-existence within the host communities.

As compared to other services such as health and education, the information gap on the medium-term shelter needs is wide as multi-sectoral assessments mainly focus on the immediate shelter and NFI needs. The Cluster is developing an ES/NFI sector specific tool to identify the medium-term shelter needs. This activity will require financial support especially in hard to reach areas.

## FOOD SECURITY & AGRICULTURE



### MYR Strategic Planning and Budget Revisions

Food Security and Agriculture Cluster (FSAC) has revised its requirements based on the decreased returnee caseloads in comparison to the planning figures for the HRP earlier this year.

FSAC partners received \$35.5 million funding against the original cluster target of US \$132 million, that was further reduced to US \$ 65.6 million (54 per cent funded). FSAC faced challenges in mobilizing resources for food assistance to reach vulnerable prolonged IDPs. People who live in informal settlements want to see their needs addressed immediately. The FSAC is also facing a serious challenge in raising funds for the livelihoods assistance of all vulnerable groups.

### Gaps and Priorities

FSAC response data shows clear gaps in response to food needs of prolonged IDPs and severely food insecure people living in the worst affected areas of the country. These

vulnerable groups show already emergency threshold levels in their food insecurity levels and represent most of the severely food insecure population in the country. The response to agriculture based livelihoods protection programs shows even worst results. Only 13 per cent of the worst affected targeted community received emergency livelihood protection assistance during the first half of the year.

Cluster prioritized food needs of prolonged IDPs and population living in informal settlements for the immediate response. Livelihoods protection needs of poor farmers affected by floods, pest attack and crop failure are also prioritised for the immediate seasonal response. If these vulnerable groups are not provided assistance their food security and nutritional status will be compromised causing malnutrition.

Considering results of the food security assessment in informal settlements conducted jointly by FSAC and REACH, it is strongly recommended to include population living in informal settlement for the response.

## HEALTH



### MYR Strategic Planning and Budget Revisions

The Health Cluster will focus on three major interventions in response to the Humanitarian Response Plan (SO1 and SO2).

1. Improve essential life-saving trauma care activities in all level of health facilities in conflict affected provinces including rehabilitative care and psychosocial support in emergencies.
2. Provide life-saving PHC services in underserved and overburdened areas with appropriate interventions including mobile services specifically to address the needs of communities with high concentrations of returnees and IDPs, including scaling up emergency obstetric and newborn care services that address the needs of the communities.
3. Procurement of emergency medical and non-medical supplies and training and deployment of medical personnel including female health workers in high risk priority districts.

The Health Cluster has identified that the most significant gaps are not filled by the current BPHS and EPHS providers. The priority activities fill the gaps of health care delivery for people through frontline partners – including life-saving essential primary health care services (including maternal

and child care, emergency mental health services) and emergency trauma care (including establishment of new First Aid Trauma Posts (FATPs) and upgrading specialised trauma care services at provincial hospitals with capacity building to sustain the local capacity to face emergencies). Specifically, the Health cluster has identified rehabilitation and psychosocial support in health emergencies as a gap and therefore has added these activities as a priority. This is proposed in a view to cover the full spectrum of trauma care from initial service provision and specialised surgical intervention to rehabilitation and psychosocial support. Trauma care in its entirety is not covered by existing health services.

In addition, the health cluster's priorities include stockpiling of essential medicines and emergency kits and supporting public health emergencies due to major outbreaks through awareness and vaccination campaigns, enhanced surveillance and case management of severe cases by providing necessary refresher trainings and supplies during emergencies. These are done in complementarity with the BPHS and EPHS providers.

Despite the increased demand, expanding areas that are underserved and overburdened and additional activities, the Health Cluster has reduced its initial budget by 44 per cent from \$52.2 million to \$30 million due to inaccuracies

with the initial calculation of their people in need and targets which were based on catchment areas, when reporting against progress is actually based on the number of consultations which have taken place and people who have actually received health services. For the remainder of the year, the health cluster will focus its operation on the most needed areas and streamline their activities by collaborating with other clusters to reduce duplication of services.

As of the end of June 2017, health cluster has received 31 per cent of the required funding needs.

### Gaps and Priorities

In view of the current humanitarian situation, the cluster has focused its priority interventions mainly on the provision of emergency health services including trauma care to those affected by conflict, IDPs, returnees and those living in underserved and hard to reach areas, as well as addressing the public health risk of emergencies with the aim of controlling communicable diseases. The identification of the underserved areas will be made in coordination with other clusters as well as the Humanitarian Access Group.

Similarly, the replenishment and stockpiling of emergency supplies and kits is a pillar of cluster priorities that may allow the timely delivery of relief in response to acute shocks and

support the delivery of basic health care services and effective response to the outbreak of diseases. The existing Disease Early Warning System has been very useful in early detection and timely response to disease outbreaks, providing trend data which is now used for targeting and programming under the response plan as well as the development of contingency plans.

Beside hard to reach districts identified by the Humanitarian Access Group, the Health Cluster will also focus response efforts on Darzab District in Jawzjan due to its recent conflict and the destruction of health facilities; Nimroz due to the 1,500 returnees coming from Iran per day and specialised trauma care in provincial hospitals in urban centres.

In addition, the Health Cluster has expanded its priorities under trauma care to include rehabilitation and psychosocial support in health emergencies to cover the full spectrum of trauma care. Rehabilitation and psychosocial support will be integrated into trauma service provision.

For the coming six months, in collaboration with other clusters, the Health Cluster will focus on providing emergency health services in hard to reach districts as identified by the Humanitarian Access Group. Additional funding will be requested to address the mounting health crisis in Nimroz as well as rehabilitation of the weakened health system in Jawzjan.

## NUTRITION

### MYR Strategic Planning and Budget Revisions

The situation of acute malnutrition in Afghanistan remains a concern with sustained high residual levels of acute malnutrition in a number of provinces as evidenced from recent SMART surveys undertaken in some provinces, IDP camps and trends in acute malnutrition from the NNSS. Seasonal deterioration in acute malnutrition is expected in the second half of 2017 in line with seasonal increase in incidence of diarrhoeal diseases which increase the risk of children being affected by acute malnutrition. Caseload increase linked to this anticipated negative trend in acute malnutrition is already factored into the 2017 Nutrition Cluster HRP caseload projections for SAM and MAM in young children and pregnant and lactating women.

At the beginning of the year the Nutrition Cluster prioritized 18 provinces for nutrition in emergencies response, namely Badakhshan, Badghis, Baghlan, Ghor, Helmand, Kandahar, Khost, Kunar, Kunduz, Laghman, Nangarhar, Nuristan, Paktia, Paktika, Samangan, Uruzgan, Wardak and Zabul. Analysis of provision and coverage of Integrated Management of Acute Malnutrition (IMAM) services highlight gaps in

coverage of emergency nutrition response services in hard to reach areas in some of the high priority provinces. Currently, out of 1,922 health facilities across the country, only 948 (49 per cent) provide services for the management of Severe Acute Malnutrition (SAM) and 582 (30 per cent) Moderate Acute Malnutrition (MAM), resulting in a significant gap between the needs of the affected population and their access to both preventive and curative lifesaving nutrition services. Of the transient livelihoods of IDPs, refugees and returnees are heightening nutritional risks for young children and their mothers and increasing the demand for response to the high burden of acute malnutrition.

The following adjustments to targets are proposed:

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

1.1 Number of provinces where localised nutrition SMART surveys conducted - 13

The overall number of projected registered and



undocumented returnees for 2017 is being revised downwards. Likewise, the Nutrition Cluster targets for Nutrition Cluster Response Plan Objective 3 “Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programmes” will also be revised downwards. Proposed changes in targets are as follows:

3.1 Number and proportion of returnee children 6-59 months who received vitamin A supplementation – 38,300

3.2 Number and proportion of returnee children 24-59 months who received deworming tablets – 27,375

3.3 Number and proportion of returnee children 6-59 months screened for acute malnutrition and referred for treatment as needed – 38,300

Information received from Cluster partners indicates that of the total planned requirement of \$48 million about \$22.1 million has been received between January – June, 46 per cent of the revised requirements for 2017.

Due to access constraints as a result of increasing conflict in some provinces, the Nutrition Cluster may not be able to achieve good coverage in provision of all lifesaving nutrition interventions. The \$66.5 million funding requirement for the Nutrition Cluster did not take into possible carryover funding from 2016 which was used for supporting some of the Nutrition Cluster response activities. It is therefore proposed that the overall funding requirement for the Nutrition Cluster in 2017 be reduced to \$48 million.

### Gaps and Priorities

The nutrition situation is likely to deteriorate over the second half of 2017 in line with prevailing trends and seasonal fluctuation data. Acute malnutrition and incidence of diarrheal diseases and pre-harvest hunger gap is anticipated in the third quarter of 2017. This coupled with conflict related displacements resulting in influx of IDPs and gaps in IMAM service provision is a cause of concern especially in the hard to reach areas. Addressing the nutrition needs of IDPs and other vulnerable population groups in the hard to reach and underserved areas (45 hard to reach districts in 11 provinces) prioritized by the ICCT are a key priority for the Nutrition Cluster for the coming 6 months. Therefore, ensuring timely provision of preventative and lifesaving therapeutic nutritional support to young children under the age of five, pregnant and lactating women is critical to prevent negative trends in acute malnutrition and morbidity and mortality associated with acute malnutrition. Enhancing equitable access to and utilization of preventative and treatment services for acute malnutrition is key to preventing further deterioration in the nutrition situation in the priority nutrition provinces and districts to ensure good coverage

of services. Improving coverage of treatment services for moderate acute malnutrition also remains a priority for the next 6 months.

The Nutrition Cluster will reinforce outreach and community based services in the hard to reach areas including providing integrated health and nutrition mobile clinic services to ensure early identification, referral and treatment of children suffering acute malnutrition. This will enhance demand for services and allow for a more holistic approach to management of acute malnutrition, whilst enabling communities to withstand, adapt to and recover from shocks, thus enhancing the resilience of vulnerable households and communities. An integrated approach including convergence of actions with other humanitarian clusters is needed in order to maximize on the contact opportunity to provide a variety of basic nutrition, health, WASH and protection services to vulnerable children and their mothers.

Furthermore, regional political factors have had a large impact on the rate of return of Afghan nationals living abroad in the region, leaving a range of uncertainty in the likely rate of migration during the second half of the year. Nonetheless, given the high nutritional vulnerability of returnee young children and women, the Nutrition Cluster will continue to prioritise provision of timely nutritional support (screening for acute malnutrition and referral to therapeutic nutrition services, micronutrients and deworming support, provision of blanket supplementary feeding) for young children, pregnant and lactating women amongst the returnees and refugees population groups to avoid further deterioration in the nutrition situation whilst strengthening the resilience of these vulnerable population groups.

The Nutrition Cluster will also prioritise generation of updated data on the nutrition situation of children and women and coverage of service provision in the 18 high priority provinces (based on the vulnerability mapping undertaken by the cluster at the beginning of the year). Furthermore, the Nutrition Cluster will also prioritise nutrition assessments in the 11 provinces with the 45 hard to reach districts for the 2nd CHF allocation as well as in IDP population groups.

The Nutrition Cluster will also emphasise strengthening the cluster coordination function including following up on priority actions from the cluster performance monitoring action plan as well as knowledge management and regular compilation and sharing of the Nutrition Cluster Bulletin. The Nutrition Cluster will also support nutrition in emergencies capacity mapping of partners including analysis and support nutrition in emergencies capacity building activities at the national and subnational level to strengthen partner preparedness and response capacities.



## PROTECTION



### MYR Strategic Planning and Budget Revisions

The Protection Cluster has reviewed its budget, following the shift of the education component that used to be funded under Child Protection in Emergencies Area of Responsibility (AoR) and integration of the mine action activities for returnees following the deactivation of the Refugee and Returnee (R&R) Chapter, decreasing the overall funding request to \$54.4 million (from \$99 million):

- General protection: the protection monitoring target has been increased, anticipating more outreach to communities affected by the conflict to continue assessing and monitoring key protection risks they face through the different stages of displacement; community sensitisation has been absorbed by the GBV and CPiE AoRs, reducing the budget by \$0.9 million;
- Child protection in Emergencies: the overall budget request has been reduced by \$3 million by shifting the education component under the umbrella of the EiE WG;
- Gender Based Violence: no changes;
- Housing, Land and Property: key activities and targets related to civil documentation and HLP dispute resolution were revised to match with the capacities of partners to respond by the end of the year, thus reducing the budget request by \$4.6 million;
- Mine Action: through the incorporation of the returnee component of the mine risk education provided at the UNHCR Encashment Centres for refugee returnees and IOM Transit Centres for undocumented returnees, the budget has increased by \$0.2 million, increasing the target by 300,000 people.

The Protection Cluster has recorded \$6 million as funding contributions, excluding major UN agencies that do not provide sector breakdowns of the funds received at the country level, and as such it is estimated that the total funding level of the cluster is around 40 per cent. The remaining official funding gap is \$48 million, mostly for the GBV and CPiE AoRs that remain severely underfunded.

### Gaps and Priorities

The analysis of conflict dynamics and hard to reach areas in the country has identified that response to protection concerns should be categorised into stand-alone and integrated protection programming depending on the profile of the protection risk, level of access in geographical locations and capacity of the partners to provide services to vulnerable populations (prevention, mitigation and response). In the next 6 months of 2017, the Areas of Responsibility will focus response on areas of the HRP where targets have been under-achieved - the APC will prioritise protection issues

related to new shocks, underserved populations including prolonged IDPs and will mobilize development actors to respond to protection issues related to structural deficits. Where humanitarian access is feasible or could be negotiated, the APC will focus its interventions and coordination efforts on high combat intensity/contested areas that generate heightened protection risks and require an immediate response to protect affected populations through:

1. Protection of civilians in high combat intensity areas as well as hard-to-reach populations in AGE controlled areas (pending access), new displacement due to the conflict, and equity of access to services by vulnerable groups.
2. Consideration will be given to the number of affected populations, especially children, in contested, Taliban and government controlled areas. Presence of operational partners and response capacity will be also taken into consideration.
3. Mobilization of early recovery and development actors on the basis of comparative advantages and collective outcomes: Increased partnerships with development actors to address urban displacement, prolonged/protracted displacement, durable solutions and the reintegration of returnees, development and structural deficits that generate negative coping mechanisms and acute vulnerabilities.

Priorities in the next six months have been chosen based on identified protection concerns, the risk profile of response modalities and multi-sectoral approaches which can reach people in need of protection response, within do no harm approaches. These include:

- Child protection in Emergencies: case management and psychosocial support services for deportees from Iran; integrated protection programming to provide psychosocial support, health and nutrition services within child friendly spaces for displaced IDP children.
- Gender Based Violence: treatment for GBV (including training for social workers and midwives, psychosocial first aid for non-protection frontline staff, referral, case management and medical services (psychological and/or physical) and training of front-line health workers in referral and case management in the districts of Lashkargah, Nad Ali, Khas Kunar, Imam Sahib, Qalay-I-Zal, Surkh Rod, Khogyani and Tirinkot.
- Housing, Land and Property: information, counselling and legal assistance on security of tenure for rental housing, including as it relates to cash for rent programmes run by shelter or emergency actors. This may include, for example, tripartite and lease agreements. Land documentation support to provide security of tenure for short to mid-term lease or temporary gift of

land on which transitional and emergency shelter can be erected will also be prioritised. Continued multi-sectoral support to implement initiatives and possible subsequent scaling up of pilot projects relating to civil documentation, including Motefarreqa and e-tazkera will also be a focus as will continue multi-sectoral support to implement the proposed new land allocation scheme to contribute towards durable solutions.

- Mine Action: Stand-alone protection response will prioritise cross-trained teams to assist in clearance after some ground engagements, and to provide mine risk education (MRE) for IDPs and host communities (particularly if the host community has a legacy of other contamination). Integrated protection responses will include informal MRE being implemented alongside or within other projects through DMAC and UNMAS staff who can provide training to other implementing partners, as well as materials, to ensure that risk education messages are being disseminated widely through other sectors.
- Integrated Protection programming with other clusters to increase access and reduce the profile of exposure.

Funding for the above priorities (especially CPIE and GBV which are underfunded), assessments and research of protection needs in the country and modalities of response to inform the humanitarian and development nexus need to be prioritised by donors.

Prioritised districts for integrated protection programming include:

- Hilmand (Lashkar Gah, Nahri Sarrah, Naw Zad, Nawa-I-Barak Zayi, Reg (Khanshin), Sangin)
- Kandahar (Ghorak, Khakrez, Maywand, Nesh, Shah Wali Kot)
- Uruzgon (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas, Tirin Kot)
- Zabul (Arghandab, Shahjoy, Shamulzayi)
- Kunduz (Chahar Dara, Imam Sahib, Qalay-I-Zal)
- Faryab (Almar, Bilchiragh, Gurziwan, Qaramqol, Gormach)
- Badakshan (Baharak, Jurm, Shignan, Warduj)
- Baghlan (Baghlani Jadid, Dahnai Ghuri)
- Takhar (Khwaja Ghar, Dashti Ghuri, Ishkamish)
- Sar-I-Pul (Syaad)
- Jawzjan (Qoshtepa, Darzab)
- Herat (Shindand, Gulran, Koshke Kohna)
- Baghdhis (Bala Murqhab, Jawand)
- Farah (Bala Bluk)
- Ghazni (Giro, Rashidan, Waghaz, Wali Muhammadi Shahid, Zana Khan)
- Kunar (Bar Kunar, Ghaziabad, Marawara)
- Nangarhar (Acheen, Chaparhar, Shirzad)
- Cross border return locations of Torkham (East), Spin Boldak and Milak (South)

## WATER, SANITATION & HYGIENE



### MYR Strategic Planning and Budget Revisions

The Cluster partners have agreed to revise the WASH HRP target as per the below based on current trends and past experiences:

- 750,000 people to be reached with access to 15 LPCD drinking water, reduced by 387,000 from the HRP target of 1,137,000.
- 450,000 people to be reached with functioning sanitation facilities, reduced by 250,000 from HRP target of 700,000 people.
- 880,000 people to be reached with access to place to wash hands with soap reduced by 257,000 from 1,137,000.

Based on revised caseloads and targets, the WASH Cluster proposes to lower the funding needs to a new total of \$25.00 Million from original HRP target of \$36.50 Million.

### Gaps and Priorities

WASH partners have submitted a significant number of needs assessment reports outlining critical needs. For example, over 4,495 IDP families in Trinkot, Uruzgan have been suffering from a severe shortage of clean water for the past three months and as such have been forced to collect water from streams and irrigation channels, and in some cases even untreated water from local venders at high cost. The majority of these families live in makeshift shelters and over 70 per cent of them are practicing open defecation. NGO partners reported a 100 per cent increase of diarrheal cases among U5 children in these communities compared to same period last year before they experienced displacement. There are a number of similar cases where IDPs are living in an equally desperate situation, particularly in hard to reach areas of Helmand, Kandahar, Ghazni, Faryab and Kunar. Even in relatively easy to access places such as Baharek district near Taloqan City in Takhar, the situation of IDPs is very poor: 110 displaced families are living in makeshift shelters and drinking water from irrigation channels for the

past year. Furthermore, the flood damaged water system of Chakanshoor district in Nimroz province has yet to be fixed and populations are still using water from damaged and unprotected wells, giving rise to the possibility of an outbreak of diarrheal diseases in this area.

The following are the critical priorities for the WASH Cluster over the next six months:

- Reaching 110,000 IDPs (recent, prolonged and host communities) living in hard to reach districts, particularly

in Uruzgan, Helmand, Kandahar, Faryab and Ghazani provinces;

- 15,000 flood affected people in Nimroz province whose water systems are yet to be repaired;
- 25,000 people living in underserved communities (IDPs and their host communities) in HTR areas as well as places such as Baharek district of Takhar and Maidan Wardek.

In total, the critical funding gap amounts to \$4.8 million to meet needs of above 150,000 people over the next six months.

## EDUCATION IN EMERGENCIES WORKING GROUP



### MYR Strategic Planning and Budget Revisions

In May 2017, the HCT decided to incorporate the EiE WG as a separate entity under the HRP.

Sector Response Plan (EiE WG):

- Coordination: EiE WG at national and provincial levels functioning, commitment from the EiEWG partners in EiE Response/planning at national and province levels
- Advocacy: Continued access to education for emergency affected girls and boys
- Funding: Funds mobilised by EiE WG to reach 350,000 children

### Gaps and Priorities

School attendance rates for documented returnees is significantly lower than for other population groups (girls: 18 per cent; boys: 24 per cent). Undocumented returnee, registered refugee returnee and IDP children are reported not

to attend school for three main reasons: i) lack of absorption capacity of schools to enrol additional children; ii) lack of required documentation to facilitate enrolment (although schools are instructed to immediately enrol all returnee children without documents) and iii) the costs associated with education such as additional teaching and learning supplies, transportation. To address these needs and gaps in EiE, the working group has targeted 700K (182K Returnees; 91K Refugees; 148K IDPs; and 278K Host communities) School Age Children by providing teaching and learning supplies, temporary learning space, community based education, teachers' recruitment and training in 12 priority provinces.

Total funding met: \$13.5 million (ECW: 3.3 Million; UNICEF: 2.7 Million; CHF1: 2.5 Million; Bi/Multilateral: 5 Million)

Total requirement: \$40 million (\$60-100 per child for immediate response for 1-year intervention in EiE)

Funding Gap: \$27 million

## REFUGEE & RETURNEE RESPONSE PLAN



### MYR Strategic Planning and Budget Revisions

Following consultation and discussion, and a dedicated meeting held in May 2017 on the added value of the R&R chapter as a coordination mechanism, members agreed to de-activate it for registered refugees and undocumented returnees on account of the fact that the clusters were already responding to these caseloads and no additional coordination mechanisms were required to support these activities. It was, however, agreed that the Pakistan refugee caseload would remain under the R&R Chapter and that UNHCR

and IOM would call ad-hoc meeting(s) or consider activating a Protection sub-cluster to discuss strategic decisions and needs in the event that there was any unexpected influx of returnees.

In light of this change, R&R Chapter requirements have been reduced from USD240 million (\$220 million for undocumented returnees and registered refugees and \$19.5 million for Pakistani refugees from NWA) to just \$19.5 million for the latter. The remaining requirements for undocumented returnees and registered refugees have

subsequently reduced on account of the revised projections for both caseloads for the remainder of the year – down from 539,000 to 185,100 undocumented returnees (152,988 from Pakistan and 32,112 from Iran) and from 550,000 to 200,000 for registered refugees – and been incorporated into individual cluster requirements accordingly. Cash grant requirements for the registered refugee caseloads have reduced from \$56 million to \$40 million while IOM requirements for undocumented returnees have reduced from \$60.4 million to \$26 million.

### **Gaps and Priorities**

Following de-activation of R&R Chapter, it was agreed that UNHCR and OCHA will meet bilaterally to ensure R&R Chapter issues are absorbed into the relevant clusters during the HRP mid-term review. Gaps and priorities for returnee caseloads (both undocumented and registered) are thus reflected in individual cluster sections.

Education in Emergencies and food assistance remain a priority for the NWA refugee caseload. UNHCR and partners will continue to highlight both as a priority in monthly inter-agency updates and advocate for enhanced resourcing to support these needs.

**PROGRESS AGAINST**

STRATEGIC AND  
CLUSTER OBJECTIVES



## REQUIREMENTS (US\$)



\$409M

## PEOPLE TARGETED



3.6M



0.7M  
conflict displaced



0.14M  
nat. disaster affected



2.5M  
access to ess. services



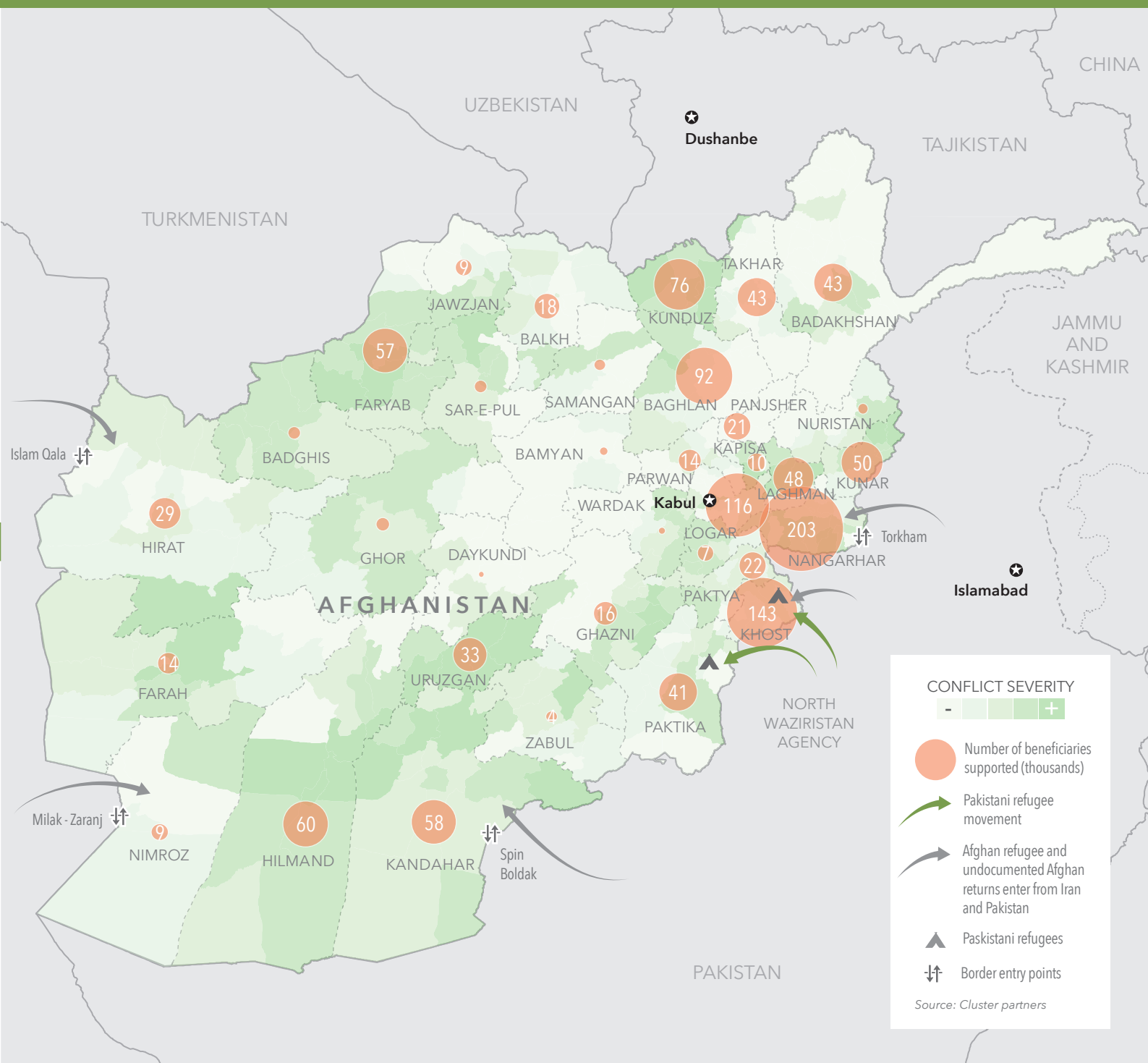
0.1M  
Pakistani refugees



0.5M  
doc. & undoc. returnees



0.7M  
severely food insecure



## AVAILABLE (US\$)



\$150M

## BENEFICIARIES REACHED



2.2M\*



0.4M\*\*  
conflict displaced



75K\*\*  
nat. disaster affected



0.8M  
access to ess. services



0.1M  
Pakistani refugees



0.5M\*\*  
doc. & undoc. returnees



0.5M  
severely food insecure














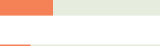








\* Although steps have been taken to reduce double counting of beneficiaries across the clusters, some duplication may still exist.

\*\* Includes assistance to returnees, natural disaster affected and IDPs displaced prior to Jan 2017.

## ACHIEVEMENTS




















## AGAINST THE HRP

## FUNDING FOR 2017

Clusters	Orig. Request	Revised Requirements	Received	Rep. Partners
 Emergency Shelter & NFIs	US\$31m	US\$36m 	US\$22m	20
 Food Security & Agriculture	US\$123m	US\$66m 	US\$35m	8
 Health	US\$49m	US\$30m 	US\$9m	6
 Nutrition	US\$67m	US\$48m 	US\$22m	5
 Protection	US\$57m	US\$54m 	US\$6m	15
 Water, Sanitation & Hygiene	US\$28m	US\$25m 	US\$16m	12
 Education in Emergencies WG	-	US\$40m 	US\$14m	5
 Multi-Purpose Cash	US\$96m	US\$65m 	US\$8m	1
 Refugees & Returnees	US\$171m	US\$20m 	US\$0.4m	1
 Aviation	US\$17m	US\$17m 	US\$9m	
 Coordination	US\$10m	US\$10m 	US\$7m	
TOTAL	US\$550m	US\$409m	US\$149m available	

25

## BENEFICIARIES REACHED

Clusters	Target	Reached	Men	Women	Boys (U18)	Girls (U18)
 Emergency Shelter & NFIs	0.58m	 0.24m	48,100	49,700	72,900	71,500
 Food Security & Agriculture	1.42m	 1.08m	232,200	209,500	333,500	304,400
 Health	1.78m	 0.4m	63,500	108,500	121,200	102,900
 Nutrition	0.67m	 0.29m	-	88,400	93,200	108,000
 Protection	1.93m	 0.85m	204,300	190,500	250,100	209,100
 Water, Sanitation & Hygiene	0.88m	 0.46m	111,300	120,900	111,700	117,400
 Education in Emergencies WG	0.7m	 0.07m	-	-	29,200	43,800
 Multi-Purpose Cash	0.39m	 0.33m	21,300	21,900	29,300	26,900
 Refugees & Returnees	0.13m	 0.19m	37,700	30,500	64,300	54,200
TOTAL	3.6m	 2.2m	461,800	495,200	641,600	581,800





## ACHIEVEMENTS

## AGAINST THE HRP

S01: IMMEDIATE HUMANITARIAN NEEDS	2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE REACHED					BY AGE AND SEX			
	People targeted	People reached	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu- nities	Access to Essential Services	Severely food insecure		Men	Women	Boys	Girls
	ES&NFI <sup>1</sup>	0.6M	0.2M	97K	59K	56K	-	153	-	-	39K	41K	67K	66K
	FSAC <sup>2</sup>	0.6M	0.6M	0.2M	21K	0.4M	-	-	-	-	0.1M	0.1M	0.2M	0.2M
	Health	0.3M	0.1M	93K	-	40K	-	-	-	-	22K	71K	20K	20K
	Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-
	Protection	0.8M	0.2M	0.2M	124	12K	-	10K	-	-	82K	88K	27K	29K
	WASH <sup>3</sup>	0.5M	0.4M	0.1M	23K	0.1M	-	44K	-	-	90K	97K	83K	86K
	EiE WG <sup>4</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	MPC <sup>5</sup>	0.4M	0.3M	78K	6K	0.2M	-	2K	-	-	75K	73K	94K	87K
	R&R <sup>6</sup>	-	99K	-	-	99K	-	-	-	-	21K	22K	29K	27K
	TOTAL	1M	1M	0.4M	72K	0.5M	-	54K	-	-	0.3M	0.3M	0.2M	0.2M

S02: ACCESS TO EM. HEALTH & PROT. SERVICES	1. Food Security & Agriculture 2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE REACHED					BY AGE AND SEX			
	People targeted	People reached	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu- nities	Access to Essential Services	Severely food insecure		Men	Women	Boys	Girls
	ES&NFI <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	FSAC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	Health	1.5M	0.3M	-	-	-	-	29K	0.2M	-	41K	37K	0.1M	83K
	Nutrition	0.7M	0.3M	-	-	30K	30K	-	0.3M	-	-	88K	93K	0.1M
	Protection	0.9M	0.6M	-	-	-	-	0.6M	-	-	0.1M	94K	0.2M	0.2M
	WASH <sup>3</sup>	0.3M	0.1M	-	-	-	-	84K	21K	-	21K	24K	29K	31K
	EiE WG <sup>4</sup>	0.7M	73K	-	-	-	-	73K	-	-	-	-	29K	44K
	MPC <sup>5</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	R&R <sup>6</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	TOTAL	2.5M	0.9M	-	-	30K	30K	84K	0.8M	-	0.1M	0.2M	0.3M	0.3M

S03: SHOCK-INDUCED ACUTE VULNERABILITY	1. Food Security & Agriculture 2. Emergency shelter & NFI 3. Water Sanitation Hygiene 4. Education in Emergencies WG 5. Multi-purpose Cash 6. Refugees & Returnees	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE REACHED					BY AGE AND SEX			
	People targeted	People reached	Conflict displaced	Natural disaster affected	Doc.& undoc. returnees	Pakistani refugees	Host commu- nities	Access to Essential Services	Severely food insecure		Men	Women	Boys	Girls
	ES&NFI <sup>1</sup>	26K	30K	10K	3K	17K	-	-	-	-	9K	9K	6K	6K
	FSAC <sup>2</sup>	0.8M	0.5M	2K	-	-	35K	-	-	0.5M	98K	76K	0.2M	0.2M
	Health	-	-	-	-	-	-	-	-	-	-	-	-	-
	Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-
	Protection	0.3M	37K	37K	-	-	-	-	-	-	10K	9K	10K	9K
	WASH <sup>3</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	EiE WG <sup>4</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	MPC <sup>5</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-
	R&R <sup>6</sup>	0.1M	87K	-	-	-	87K	-	-	-	16K	9K	35K	27K
	TOTAL	1M	0.6M	43K	3K	17K	89K	-	-	0.5M	0.1M	96K	0.2M	0.2M



## PROGRESS AGAINST

## STRATEGIC OBJECTIVES



1

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

Continued conflict coupled with sustained inflows of returnees and intermittent natural disasters has meant the humanitarian community has had to maintain its focus on the provision of immediate life-saving assistance to emergency affected caseloads in the first half of 2017. Overall, humanitarian partners achieved the following in relation to conflict and natural disaster affected populations between January and June: 292,674 received an initial package of assistance within one month of being impacted by a shock; 555,950 received food assistance through a combination of in-kind and cash support, including those who were displaced or returned in 2016; 175,704 have accessed clean drinking water; 333,513 have been assisted with multipurpose/unrestricted cash transfers, including 33,733 registered refugees who have returned from Pakistan and neighbouring countries, and 24,462 individuals have received trauma care. Immediate post-arrival support in the form of food assistance, medical and nutrition services such as vaccinations and nutrition screening (for children under five and pregnant and lactating women), hygiene, family and dignity kits, psychosocial support and mine risk education has also been provided to 65,860 undocumented returnees from Pakistan and Iran.



2

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

Progress against targets under Strategic Objective 2 remain limited and difficult to measure due to fluctuating reporting by the clusters. Revised achievements reported by the health cluster as of July 2017 indicate that only 4 per cent (60,832) of the population in identified white areas were serviced by basic and emergency health services, down from the 6 per cent (208,750) of the original target initially reported at the end of quarter one, while only 2,147 pregnant women living in the same locations received at least two antenatal care visits, down from the 3,379 reported at the end of March. Notwithstanding these discrepancies, the nutrition cluster appears on track to meet targets related to admissions of children under 5 suffering from severe acute malnutrition (SAM) having reached 107,328 (45 per cent) in the first half of the year, of which 80 per cent (85,919) were discharged cured. At the strategic level, the Protection Cluster has developed a draft HCT Protection Strategy which aims to orient advocacy around three priority areas – the protection of civilians and respect of IHL; access to basic services, humanitarian assistance and protection services, and the safeguarding of protection principles and space for IDPs, refugees and returnees.





3

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

Progress towards targets under this Strategic Objective are mixed at the mid-year review stage. While the Food Security Cluster has been able to reach 352,777 severely food insecure people with in-kind or cash and voucher support (representing 88 per cent of those targeted), it has only assisted 1,585 prolonged IDPs of a planned 100,000. Additionally, the Food Security Cluster has only been able to reach 34 per cent (111,714) of those targeted for livelihood support as a result of funding constraints. Limited resourcing for activities directed towards these populations has compromised their food security situation. Indeed, an Integrated Phase Classification (IPC) study carried out during the second quarter found that in the Eastern region, as much as 26 per cent of the population (or 762,742 people) are in crisis (IPC 3 – 16 per cent) and emergency (IPC 4 – 10 per cent) phases.



4

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

Humanitarian partners continue to make progress towards improving conditions in hard-to-access areas in Afghanistan in 2017 with 36,039 IDPs in hard to reach areas receiving assistance so far this year, including 14,316 between April and June alone. During the second quarter, humanitarian partners conducted assessments in 9 of the 122 hard-to-access districts, 7 of which were not assessed in the first quarter. These new districts represent greater geographic variation; humanitarian partners undertook assessments in districts in Kunduz [3], Ghor [1], Uruzgan [1], Zabul [1], Badghis [1], Nangarhar [1], Kunar [1]. Furthermore, out of the 105 conflict-affected districts in need of improved emergency healthcare services, 13 have established First Aid Trauma Posts (FATP) since the beginning of the year. Since April, the Humanitarian Access Group has undertaken a consultative process to modify these indicators and improve targeting of hard to reach areas. Districts with significant conflict displacement, limited humanitarian partners, and high needs as indicated through operational partners have been prioritised on this list. To that end, a refined list of 100 hard-to-reach districts will be used for measuring progress in quarters 3 and 4, while significant advocacy is underway to encourage partners to plan activities in these areas. Furthermore, the Health Cluster has improved its understanding of the quality of BPHS service providers across the country and will use that new information to target underserved areas in the second half of 2017.

## 2017 REQUIREMENTS (US\$)

 10M

## FUNDING AVAILABLE (US\$)

 7M

## INTER-CLUSTER COORDINATION



During the first half of 2017, the Inter Cluster Coordination Team (ICCT) has focused on a critical review of the Household Emergency Assessment Tool (HEAT) aimed at establishing a clear set of criteria to determine eligibility for humanitarian assistance and harmonise interpretation of HEAT assessment findings to ensure effective targeting and prioritisation of resources. Eligibility thresholds have now been established for the ES-NFI, FSAC and WASH clusters and a red-flag system introduced for questions related to education, nutrition and protection which enable related issues identified during the assessment process to be 'flagged' to the cluster for more detailed follow up. Additionally, and as part of efforts to improve the evidence base in advance of the development of the 2018 HNO and HRP, a number of thematic and sector-specific assessments were commissioned in the first half of the year which are now nearing completion. These include the Multi Cluster Needs Assessment on Informal Settlements, a Joint Education and Child Protection Needs Assessment, and a comprehensive study of the protection needs arising from secondary displacement. During the third quarter the primary objective of the ICCT will be to hold an inter-sectoral analysis workshop during which the different sectoral needs identified by these assessments are jointly analysed and then disaggregated by relevant characteristics such as displacement status or gender.

December 2017 period, project potential caseloads and assess local capacity to respond, as well as identify key gaps in order to inform cluster readiness and prioritise minimum preparedness actions. The July review highlighted two key risks facing the humanitarian community over the remainder of the year: conflict displacement (both steady and rapid) and mass arrivals (returnee populations) with Farah, Kunduz, Uruzgan, Hirat and Faryab identified as the provinces most at risk of being severely affected in the event of rapid displacement caused by the sudden fall of a city. With deteriorating security countrywide, the ERP process for July to December anticipates that as many as 446,000 people could be displaced as a result of ongoing and steady conflict, while 480,000 people could be suddenly compelled to flee from their homes should a major provincial capital be captured by NSAGs. As in previous years, the review identified the need for forward warehousing and prepositioning of humanitarian supplies in high-risk areas which have previously been cut off by conflict when essential transit routes have become blocked e.g. Lashkar Gah, Tirinkot, Kunduz City and Takhar. In anticipation of continued conflict in these areas over the remainder of the year, as well as specific assaults on strategic locations such as Kunduz City, the second CHF allocation will provide seed funding to projects which enable the pre-positioning of life-saving humanitarian stocks in locations where such gaps have been identified.

### Emergency Preparedness

In July, OCHA led the Emergency Response Preparedness (ERP) Review across the Central, Southern, Northern, Eastern and Western regions. This process, which is based on biannual updates to the interagency humanitarian risk register, and led by relevant lead technical agencies is endorsed at the ICCT to ensure a common understanding and agreement of the key risks confronting the humanitarian community over the course of the year. As in 2016, OCHA supported clusters at the sub-national level through the Humanitarian Regional Teams (HRTs) to undertake a joint analysis of the identified top-ranked risks for the July to

### Gender

In the first half of 2017, the Gender in Humanitarian Action Task Force (GiHA TF) has continued to make strides in building the capacity of humanitarian actors to ensure gender sensitive assessments, gender analysis from sex and age disaggregated data, IASC gender marker compliant programme development and protection advocacy. As part of efforts to increase the number of female enumerators participating in assessments, UN Women, the GiHA TF, MoWA, MRRD and ANDMA have agreed to jointly support assessments in areas where

#### CONTACT

Dominic Parker  
Head of Office, OCHA  
parker@un.org

Kate Carey  
Humanitarian Affairs  
Officer, OCHA  
carey2@un.org

partners lack female staff but additional human resources can be provided by local staff of the ministries, as occurred in late 2016 when DoWA staff were recruited to support an NRC study on child marriage in Nangarhar province.

During the reporting period, the GiHA TF also contributed a chapter on humanitarian priorities to the 5-year MoWA gender strategy 2017- 2021 which underscores the institutional and capacity strengthening of DoWAs to support Humanitarian and DRR related work. In addition, the GiHA TF tabled the HCT gender strategy for review by the ICCT which is a development of last years endorsed 8 gender objectives for humanitarian action. The strategy has three outcomes pertaining to sound gender informative assessments, and adapted and targeted assistance ensuring gender equality and accountability. The GiHA TF will assist the ICCT and the HCT to ensure it meets the targets of the two-year strategy (2017-2019).

As of end-July, 76,866 undocumented returnees have arrived in Afghanistan from neighbouring countries in 2017 of which 51 per cent are female and 49 per cent male as per IOM reports. Border crossing data shows that 80 per cent constitute women and children, of which 58 per cent are children. This places a higher responsibility on adult women accompanying family members requiring greater levels of care e.g. children, the elderly and persons with disabilities. In March 2017, the ESNFI cluster and NRC conducted a survey to provide additional information as to the state of vulnerable groups. Among the most important overall concerns identified relate to an inability to access safe sanitation facilities. None of the male respondents acknowledged, however, that any site was unsafe for women and girls indicating that significant protection risks may be masked by the usual male-male interactions as part of emergency needs assessments. The

qualitative survey also showed that transitional shelter improved the physical and mental health of women and children, and that women capacity building in shelter construction and their leadership in representing the distinct needs of vulnerable groups was essential for the well-being of displaced and affected families.

### Gender, Protection & Access Review

As per the analysis of the repository of assessments completed in the first half of 2017 including HEAT and other cluster and partner specific assessments, a lack of engagement of female enumerators and a lack of capacity to draw out gender analysis from sex and age disaggregated data, has accounted for an absence of highlighting gender and protection distinct concerns.

As part of operationalising the HCT gender strategy, during the second quarter of 2017 the GiHA TF will participate in CHF monitoring missions to measure and report on progress towards gender commitments included in projects. In doing so, the GiHA TF will take part in a pre-departure review of monitoring questions and tools to ensure appropriate inclusion of gender considerations, accompany the monitoring team to the project site, and consult women within the community who may have benefited from the project. The GiHA TF will then develop a checklist for monitoring the gender distinct impact and outcomes of projects.



### ES-NFI objective 1 (HRP SO1):

2,459 (9 per cent) vulnerable individuals affected by natural disaster and armed conflict were assisted with emergency shelter/cash for rent against the target of 27,352 individuals.

142,042 out of 156,246 individuals assessed received NFIs packages which translates to 22 per cent of the targeted 650,000 individuals.

7,787 (56 per cent) individuals were provided with materials/cash to reconstruct/repair shelters against the target of 14,000 individuals.

### ES-NFI HRP objective 2 (HRP SO1):

18,310 (26 per cent) vulnerable individuals supported to meet their emergency shelter needs through the provision of tents, plastic sheets and cash for rent against the target of 69,318 individuals.

Of the 53,912 assessed, 49,011 vulnerable individuals were provided with basic household items including kitchen sets which translates to 64 per cent of the targeted 77,020 individuals

3,372 (5 per cent) extremely vulnerable individuals were supported to construct transitional shelters or upgrade existing shelters against 69,318 individuals targeted for 2017.

### ES-NFI HRP objective 3 (HRP SO3):

Of the 51,216 acute affected vulnerable individuals assessed, 19,219 (21 per cent) against the target of 93,071 individuals were supported to recover from shock and obtain adequate shelter assistance.

To measure impact, gather lessons learnt and strengthen accountability to the affected populations, the Cluster conducted 32 Post Distribution Monitoring exercises with a sample of 1,879 households. These were predominantly focused on cash-based interventions through multipurpose cash assistance. The preliminary findings indicated that cash is the preferred modality and did not have a negative impact on the local market. The use of cash varies amongst the households depending on the immediate priority needs. Approximately 49 per cent covered expenses related to rent

(top priority), emergency shelter and basic household items, 30 per cent for food (2nd priority), while the remaining was spent on heating, medical, savings, debts, utilities, hygiene items and school fees. In terms of complaints and feedback mechanisms, approximately 10 per cent indicated that they were not aware of the existence of any system for raising concerns. In addition, the need for household income generation and medium-term shelter assistance were highlighted as priorities for sustainability and reduced vulnerabilities. Although cash was reported to be the preferred option for the households interviewed; cash-based interventions require close monitoring and sustainable strategies to mitigate negative coping mechanisms.

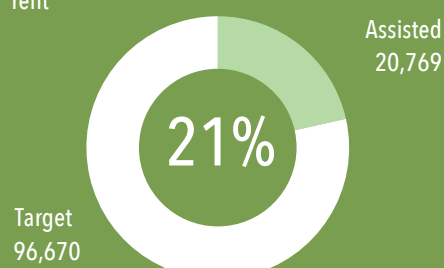
Ongoing conflict and fear of violence against humanitarian staff in most hard to reach areas is the primary access constraint. During this quarter, one incident of appropriation of two trucks transporting relief items (1,592 blankets) that were intended to respond to the needs of approximately 800 affected households in Kandahar Province, occurred.

ES/NFI partners received \$21,591,333 (61 per cent) funding against the overall \$36 million requirements for 2017. However, most of the funds were used for the continuation of 2016 projects and to provide emergency assistance for conflict displacement and natural disasters.

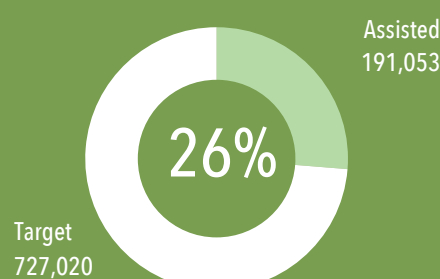
In comparison to 2016, there is a slight increase in the number of ES/NFI active partners in 2017. The majority are providing emergency response in the East, West, North and Central Regions, while a few partners have response capacity in the South, Southeast, and Northeast. However, access to the hard to reach areas in all regions remains the major challenge and operational capacity expected to decrease due to funding constraints. The cluster commenced using the new online reporting system (Reporthub) for April 2017 but timely reporting remains a challenge with most partners submitting their reports late. Moreover, additional features will need to be added to adequately record assessments and PDMs. Accurate and consistent reporting is required to ensure an analysis of the cluster response including progress and remaining needs to be addressed.

Continued on page 50

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



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



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





## 2017 ASSISTANCE REQUIRED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## BENEFICIARIES ASSISTED



## FUNDING AVAILABLE (US\$)



## CONTACTS

Abdul Majid  
Cluster Coordinator  
abdul.majid@fao.org

Brian Gray  
Co-lead  
brian.gray@wfp.org

Barat Sakhizada  
NGO Co-Chair  
po.caritas@gmail.com

## FOOD SECURITY &amp; AGRICULTURE

Cluster reporting provided by: FSAC



## Situation Overview

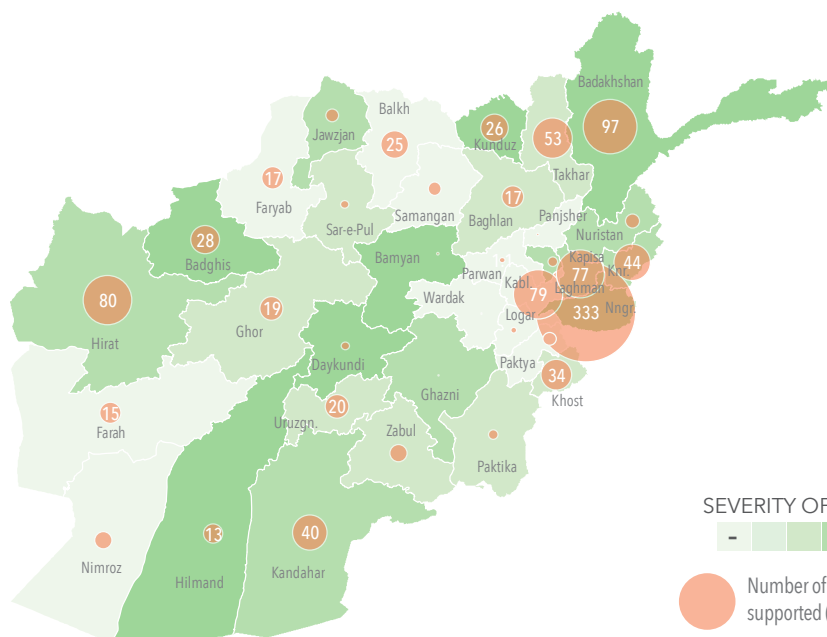
FSAC experienced a little change in the humanitarian situation across Afghanistan during the first half of the year. Number of conflict affected IDPs, natural disaster affected and returnees remained lower than estimates for the first half of the year. Beside these positive signs, there are some areas of major concern for the food security and agriculture causing deep and widening concerns about food insecurity.

According to the MAIL Agriculture Perspective Report, crop production remained lower than last year and last 5-year average with a total harvest estimate of almost 4.4 MMT and a projected deficit of almost 1.4 MMT. Reasons for the low production are delayed rain, lack of use of certified seed and quality fertilizer, increase cultivation of poppy and pest attack as reported in the West. About 4,000 HHs in north of Dawlatyar District of Ghor Province and 24,000 HHs in Jawand, Mughab and Qadis Districts of Badghis were affected by the locust infestation. Thousands of farmers were unable to cultivate or have experienced crop failure in North because of delayed rain.

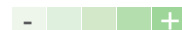
FSAC conducted two assessments in the first half of the year 1) Food Security assessment in informal settlements of Kabul and Nangarhar in January 2017 and 2) Detailed food security and livelihoods assessment in Eastern region in May 2017. Both assessments showed alarming levels of food insecurity among all vulnerable groups needing immediate life-saving support. Key findings of both assessments are reported in the relevant section below.

FSAC response data show clear gaps in response to food needs of prolong IDPs and severely food insecure people living in worst affected areas of the country particularly provinces with prolong IDPs. These vulnerable groups are showing already emergency threshold of food insecurity and represent most of severely food insecure population of the country. Response to agriculture based livelihoods protection program shows even worse results. Only 13 per cent of the worst affected targeted community received livelihood assistance during the first half of the year.

## RESPONSE MAP



## SEVERITY OF NEEDS



Number of beneficiaries supported (thousands)



## Summary of Achievements and Progress

FSAC partners remain very active in providing a response to food needs as per set targets under cluster response plan 2017. A total of 945,770 (87 per cent) people received food assistance against the targeted 1.08 million people. Whereas response to agriculture based livelihoods protection activities remained very limited. Total 133,787 (25 per cent) people received livelihoods assistance against a total target of 540,000 people. The response in hard to reach areas is still a big challenge for the cluster partners. We have a very little assessment of the needs of the people living in hard to reach areas.

**FSAC objective 1 (HRP objective SO2):** Achievements against FSAC objective 1 for the conflict affected people, refugee returnees, undocumented returnees, natural disaster affected people and conflict affected fresh IDPs remain considerably good. 555,950 (101 per cent) people received food assistance against a target of 550,000 people. Achievement against livelihoods support remained low with 22,073 (11 per cent) people received livelihoods assistance against a total target of 210,000 people.

**FSAC objective 2 (SO3):** 394,508 (91 per cent) people received food assistance against a target of 435,000 people. Cluster remained unable to provide food assistance to severely food insecure people in 1st peak hunger season of the year. 111,714 (34 per cent) people received livelihoods assistance against a target of 330,000 people.

**FSAC objective 3 (HRP objective SO5):** Two of the three major national level assessments have already been completed in the first half of the year. Pre-harvest appraisal and detailed food security assessment followed by IPC analysis for east region is already complete. Results are shared with FSAC partners. Detailed national level seasonal food security assessment is in progress and will be completed in mid-September 2017.

A total of 18 partners reported their data for food, cash, agriculture and livestock in the second quarter 2017 including: ACF, ACTED, AIESO, ANCC, CARE, CARITAS-G, CHA, CoAR, DRC, IRC, NCRO, NEI, OHW,

OXFAM, PACO, SI, WFP and WHH.

Access has been a great challenge to FSAC partners. Mid-year response coverage map shows that almost 100 per cent of the response achievements are in accessible areas. Partners remain unable to reach inaccessible areas for the assessment of needs and response. Security incidents remain very high during the reporting period as more areas are now under the control of militants groups. There are reports that almost 260 districts out of 399 are under some level of control of non-state actors. FSAC recently asked its partners to report on accessible and inaccessible districts. As result of this practice, FSAC has found that 139 districts of the country are inaccessible by the government, UN agencies and national and international organizations. Badakhshan, Baghlan, Farah, Ghazni, Paktia, Zabul, Ghor, Hilmand and Kandahar provinces are identified with most inaccessible districts.

Funding constraints also remain a big challenge. FSAC partners reported \$35.5 million (54 per cent) against a total revised requirement of \$66 million (from \$136 million). Food assistance response to prolong IDPs and severely food insecure vulnerable remain very limited. Livelihood protection needs remain under-funded. For the seasonal livelihoods support, only 111,714 people of the target 330,000 were reached by the partners because of limiting funding for vulnerable groups against livelihoods. Lack of funding will hamper medium to long term food security of these vulnerable groups. Last year we have seen in SFSA 2016 that 34 per cent of the total migrants mentioned economic reason as one of the major pushing factors.

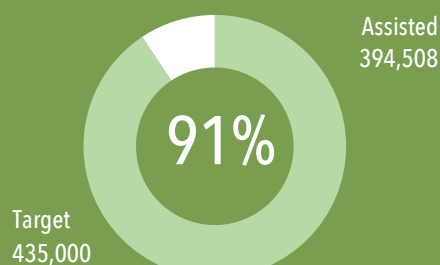
The threat of crop failure can also expose vulnerable farmers who rely on their own production at risk of food insecurity both in the short and medium term. This is one of the push factors for migration because crop failure has an impact on the whole season. Delay in rain, floods and pest attack are the major factors affecting the food security of landless and small and medium land holding farmers. FSAC is advocating with donors to provide agriculture assistance for vulnerable farmers (particularly small and medium land holding farmers) and IDP returnees, to avoid such migration and food insecurity. Funding for flood affected communities, especially

Continued on page 50

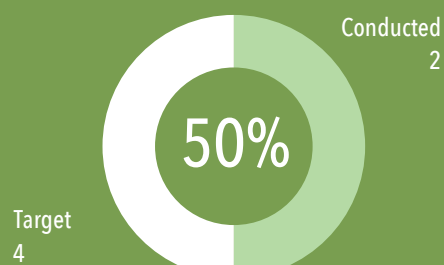
Number of conflict and natural affected people and undocumented returnees assisted with appropriate unconditional food, cash or vouchers



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



Number of well-coordinated assessments/analyses conducted



## 2017 ASSISTANCE REQUIRED



3.3M

## PEOPLE TARGETED



1.8M

## REQUIREMENTS (US\$)



30M

## BENEFICIARIES ASSISTED



396k

107k  
conflict displaced69k  
refugees & returnees234k  
access to essential services

## HEALTH

Cluster reporting provided by: Health Cluster



## Situation Overview

Ongoing population movements as a result of internal and cross-border displacement continue to overburden an already overstretched health system across many parts of the country. An assessment undertaken in Nangarhar province in April 2017 found that the caseload of in-patient departments in regional hospitals had increased by 27 per cent and out-patient consultations by 41 per cent compared to the same period in 2016, while the district hospital bed occupancy rate (BOR) was beyond the maximum range of 100 per cent. In particular, the pediatric ward average BOR between February and April was 145 per cent/month and in the maternity ward it was 115 per cent/month. In addition, the crossing point in Nimroz province has recently seen an increase in the number of returnees and deportees from Iran, with as many as 1,500 people per day crossing into Afghanistan.

Conflict remains both a primary driver of health needs across Afghanistan while simultaneously compromising the efficacy and delivery of services to affected populations. Intense fighting in Darzab, Jawzjan Province over a few day period

in June, for example, resulted in over 300 deaths and numerous trauma casualties. It left a number of health facilities physically damaged requiring urgent rehabilitation and even rendered ambulances non-operational. In the first six months of the year, 8 doctors have fled from Kunduz and Jawzjan provinces, 46 nurses are no longer able to continue working as a result of fighting leaving thousands without access to essential, life-saving services. The loss of these key human resources has significant and long lasting effects on the provision of healthcare across these areas. Between January and July 2017, 24,462 weapon induced wounded have been reported through First Aid Trauma Points (FATP) and specialised trauma care centres, an increase of 28 per cent in war trauma incidence compared to the same period in 2016. The bombing in Kabul city exemplifies the ongoing need for specialised trauma care to be provided. Over 300 people were critically injured in the attack, with trauma care entirely provided by humanitarian actors.

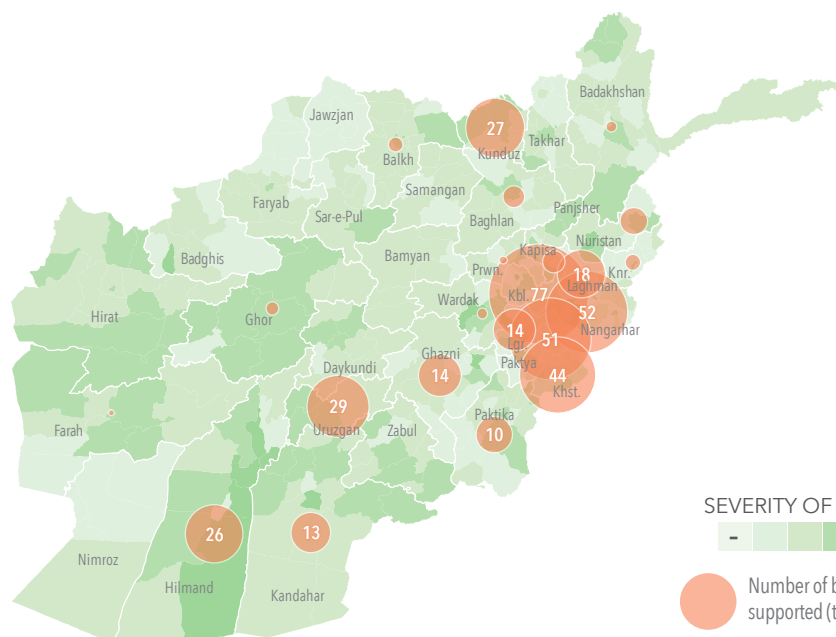
More frequent attacks and occupation of healthcare facilities continue to limit populations' access to basic health services, particularly in high conflict areas. These

## FUNDING AVAILABLE (US\$)



9.4M

## RESPONSE MAP



## SEVERITY OF NEEDS

- +

Number of beneficiaries supported (thousands)

## CONTACTS

David Lai  
Cluster Coordinator  
laidavid@who.int

Dr. Quadratullah Nasrat  
NGO Co-Chair  
q.nasrat@orcd.org.af

facilities are used as bargaining chips by both parties to the conflict – albeit mainly by NSAGs, to extract improved healthcare delivery for their war wounded. In the first half of 2017, some 42 health facilities across 8 districts have been forced to close for lengthy periods of time leaving 450,000 people without any health services. In this context, humanitarian workers have been left with no choice but to provide immediate and life-saving health services promptly to affected people through mobile health teams. Overall, 437,945 consultations have been lost due to attacks on healthcare in the first half of 2017, including 32,000 antenatal consultations.

Recurrent conflict coupled with decades of underdevelopment have considerably impacted on health outcomes across Afghanistan. The under-5 mortality rate is 55 deaths per 1,000 live births and the infant mortality rate is 45 deaths per 1,000 live births, meaning that one in 18 children in Afghanistan dies before their fifth birthday, approximately 4/5 of these during infancy. Neonatal, infant and under-5 mortality rates are substantially higher in than the typically underserved rural areas than in urban areas. For instance, the infant mortality rate is 35 deaths per 1,000 live births in urban areas, compared with 54 deaths per 1,000 in rural areas. The numbers are even more alarmingly high in conflict-affected areas.

The pregnancy-related mortality rate is estimated at 1,291 deaths per 100,000 live births. Around 920,000 women of reproductive age (15-49 years) need reproductive health services in the country and more than half of them don't have access to basic and comprehensive emergency obstetric care in most of the districts. Only 32.9 per cent of deliveries take place in health facilities and only 27.7 per cent of post-natal care is provided by trained health staff.

Lastly, disease outbreaks continue to be a risk for the country. In the first half of 2017, 287 disease outbreaks were reported from January to May 2017. Over 70 per cent of outbreaks were attributed to measles and 12 per cent to Crimean Congo Hemorrhagic Fever (CCHF). In the first few weeks of July, there has also been an outbreak of cholera in Badakhshan with over 350 cases. New and emerging diseases such as CCHF show an increased incidence in the Western region with over 148 cases, a 48 per cent increase from last year.

## Summary of Achievements and Progress

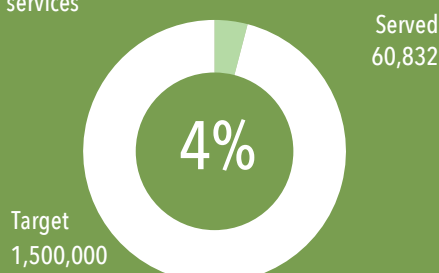
The Health Cluster continues to focus on three priorities. In terms of trauma care, cluster partners have established 6 trauma care centres in provincial hospitals, representing 50 per cent of the target. Additional trauma centres will be established with the first CHF allocation and other funding sources. Mass casualty management and minimum response capacity training is on track with 6 provinces provided with this support, achieving 75 per cent of the target. Establishment of First Aid Trauma Points (FATP) has faced some challenges, primarily due to access constraints. In Q3 and Q4, establishment of FATPs in Logar, Kapisa, Kunduz and Zabul is expected to be on track. Primary access constraints are due to insecurity including road closure and active fighting within the areas of health facilities. However, an increasing number of threats are now being made against health facilities including forced closure to bargain for demands. These trends have had a significant impact on the cluster's ability to respond to assessed needs. Attacks on healthcare facilities and healthcare workers continue to impact negatively on the progress of health outcomes.

In addressing life-saving health care service, the cluster recognises reproductive health is a significant gap (see maternal mortality rate) and as such reproductive and newborn care have been prioritised. The Health Cluster has launched a technical group to address this specific issue related to Reproductive Health in Emergencies. The mandate of this group includes assessment and review of current technical and service provision gap that will ultimately guide the cluster in its response.

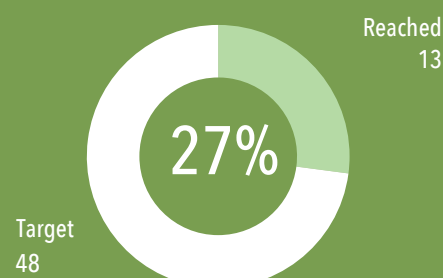
Funding for the Health Cluster has been an ongoing challenge. The amount of funding does not currently meet the needs of the health crisis. As of July 2017, the health cluster has received approximately \$9.5 million, representing 31.6 per cent of the required funding needs. Although some priorities have shifted (i.e. the number of returnees is less than originally estimated), increased conflict and its subsequent impact on health services has been a challenge for the Health Cluster. Current shifts in funding priority, although necessary and welcome, place additional tolls on important activities that are no longer being supported. Trauma care, particularly referral trauma care in provincial hospitals, is a critical service

Continued on page 51

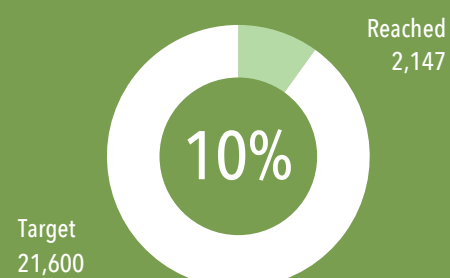
Proportion of conflict affected people in 'white areas' served by emergency PHC/ mobile services



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



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



## 2017 ASSISTANCE REQUIRED



4.3M

## PEOPLE TARGETED



0.7M

## REQUIREMENTS (US\$)



48M

## BENEFICIARIES ASSISTED



289K

259K  
acute malnutrition30K  
refugees & returnees

## NUTRITION

Cluster reporting provided by: Nutrition Cluster



## Situation Overview

The humanitarian situation in Afghanistan remains fragile and young children and their mothers affected by both acute and protracted emergency situations continue to suffer from multiple nutritional deprivations. Nutrition assessments undertaken by nutrition cluster partners and trend analysis from the national nutrition surveillance system (NNSS) reveal continued high residual levels of acute malnutrition across the country. Estimates from SMART Nutrition Surveys undertaken in Farah Province and a multi-sector assessment conducted in Kandahar in 2017 confirm continued high residual levels of acute malnutrition. Global acute malnutrition (GAM) rates of 10.8 per cent and severe acute malnutrition (SAM) prevalence rates of 1.2 per cent amongst children under the age of five (U5) were reported in Farah Province.<sup>1</sup> Boys (GAM – 13 per cent) were found to be more affected by acute malnutrition compared to girls (GAM - 8.4 per cent). Similarly, GAM prevalence rates of 8.3 per cent and SAM prevalence rate of

1.3 per cent in children U5 were observed in Kandahar Province.<sup>2</sup> Boys (GAM – 10.6 per cent) were found to be more affected by acute malnutrition compared to girls (GAM – 6.2 per cent) in Kandahar. The nutrition situation in returnee camps also remains a great concern. Estimates from rapid SMART assessments undertaken in Baba Sahib, Khairo Khail and Gambiri Returnees Camps in Qarghai and Mahtherlam districts of Laghman Province reveal GAM rates of 9.1 per cent and SAM rates of 2.2 per cent. Childhood morbidity related factors (acute respiratory infections (ARI), diarrhea), a result of poor sanitation and environmental conditions, remain one of the key drivers of acute malnutrition. Findings from surveys undertaken in Farah and Kandahar provinces and returnee camps in Laghman Province underscore the significance of morbidity as co-factors underlying the high acute malnutrition burden in the country.

Nutritional risks and vulnerabilities amongst young children and pregnant and lactating women (PLW) have been exacerbated by conflict driven displacements with associated

1. Action Against Hunger. Nutrition and Mortality SMART Survey Final Report - Farah Province, Afghanistan. February- March 2017

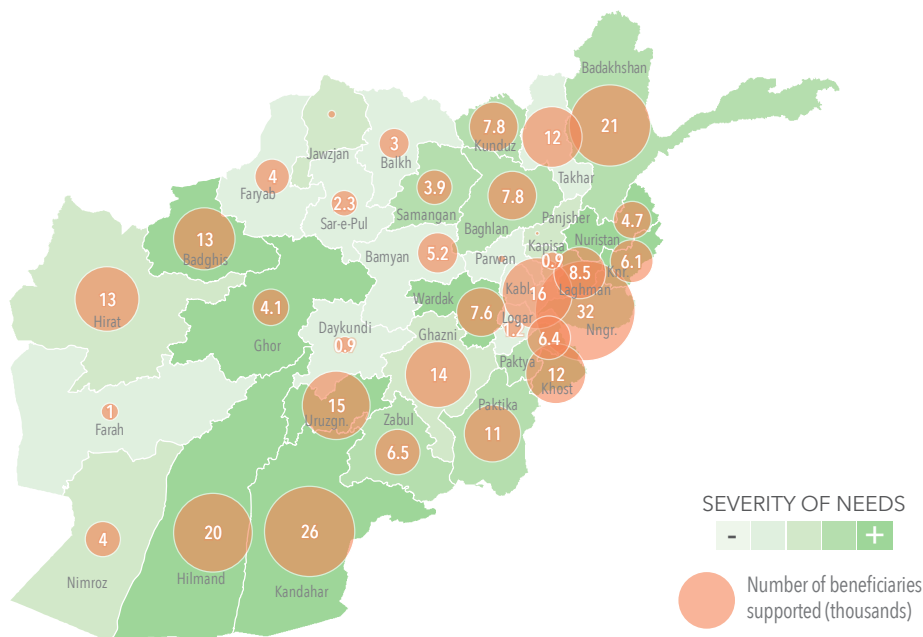
2. INTERSOS. Nutrition, Food Security, WASH and Mortality Assessment in Kandahar Province, Afghanistan. January-February 2017

## FUNDING AVAILABLE (US\$)



22M

## RESPONSE MAP



## CONTACT

Anteneh Dobamo  
Cluster Coordinator  
adobamo@unicef.org

Piyali Mustaphi  
UNICEF  
pmustaphi@unicef.org



disruptions in livelihoods, with nearly 150,000 people reported to have been newly displaced in 2017.<sup>3</sup> The security situation has deteriorated in 2017, with an expansion in the geographic extent of conflict, particularly in the north, northeast, and east. These factors are contributing to further worsening of an already precarious nutrition situation in the country which may lead to further weakening of the resilience of vulnerable groups. Furthermore, the conflict related constraints on humanitarian access are affecting smooth implementation of lifesaving and preventative nutrition services resulting in lowered programme coverage. This is contributing to the sustained high levels of acute malnutrition observed in the IDP settlements and conflict affected provinces. The overall nutrition situation in these affected areas of the country continues to be underlined by a high prevalence of micronutrient deficiencies and suboptimal breastfeeding and complementary feeding practices amongst infants and young children in the country.<sup>4</sup> Baseline levels of inappropriate infant and young child feeding practices (only 58.4 per cent of infants are exclusively breastfed, 41.3 per cent of infants 6-8 months are being introduced solid, semi-solid or soft foods) are sub-optimal and significantly increase the risk of acute malnutrition and micronutrient deficiencies in young children.

The nutrition situation of returnees and refugees continues to be a major concern owing to the limited options that returnees have for establishing their livelihoods and thus placing young children and PLW amongst the returnee and refugee population groups at high nutritional risk. Addressing the nutritional needs of returnee and refugee population groups is a priority for the Nutrition Cluster. The trends in caseloads and nutritional needs amongst these population groups is within the projected caseload that was established by the Nutrition Cluster at the beginning of the year. According to UNHCR and IOM, an estimated 32,593 documented and 218,218 undocumented people have returned to Afghanistan from Pakistan and Iran during the first half of 2017, with limited options for establishing livelihoods and often returning to contexts underlined by widespread conflict and displacement. The nutritional vulnerabilities for these population groups have not changed and nutritional risks of

returnee children remain high.

Analysis of the provision and coverage of integrated management of acute malnutrition (IMAM) services in the 18 priority districts for the Nutrition Cluster highlight gaps in emergency nutrition response services in hard to reach areas in some of these provinces with approximately 13,259 children U5 suffering from SAM, 19,770 children U5 suffering from MAM and 4,412 PLW suffering from MAM, potentially those in the 49 hard to reach districts prioritized by the Inter Cluster Coordination team (ICCT) have no access to any lifesaving nutritional support. The nutrition situation is likely to deteriorate over the second half of 2017, in view of expected seasonal fluctuation in acute malnutrition in line with trends and seasonal peaks in incidence of diarrheal diseases expected in the third quarter of 2017, the pre-harvest hunger gap. Caseload increases linked to this anticipated negative trend in acute malnutrition is already factored into the 2017 Nutrition Cluster HRP caseload projections for SAM and MAM in young children and PLW.

### Summary of Achievements and Progress

In response to critical nutrition needs identified in the 2017 HRP, the Nutrition Cluster partners enabled access and utilization of lifesaving nutritional support to affected children and women in 18 provinces prioritized for emergency nutrition response<sup>5</sup> as well as IDP and returnee and refugee population groups in various parts of the country. Mid-way through the year the Nutrition Cluster is on track to meet most of its planned targets, however coverage of Nutrition Cluster supported lifesaving interventions continues to be affected by increasing conflict related access constraints limiting the ability of the cluster to meet all the identified nutritional needs. Over the reporting period, the Nutrition Cluster supported the treatment of 107,328 children (45 per cent boys; 55 per cent girls) U5 with severe acute malnutrition (SAM) across the country with recovery rates of 88 per cent achieved. The treatment outcome indicators are well within

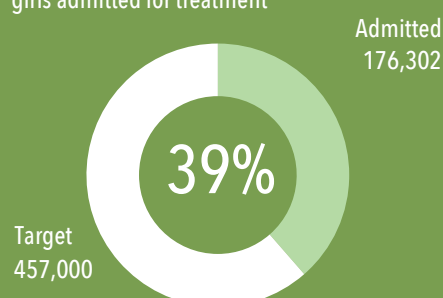
3. <http://www.fews.net/central-asia/afghanistan>

4. Afghanistan Ministry of Public Health. National Nutrition Survey, 2013

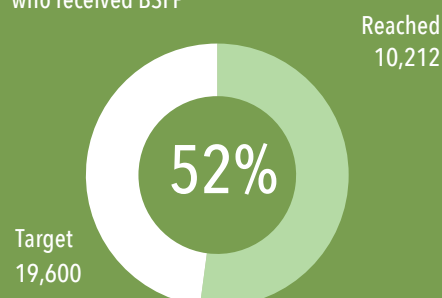
5. Nutrition Cluster Priority Provinces for Emergency Nutrition Response: Badakhshan, Badghis, Baghlan, Ghor, Helmand, Kandahar, Khost, Kunar, Kunduz, Laghman, Nangarhar, Nuristan, Paktia, Paktika, Samangan, Urozgan, Wardak and Zabul provinces

Continued on page 52

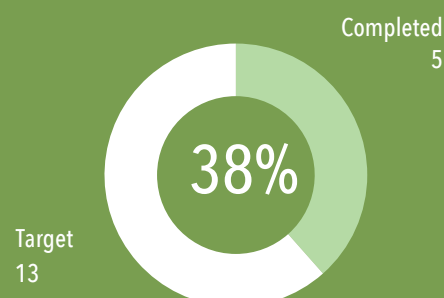
Number and proportion of severely and moderately acutely malnourished boys and girls admitted for treatment



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



Number of provinces where localised nutrition SMART surveys conducted



## 2017 ASSISTANCE REQUIRED



2.7M

## PEOPLE TARGETED



1.9M

## REQUIREMENTS (US\$)



54.4M

## BENEFICIARIES ASSISTED



854k

240k  
conflict displaced10k  
host communities12k  
refugees & vul. returnees591k  
access to protective services

## PROTECTION

Cluster reporting provided by: Protection Cluster



## Situation Overview

In the period of January to June 2017, the humanitarian needs have remained constant, however the increase in insecurity combined with the sensitivity of response modalities has led to limited progress towards HRP targets. There have been more than 160,600 new displaced IDPs in the first six months of 2017, mostly due to recurrent military clashes, with more people believed to be unable to escape locations, particularly in the Northern and Southern regions such as Kunduz, Hilmand and Uruzgan. Protection of civilian concerns continue to affect the daily lives of Afghan people amidst a context of increasing numbers of IDPs and high secondary displacements, which is likely to continue along with a lack of data on the impact of large scale returns of IDPs in the country. There have been increased trends in short term displacements due to the lack of humanitarian access, with people often returning to their place of origin after military altercations have ended, most predominantly noted in the attempted assault on Kunduz City in early May 2017. Patterns of secondary and multiple displacements in rural and urban centres have also been

observed (according to the REACH study on prolonged displacement, some 23 per cent of IDPs have been displaced twice or more). Patterns of return to unsafe areas due to limited livelihood opportunities in urban centres, the need to tend to crops and patterns of local integration by protracted IDPs in urban centres due to a lack of security in areas of origin have been observed.

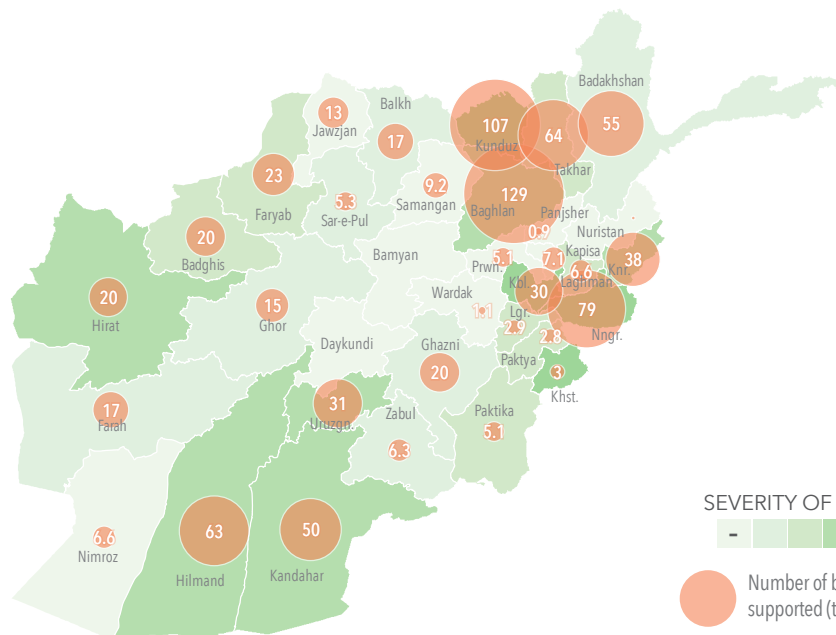
Data from the Humanitarian Access Working Group (HAG) has indicated that access to the affected population has continued to restrict response, with 174 access related incidents from January to June compared to 109 during the same reporting period in 2016. The key constraints include violence against humanitarian personnel, assets and facilities recorded as 41 per cent of all incidents, and interference in humanitarian activities recorded as 34 per cent of all incidents. This highlights the need for increased advocacy to all parties to the conflict and for work to continue to reduce bureaucratic impediments in the delivery of humanitarian assistance, including through the revision of the petition system which is used to assess IDPs who are eligible for aid. The access constraints have restricted the collection of

## FUNDING AVAILABLE (US\$)



6M

## RESPONSE MAP



## SEVERITY OF NEEDS

- +

Number of beneficiaries supported (thousands)

## CONTACTS

Nicolas Coutin  
Cluster Coordinator  
coutin@unhcr.org

Nimarta Khuman  
Co-Lead (NRC)  
nimarta.khuman@nrc.no



assessment data on displacement due to insecurity and lack of telecommunications and have limited the areas where humanitarian organisations can respond to needs. Key focus areas where partners are required to expand include the hard to reach areas of Hilmund, Uruzgan, Zabul, Kandahar, Kunduz, Baghlan, Faryab, Kunar, Nangarhar, Farah, Ghazni, Badakshan, Paktika, Takhar, Daykundi, Sar-I-Pul and Jawzjhan.

Along with protection response, advocacy is required to all parties to the conflict to respect International Humanitarian Law (IHL), including ceasing the use of indirect and/or explosive weapons in civilian-populated areas where civilian and military objects cannot be properly distinguished; taking all feasible precautions to avoid and minimise incidental loss of civilian life, injury to civilians and damage to civilian objects including in their choice of means and methods of warfare; refraining from occupying civilian homes after fighting ends; and marking, clearing, and destroying any unexploded ordnance or improvised explosive devices left behind from fighting in civilian-populated areas. To promote and implement mechanisms to reduce civilian casualties as a result of fighting between parties to the conflict, continued pressure is required on the Afghanistan Government to prioritise the implementation of the National Policy on Civilian Casualty Prevention and Mitigation and the completion of its action plan (this Policy currently remains with the National Security Council and is yet to be approved, despite the Government's report to the NATO Warsaw Summit on 8-9 July 2016 stating that it was finalized).

Fighting in highly populated urban centres and rural areas has led to increasing protection concerns including injury and death, displacement, restricted freedom of movement, damage to property and livelihoods, and prevention of access to aid, education and healthcare. In areas prone to conflict, the main routes connecting districts with provincial capitals have been blocked (Kunduz, Uruzgan), causing people to use alternative routes which are hazardous due to the presence of improvised explosive devices (IEDs). Destruction and looting of houses, properties and crops have been reported during protection monitoring and assessments. The protection situation has been exacerbated by lack of security of tenure and civil documentation, lack of income to support families,

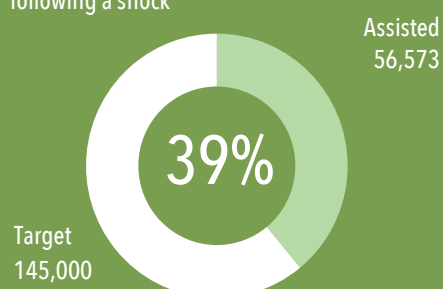
limited access to markets and inflated commodity prices in areas experiencing conflict. Negative coping strategies including early and forced child marriage, child recruitment and child labor. The lack of durable solutions including shelter, access to essential services and insecurity have been observed as key barriers preventing displaced people from returning to their place of origin or integrating into the place of displacement.

Security of tenure for people in situations of prolonged and protracted displacement has been noted as a key protection concern with forced evictions from informal settlements being prevented in locations including Herat. While progress on finalising a legal framework for occupancy certificates for people in such settlements has been slow, local solutions such as collectively buying private rural land, with legal assistance, are being explored. Across the country, access to land continues to be a priority, which is being partially addressed for the most vulnerable returnees through a substantial overhaul of the land allocation scheme, currently governed by Provincial Decree 104. Access to emergency housing such as transitional shelter remains a challenge, though progress is being made through new initiatives in Nangarhar to provide tripartite agreements for temporary access to land. Access to affordable housing solutions, with sufficient tenure security, requires attention going forward to bridge the gap between emergency cash for rent agreements and longer lasting solutions.

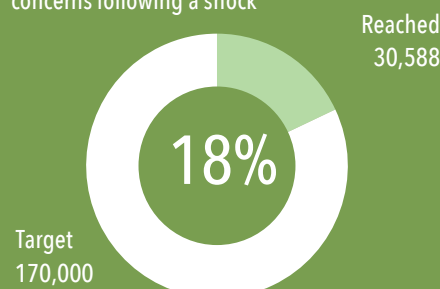
The fighting has caused targeted and indiscriminate attacks on schools and medical clinics, with a large percentage of the population, including children, being exposed to psychological trauma due to loss of family and community members, and the constant threat of death and injury. Girls' access to education has continued to be affected with cases including AGEs causing 6 schools in Farah to close, affecting 3,500 girls, with only 10 per cent of students initially returning when the schools were reopened. In Baghdis, advocacy from the Western Regional Protection Cluster and Education in Emergencies Working Group is continuing to the Provincial Education Department to reopen 41 closed schools. In the North and North East, 19 schools were occupied by the ANSF from 2016 into 2017 for military purposes in Kunduz, Baghlan and Faryab with advocacy and

Continued on page 55

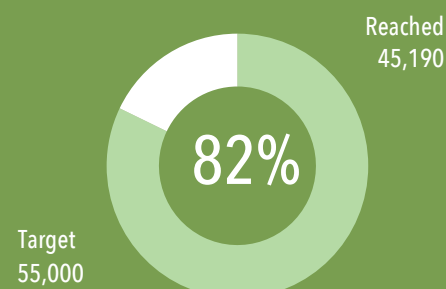
Individuals assisted with protective assistance and protection needs services immediately following a shock



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



# of individuals consulted through protection monitoring



## 2017 ASSISTANCE REQUIRED



1.8M

## PEOPLE TARGETED



880k

## REQUIREMENTS (US\$)



25M

## BENEFICIARIES ASSISTED



461k



142k

conflict displaced



23k

nat. disaster affected



232k

refugees &amp; vul. returnees



21k

access to essential services

## WATER, SANITATION &amp; HYGIENE

Cluster reporting provided by: WASH Cluster



## Situation overview

During the first half of 2017, WASH partners provided lifesaving assistance to as many as 461,391 emergency affected people (52 per cent of the revised HRP target of 880,000 people). Despite a much lower caseload of conflict displaced IDPs so far in 2017 (163,000 IDPs against original planned caseload of 450,000 IDPs), WASH partners have reached 141,748 IDPs, 54 per cent of the revised target of 261,000 people. Likewise, partners reached 148,029 returnees (77 per cent of them undocumented), despite the number of returnees being much lower than expected: only 277,000 returnees in first-half of the year compared to the annual HRP-caseload of 745,517. The higher results reached by partners for these two categories is due to presence of stockpiles in strategic locations (WASH supplies are pre-positioned in 45 locations across 26 provinces) and the presence of a large number of carryforward projects from 2016.

Given the much lower number of returnees so far, WASH partners agreed to lower this caseload of new returnees to 171,060 from 364,000. Regarding IDPs, considering the

significant increases in conflicts over the last six months, WASH partners are worried of major largescale displacements due to the possible fall of district centres and towns (e.g. Kunduz in 2015 and 2016) and hence agreed to increase the targets of new IDPs to be reached from 162,000 to 202,500. So far only 105,298 people from the essential basic service category (underserved) have been reached by partners. While there is still a great need in this category, cluster partners feel that the planned figure of 397,108 is too ambitious hence proposes to reduce to 348,462. Considering the recent findings by ATR-Consulting elucidating the higher level of humanitarian needs in HTR districts, especially access to safe water sources, partners have agreed to focus more on HRT areas in the coming six months. The WASH Cluster will utilize the HTR list defined by the ICCT for this purpose. Regarding natural disasters (ND), a total of 22,565 people (30 per cent of the planned target of 75,000) have been reached so far and given the lower number of NDs this year, the Cluster partners propose to lower this target to 47,250 people.

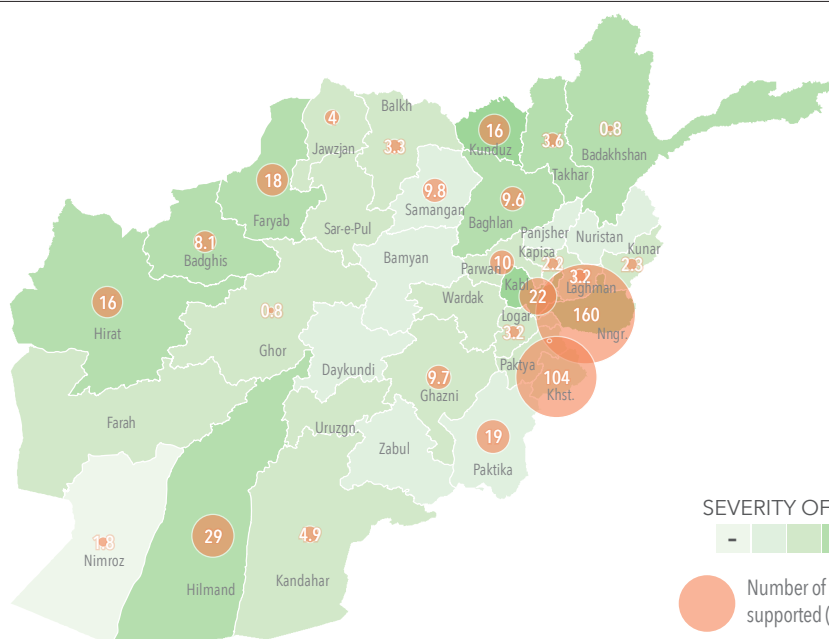
There was a major flooding in Chakanur district of Nimroz province in March this

## FUNDING AVAILABLE (US\$)

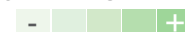


15.7M

## RESPONSE MAP



## SEVERITY OF NEEDS



Number of beneficiaries supported (thousands)

## CONTACTS

Ramesh Bhusal  
Cluster Coordinator  
rbhusal@unicef.org

Rashid Yahya  
Cluster Co-Lead  
rashid.yahya@dacaar.org

year affecting 2,428 families across 60 villages. Thanks to the efforts of the WASH cluster, all families received immediate WASH assistance. However, the repair/rehabilitation of flood damaged wells and hand pumps has not been carried out so far due to lack of funding. Relief International (RI) who is active in the area, reported that there is an increase in diarrheal cases among young children in those communities and the population is facing a major risk of diarrhoea outbreak: some 470 cases of children under five (U5) with diarrhoea have been reported in June, up from 170 compared to the same period in 2016. Likewise, though the conflict displaced people in Tirinkot and Lashkargah have received initial WASH support but due to ongoing conflicts, families are unable to return to their homes and still live in makeshift shelters or with host communities and share limited water sources available and mostly practice open defecation. ACF reported a significant increase in diarrhoea (13 per cent U5 children were treated for diarrhoea) from May to June this year among displaced families in Lashkargah. The situation is similar in many IDP settlements (and host communities) in Faryab, Ghazni, Kandahar, Uruzgan and other HTR areas.

The conditions of WASH in health facilities and schools in these hard to reach areas is similar to those in the IDP settlements. A health facility survey conducted by WHO end of last year in 60 health centres in the Southern Region found that one in every four facilities did not have safe water sources. In the absence of basic WASH services, these facilities are poorly equipped to provide health services to existing caseloads, let alone additional pressure caused by IDPs. Despite the urgency, the WASH Cluster could not meet most of the needs of these institutions during the reporting period due to limited funding. It is recommended that these emergency WASH needs of health and education facilities are addressed as part of an integrated approach by relevant clusters.

## Summary of Achievements and Progress

The Cluster partners have responded the humanitarian needs of as many as 461,391 people during the first six months securing the below mentioned achievements against HRP target: a.) 175,704 people reached with access to minimum

of 15 LPCD drinking water, 23 per cent of the Cluster WASH target of 750,000 people; b.) 112,274 people reached with a functioning sanitation facility, 25 per cent of the Cluster target of 450,000 and c.) 359,778 people reached with access to water and soap for handwashing, 41 per cent of the Cluster target of 880,000. Amongst the beneficiaries, 120,939 are women and 117,428 are girls, together represents nearly 52 per cent of the Cluster's achievements. In addition, as many as 13,434 families (94,038 people) were supported with family hygiene kits which includes supplies for menstrual hygiene management.

Amongst the 461,391 people assisted, 32 per cent were returnees (148,029 people), 77 per cent of them undocumented. A total of 141,748 conflict induced IDPs (31 per cent) also received WASH services together with 83,906 refugees from Pakistan (18 per cent) and 43,751 people hosting the IDP/returnees (9.5 per cent).

In regards to WASH in institutions, partners reached 19 institutions (15 health posts and 4 schools) with WASH assistance, 25 per cent of planned target of 75. This was a newly introduced objective for the 2017 HRP and progress thus far has been satisfactory.

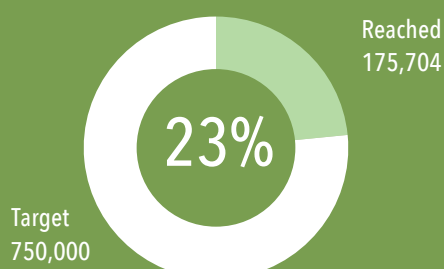
The needs of 814,550 people were identified during the reporting period (559,806 through 59 assessments in 2017 and 254,746 people from 24 carry-forward projects of 2016), which represents 71.6 per cent of the 1,137,000 HRP target for 2017.

The first draft of the Afghanistan National Guidelines for WASH in Emergency (ANGWE) has been compiled and members of the Strategic Advisory Group (SAG) and Technical Working Group (TAG) have reviewed it. The final draft has been shared with partners by the end of August.

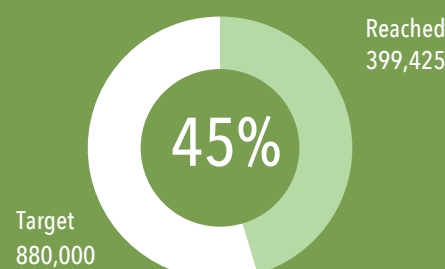
For the fourth and final objective of the WASH Cluster, there has been some progressing but very slow. The inputs of the current national co-lead from MRRD who is giving less than 30 per cent of his time to the Cluster is limited to attending the monthly meetings. The planned recruitment of a full-time national WASH co-lead from MRRD has been significantly delayed despite of the Cluster Lead Agency's (CLA) continuous push. During the recent discussion

Continued on page 59

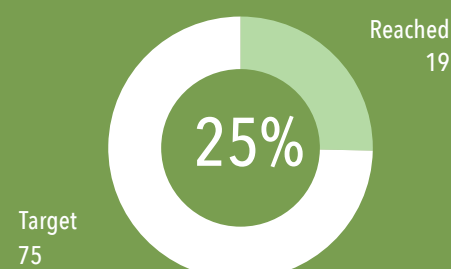
Proportion of population in need with access to at least 15lpcd of drinking water



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



Proportion of institutions in need with access to appropriate WASH facilities



## 2017 ASSISTANCE REQUIRED



900K

## PEOPLE TARGETED



700K

## REQUIREMENTS (US\$)



40M

## BENEFICIARIES ASSISTED



73K

## EDUCATION IN EMERGENCIES WORKING GROUP

Cluster reporting provided by: EiEWG



### Needs and response overview

Between January and June 2017 more than 200,000 people have fled their homes due to conflict and natural disasters, while almost 265,000 undocumented and registered refugee Afghans have returned from neighbouring Iran and Afghanistan. Depending on the protection environment in Pakistan, as many as 250,000 additional individuals could return to Afghanistan during the remainder of the year. The majority of displaced persons are under the age of 18 (35 per cent),<sup>1</sup> and are estimated to have missed or dropped out of education because of their displacement.

Of those who returned in 2016, three quarters did so to five provinces: Nangarhar, Kabul, Baghlan, Kunduz and Laghman,<sup>2</sup> while an estimated 67 per cent of the returnee and IDP school-aged children in Kandahar, Nangarhar, Laghman and Kunar provinces are not enrolled in schools.<sup>3</sup> The significant

influx in displaced and returnee children has created a huge gap in the number of children deprived of education due to inadequate and insufficient learning opportunities and spaces; financial constraints; long distances to travel, lack of transportation, and lack of documentation. These challenges have affected not only the returnee and IDP children but created an additional burden for host children in remote as well as urban schools. Without the provision of Education in Emergencies (EiE) services they are unlikely to attend school.

Partner assessments show that returnee and IDP children are enrolled at school where capacity exists, awareness is provided to them on how and where they can enrol/ access learning opportunities, and where local communities and authorities, school managers and development partner projects are supportive of the integration.<sup>4</sup> According to an access to schools survey carried out by NRC earlier this year, only 13 per cent of children are able to attend school in Laghman, only 31 per cent of school-aged children in Nangarhar have access to basic education, and only a

1. MoE 2017. Estimated Returnee Population Assessment
2. EiEWG, 2016. EiE Response Plan for Afghanistan
3. NRC, 2017. Initial Rapid Assessment: Education in Emergencies for Undocumented Returnees

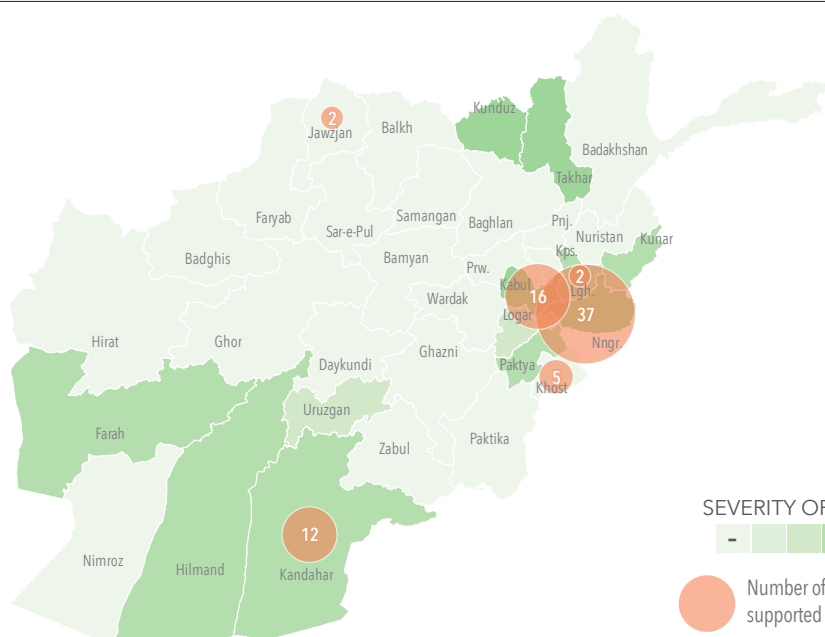
4. EiEWG, 2016. EiE Response Plan for Afghanistan.

## FUNDING AVAILABLE (US\$)



13.5M

### RESPONSE MAP



#### SEVERITY OF NEEDS

- +

Number of beneficiaries supported (thousands)

#### CONTACTS

Manan Kotak  
Coordinator  
mkotk@unicef.org

Chandra Jung Rana  
Information  
Management Officer  
cjrana@unicef.org

third of children access schools in Kandahar provinces.<sup>5</sup> Some children are not able to enrol in schools due to lack of required documentation, economic constraints, distance to schools, capacity of school/education centres to absorb additional students, as well as lack of female teachers, and language and cultural barriers.<sup>6</sup>

In Kandahar, Kunar, Laghman, Nangarhar, the urban school system is strained and unable to absorb all the displaced and returnee children even if offering multiple shifts of instruction.<sup>7</sup> The NRC assessment found that most of the assessed schools in Kandahar, Kunar, and Laghman provinces operate in three shifts - some even in four - while the number of students per class can count up to 60 girls and/or boys. In general, however, schools are overcrowded, lack learning spaces, learning and teaching materials (including textbooks) and adequate WASH facilities. At the same time, in remote or hard-to-reach areas children are unable to access education due to the long distances to existing schools and lack of or high transportation cost.<sup>8</sup> Save the Children (SCI) assessments show that 43 per cent of children do not have access to a school or community based class within a 3 km radius in rural parts of Nangarhar and Kandahar provinces and hard-to-reach areas.<sup>9</sup> Cross-cutting issues that emerge from the assessments among displaced and returnee girls in Nangarhar province show that access to school is as low as 22 per cent due to cultural sensitivities and child marriage.<sup>10</sup>

## Sector specific situation

The dramatic increase in the number of children arriving to Afghanistan or moving to different locations within the country risks creating a generation of children deprived of their right to education if not adequately met by an effective and immediate education emergency response. Already prior to the returnee

crisis, the education situation was fragile with large numbers of children out of school. EMIS 2016 data shows, for example, that approximately 3.5 million children are out of school, 75 per cent of them girls. The gender parity index remains 0.62 for all levels of education.<sup>11</sup> The proportion of female teachers, which has slightly increased from 31 per cent in 2012 to 33 per cent in 2016, also remains a major hindrance to girls' enrollment and retention in schools. The longer a child stays out of school the less likely s/he is to return. Drop-out rates in Afghanistan are likely to rise as a result of the increase in returnees and IDPs especially among girls. Children who are deprived of their right to education risk being more exposed to other kinds of risks to their health and well-being, including child labour and early marriage. Going back to school as soon as possible is one of the top priority requests from both parents and children living in host communities. The current emergency is radically exacerbating this fragility risking that the gains made since 2002 will be lost. According to a recent EiEWG assessment, the large influx of IDP and returnee children in the Southern and Eastern regions of Afghanistan has compounded the pressure on existing services including classrooms, teachers, potable water and latrines,<sup>12</sup> in a context in which the country is already suffering from a huge shortage of teachers (approximately 40,000 according to the Ministry of Education in 2017).

A large-scale HEAT assessments completed across nine districts in three provinces in the Eastern Region (Nangarhar, Laghman and Kunar) in October 2016 found that school attendance rates for registered refugee returnees are significantly lower than for other population groups (girls: 18 per cent; boys: 24 per cent). Undocumented returnee, registered refugee returnee and IDP children are reported not to attend school for three main reasons: i) lack of absorption capacity of schools to enrol additional children; ii) lack of required documentation to facilitate enrolment (although schools are instructed to immediately enrol all returnees without documents) and iii) the costs associated with education such as additional teaching and learning materials, transportation.<sup>13</sup>

A follow-up education-specific assessment in priority districts

5. NRC, 2017. Initial Rapid Assessment: EiE for Undocumented Returnees

6. NRC, 2017. Initial Rapid Assessment: EiE for Undocumented Returnees

7. NRC, 2017. Initial Rapid Assessment: EiE for Undocumented Returnees

8. NRC, 2017. Initial Rapid Assessment: EiE for Undocumented Returnees

9. SCI, 2017. Rapid assessment of Education needs of IDP/Returnee children in Kandahar

10. NRC, 2017. Initial Rapid Assessment: EiE for Undocumented Returnees

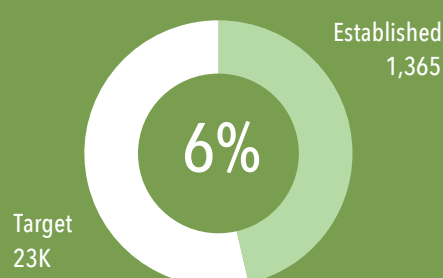
11. MoE, 2017. EMIS database

12. EiEWG, 2017. Secondary Data Review Report

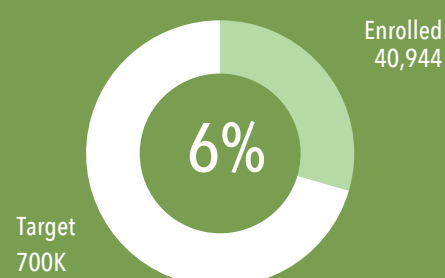
13. HEAT assessment OCHA 2016

Continued on page 60

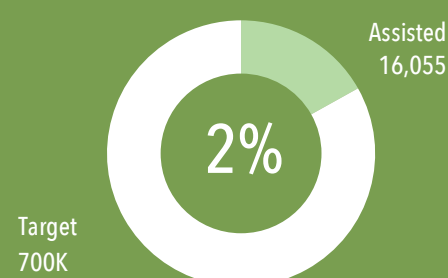
Number of CBS/TLS established



Number of children in need enrolled



Number of students benefitting from teaching and learning materials





## BENEFICIARIES ASSISTED



65k

## FUNDING AVAILABLE (US\$)



8M\*

\* Funding is included in cluster reporting

## MULTI-PURPOSE CASH FOR EMERGENCIES

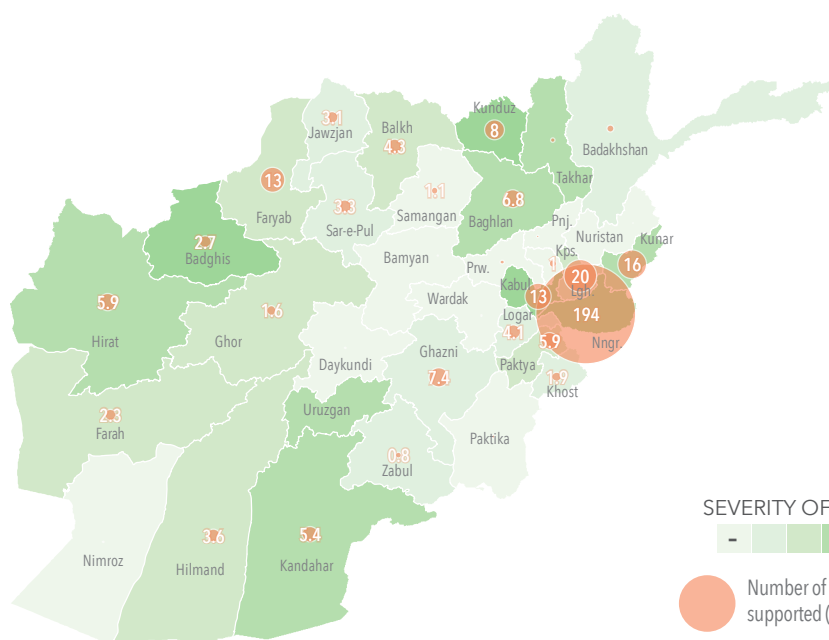


Humanitarian actors continue to scale up cash-based programming in 2017, including the use of multi-purpose cash (MPC). Between January and June, some 333,513 people across all provinces received \$8.8 million in MPC grants by 12 partners. MPC assistance to registered refugees under UHCR's repatriation programme accounted for more than three quarters of the total distributed (\$6.7 million), followed by undocumented returnees (\$714,000) and conflict-induced IDPs (\$679,000), accordingly. As of May 2017, the partners implementing the ECHO-funded Emergency Response Mechanism (ERM) have been using MPC for emergency assistance to conflict-induced IDPs. The amount of cash given to beneficiary households is based on a Survival Minimum Expenditure Basket (SMEB) which aims to enable households to meet all their basic needs (including food, shelter, health, NFIs, transport and NFIs) with the cash grant. In addition to MPC, the use of cash for sector-specific assistance has also increased in the past few months, with some 295,001 beneficiaries receiving \$10 million to support specific sectoral needs, such as

food and shelter. This increase has been precipitated by WFP's decision to transition to cash assistance for undocumented returnees in the Eastern Region. Between January and June 2017, WFP provided cash through mobile service providers to 15,250 families (106,750 people) – mostly returnees in the Eastern region – worth a total of \$2.65 million. Over the rest of 2017, WFP plans to scale up its mobile cash assistance to an additional 14,900 returnee households in the Eastern Region – worth a total of \$3.9 million. Overall, some \$18.9 million has been distributed to conflict, natural disaster affected caseloads, host communities and returnee populations so far this year.

In terms of coordination of cash programming, the Cash and Vouchers Working Group (CVWG) was re-activated in April 2017, and has so far focused on harmonising two key cash-related processes across clusters: reporting and post-distribution monitoring (PDM). Harmonising the reporting of cash activities in Report Hub will enable the humanitarian community to understand trends in cash

## RESPONSE MAP



## SEVERITY OF NEEDS

- +

Number of beneficiaries supported (thousands)

## CONTACTS

Anna Law  
CVWG Lead  
NRC  
anna.law@nrc.no

Kate Carey  
Humanitarian Affairs  
Officer, OCHA  
carey2@un.org



programming in Afghanistan across clusters – including on transfer amounts, transfer modalities (hawala, mobile cash, cash in envelope etc.), conditionality (unconditional vs. cash for work), types of programmes (one-off transfers vs. longer-term safety net-type programmes), and programme objectives (multi-purpose cash vs. cash for food or cash for shelter, for example). The cash reporting template in Report Hub has now been harmonised across all the cluster-specific pages, and a dedicated MCP page has been created.

The other focus of the CVWG has been on harmonising PDM of cash activities, to enable a better overall understanding – and comparison of – impacts and challenges of cash programmes across sectors. Partners have agreed on a set of common, minimum questions related to cash distribution processes and outcomes, to be included in all partners' PDM

questionnaires (in addition to any additional agency-specific questions). The aim is for partners to include these common questions in their PDMs by September 2017, in time for the implementation of activities under the CHF 2nd Standard Allocation.

In the coming months, the CVWG will be focusing on sharing experiences and helping set standards around three key programmatic issues: MPC, mobile cash and cash-for-rent. Despite rapidly growing interest in these three issues, there has so far been little knowledge sharing and coordination amongst partners in Afghanistan.



## 2017 ASSISTANCE REQUIRED



125k

## PEOPLE TARGETED



125k

## REQUIREMENTS (US\$)



19M

## BENEFICIARIES ASSISTED



634k\*



99k

return &amp; referral assist.



73k

em. shelter &amp; NFI



432k

food assistance



69k

health services



12k

protection services



232k

water, sanitation, hygiene

## FUNDING AVAILABLE (US\$)



430k

## CONTACT

Aneeta Ghotge  
UNHCR  
ghotge@unhcr.org

Nick Bishop  
IOM  
nbishop@iom.int

## REFUGEE & RETURNEE RESPONSE PLAN

Reporting provided by: Refugee &amp; Returnee Chapter

### Situation Overview

#### Refugee Returnees:

Although returns of registered refugees (33,733) during the first half of 2017 are 332 per cent higher compared to the first six months of 2016 when 7,812 returned to Afghanistan, they are significantly lower than estimated at the time the HRP was initially developed (550,000) and down considerably from the highs seen during the second half of 2016 when 364,765 returned in a six-month period. The overwhelming majority of registered refugees returning to Afghanistan come from Pakistan (99 per cent).

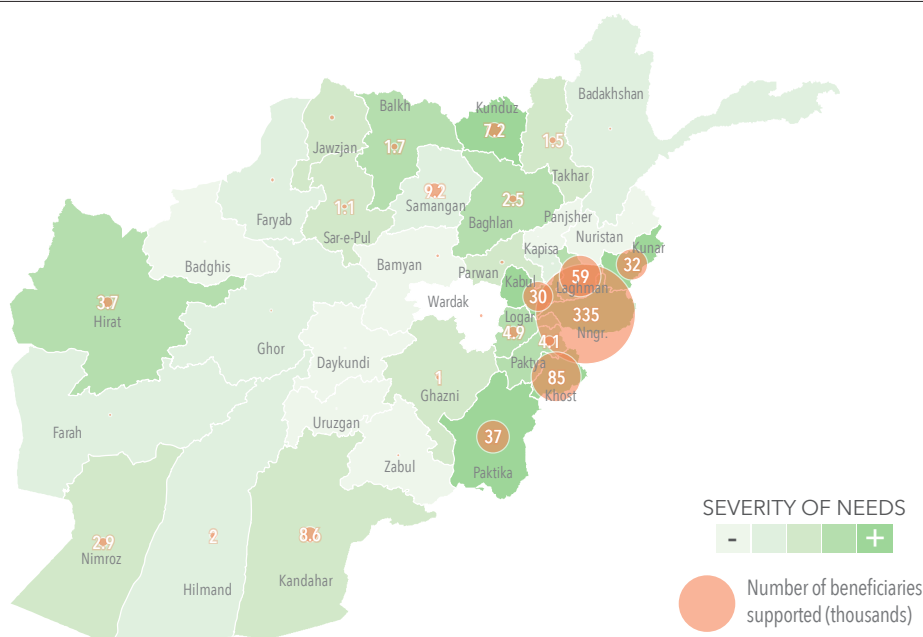
A lower rate of return in the first six months of 2017 could be influenced in part by the suspension of the UNHCR facilitated repatriation programme from Pakistan during winter (the programme resumed on 3 April 2017), the temporary closure of the Chaman-Spin Boldak border crossing in Nangarhar from 5 to 26 May due to cross-border conflict, and a relatively improved protection situation in Pakistan including extension of Proof of Registration (PoR) cards until 31 December 2017. UNHCR has also reduced its repatriation cash grant from

\$400 (average per individual) in 2016 to \$200 in 2017. Moreover, returns significantly slowed during the Ramadan period (26 May to 24 June) and subsequent Eid celebrations, during which refugees' intention for return is traditionally minimal.

The number of refugee returns in the second half of 2017 is expected to be significantly higher than during the first six months, reaching a projected total of 200,000 (on the lower side) and up to 300,000 (on the high side) people for the year; however, this figure will depend in part on the protection situation in Pakistan and validity of PoR cards in 2018, as well as events in Afghanistan.

The majority of the recently arrived returnees are now second and third generation refugees who have weak links to their ancestral areas of origin in Afghanistan, making them more vulnerable to cope with reintegration challenges. There is limited absorption capacity in the areas of highest return, including Kabul, Kunduz, Logar, Nangarhar and Paktya provinces. Lack of access to basic services and community infrastructure, economic opportunities, land and shelter were mentioned as key concerns after return.

### RESPONSE MAP



\* Beneficiary figures include cluster response to refugees and returnees.





Returnees also cite insecurity in their areas of origin as a reason for their decision to settle in other areas, typically urban centres. About 58 per cent of refugee returnees are under 18 years old. Among them, more than 11,000 children are of school-age.

#### NWA Refugees:

Afghanistan hosts a protracted population of refugees from Pakistan, who fled North Waziristan Agency (NWA) in 2014 as a result of military operations which left the civilian population forcibly displaced. As at 30 June 2017, UNHCR has biometrically registered 51,298 refugees in Khost province (20,066 of them since 1 January 2017), and re-verified registration data for 35,949 refugees in Paktika province where access remains a challenge on account of insecurity, so that the biometric registration has not been possible. The majority of those biometrically registered in 2017 were displaced from Pakistan between 2014 and 2015 but were previously unwilling to provide biometric data to UNHCR, partly because of misinformation by some elders that biometric data could be shared with the Government of Pakistan. They decided to register in 2017 due in part to increased reliance on humanitarian assistance from the international community including food distributions by WFP, and diminishing hopes of a safe and dignified return to NWA. The registered population figure varies month by month owing to a small number of cases inactivated after loss of contact for three months, and occasional new arrivals (eg. NWA refugees relocating from Paktika to Khost). The total number of active biometrically registered cases at the end of June was 51,298 refugees, and has remained between 50,000 and 52,000 since April 2017. Cultural barriers also impact on efforts to comprehensively register the refugee population, particularly women. While there has been a modest number of spontaneous returns reported by the Government of Pakistan and Afghan border police (UNHCR and partners do not have the capacity to monitor returns on either side of the border) an estimated total of 125,000 refugees from NWA remain in Afghanistan.

Some 16,423 refugees receive shelter in the Gulan camp in Khost province, while most live among the Afghan host population in various urban and rural locations. Refugees benefit from the generous hospitality of the provincial Afghan

government authorities and host communities, due in part to tribal affiliations and a shared understanding of the trauma of forced displacement. During inclusive consultations and community shura meetings, most of the refugees have indicated that they are currently unwilling to return to Pakistan. With military operations in NWA ongoing, the prospects for voluntary return in safety and dignity are minimal for the remainder of 2017.

The Government of Afghanistan acceded to the 1951 Convention and 1967 Protocol relating to the Status of Refugees in 2005; however, at present there is no national policy framework or refugee law to regulate issues of asylum and provide a pathway to meaningful and effective local integration.

#### Undocumented Returnees:

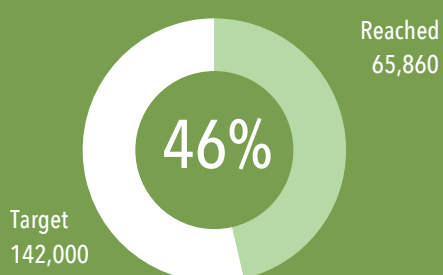
The number of returns of undocumented returnees (69,450) from Pakistan during the first half of 2017 was more than twice as high as in the first six months of 2016 when 33,892 returned to Afghanistan. From Iran, 161,655 undocumented Afghans returned in the first half of 2017 compared to 215,772 over the same period in 2016. This brings the total of undocumented returnees from Pakistan and Iran to 231,105 in the first six months of 2017, a slight decline from 249,664 in 2016.

The decline from Iran can be explained partially through the prolonged border closure at Islam Qala in Herat province, closed since 7 February ostensibly due to flash flooding at the time and now purportedly due to road conditions which has seen all deportations and returns of undocumented Afghans from Iran via the Milak border crossing in Nimroz province.

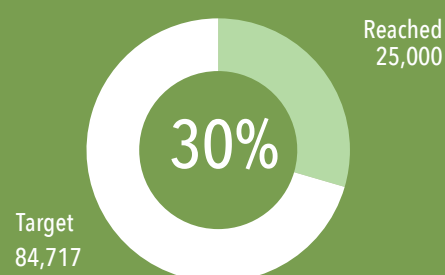
The higher rate of return in the first six months of 2017 from Pakistan has taken place in spite of a month long border closure from the with a two-day humanitarian pause in early March after a series of attacks in Pakistan allegedly linked to Afghans. Higher return rates have also continued in spite of UNHCR's prolonged suspension of the facilitated repatriation programme from Pakistan during winter and the decrease of the repatriation cash grant to \$200 in 2017. Returns also slowed significantly during Ramadan from 26 May to 24 June and subsequent Eid holidays, during which return has always been limited. Higher return numbers for the undocumented

Continued on page 62

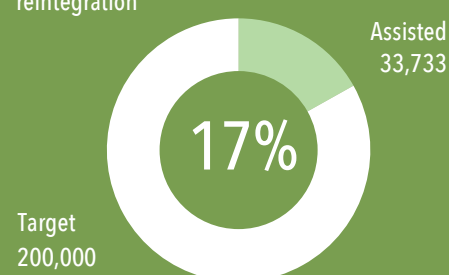
Proportion of undocumented returnees provided with post-arrival assistance



Proportion of NWA refugees provided with food per month



Proportion of refugee returnees provided with information and referrals to facilitate reintegration



## PROGRESS AGAINST CLUSTER OBJECTIVES CONTINUED...

### EMERGENCY SHELTER & NON-FOOD ITEMS

Continued from page 33

#### Assessments Summary

The ES/NFI Cluster partners participated in several rapid needs assessments, using the HEAT Tool, to respond to emergencies. However, three partners conducted four cluster specific shelter assessments of 4,571 households including IDPs and returnees in Jawzjan (281), Sar-e-Pul (322), Logar (446), Kunar (1,775), Ghazni (1,447) and Nangarhar (300) provinces. The preliminary findings indicate that the priority needs are related to medium-term shelter needs. The assessment focused on the most vulnerable population as agreed in the Cluster's vulnerability criteria. Some families have land, while others required support to secure tenure on temporary arrangements until a durable solution is found. ES/NFI response to these needs is still pending due to funding constraints to support transitional shelter construction and/or to upgrade existing shelters to enable families to recover from shock and improve their living conditions. Similar situations exist for vulnerable IDPs and returnees in hard to reach areas but there is limited evidence-based information as these areas are a challenge to access.

#### Protection Mainstreaming

Despite challenges to hire female staff, partners were able to include a minimum of one female numerator on assessment teams to communicate with and identify the specific needs of women and girls. ES/NFI partners ensured that distributions were conducted in safer locations and implemented measures to assist persons with specific needs who were unable to travel to distribution sites. Separate queues were arranged for women and men, while the most vulnerable households including female headed and persons with disabilities were prioritized for assistance. ES/NFI partners included ramps as part of the household latrine design to ensure equal access to all members of the household, particularly persons with disabilities. The ES/NFI Cluster is strengthening its links and coordination with the Protection Cluster and the Gender in Humanitarian Action (GiHA) to ensure gender is mainstreamed and protection risks identified to inform programming. In coordination with GiHA, the Cluster has developed and is launching an online survey to determine the knowledge and implementation of gender mainstreaming in order to strengthen the Cluster's response.

### FOOD SECURITY & AGRICULTURE

Continued from page 35

for agriculture support is also challenging to secure.

#### Assessments Summary

FSAC conducted two major assessments during the first half of the year. Assessment in informal settlements of Kabul and Nangarhar with the technical support of REACH and financial support of global food security cluster and a detailed food security and livelihoods assessment in Eastern region with the financial support of MAIL, WFP, FAO and UNHCR.

Results of the RAECH assessment found emergency food security situation in both Kabul and Nangarhar, where food insecurity rates are alarming. 68 per cent of households were severely food insecure, especially in Nangarhar where 70 per cent of households were considered severely food insecure. In Kabul, 55 per cent were found to be severely insecure – an increase of seven percentage points since November 2015. However, in Kabul, food secure households had risen slightly by 0.8 percentage points, possibly indicating greater inequality

within the settlements. IDPs were found to be more severely food insecure than returnees, with 73 per cent of IDPs falling into this category compared to 40 per cent of returnees. In Nangarhar, 74 per cent of IDPs were severely food insecure compared to 30 per cent of returnees.

Detail food security and livelihoods assessment results are showing worst condition as compared to national average. 13 per cent of the Eastern region population was found severely food insecure against a national average of 6 per cent. 62 per cent of the total population in the east region was found either severely or moderately food insecure against the national average of 40 per cent. Laghman is of highest concern where severely food insecure population has already crossed the emergency threshold of 20 per cent. Overall, all provinces have shown worse food security situation for all population groups.

Partners capacity and access constraints are the major concerns in carrying out assessment in hard to reach areas. FSAC did various trainings and hired enumerators at local

levels to reach hard to access areas for need identification, however, it remains very challenging.

### Protection Mainstreaming

FSAC with the support of partners finalized response packages as per the inputs of communities in PDM reports and in consultations with different stakeholders. Culturally acceptable food basket was designed and implemented making all FSAC partners to use the same food basket for the response. In most cases, food baskets are provided in cash enabling community (men, women and children) to decide for themselves in a dignified manner on their cultural food habits.

FSAC received only a few post distribution monitoring reports from partners showing community response on transparency and accountability of the assistance. FSAC is taking lead with cash and voucher working group to simplify the PDM tools so that all partners can use it to gauge community response on the assistance.

The Cluster prioritised response to fresh IDPs and returnees across the country and partners remained successful in scaling up the response for these two vulnerable groups. In both HEAT assessment tool and WFP vulnerability criteria; women headed household, child headed household and economically stressed food insecure communities were prioritised for immediate food security response. WFP vulnerability based targeting criteria was also presented to FSAC partners for inputs and use wherever possible.

## HEALTH

Continued from page 37

provided by cluster partners which is now no longer a priority for some funding sources.

The Health Cluster continues to conduct gap analysis and partner mapping and recognises that some provinces are particularly underserved. In partnership with the Nutrition Cluster, a project to interactively map health service provision is underway. Partner reporting has been exemplary, ranging from 90 to 100 per cent. However, the cluster continues to have challenge getting partners to report financial information. This will be addressed in the coming quarters.

### Assessments Summary

The district level Health Emergency Risk Assessment (HERA) has now taken place in 304 districts (90 in 2016 and 214 in 2017). The assessment, which covered 32 provinces, is a process that includes analysis of hazards and vulnerabilities, assessment of capacities, and risk calculation and prioritisation. The assessment provided detailed district level risk analysis including the likelihood, magnitude, and impact of hazards, information on the means that a community needs to cope with an emergency, information on mitigation and preparedness planning and prioritisation of the hazards and geographical locations with the highest risk. It also provides the baseline data that is useful to assess damages, needs, and capacities during response phase, enhances inter-sectoral coordination and collaboration and provides better information for decision-making, especially when resources are limited.

A total of 11 cluster specific assessments have been carried out by partners in Nimroz, Kandahar, Hilmand, Daykundi, Nangarhar, Kunduz, Kunar, and Jawzjan provinces during the first half of 2017. Assessments were conducted with the

standard tool from the Health Cluster looking at existing health services, gaps, accessibility, as well as accountability to affected populations. The assessment tool is in the process of being refined.

Assessments in rural districts of Kandahar, Hilmand, Daykundi, Kunduz and Kunar found that maternal and antenatal healthcare has been neglected with maternal mortality rates up to 45 per cent higher in rural districts and infant mortality rates 35 per cent higher than the national average. In addition, availability and accessibility of antenatal care is particularly deficient in rural districts of the assessed provinces. This is primarily due to the fact that antenatal services are not available in many rural health programmes. Trauma care, if available, is entirely provided by humanitarian actors. There is a dire lack of female health workers in rural districts. In 11 of the 26 assessed districts, there are no female health workers at all.

Provinces with significant returnee populations including Nimroz and Nangarhar were found to have health services unable to cope with the increased population size. Areas of particular deficiencies included maternal and newborn health, psychosocial support and trauma care in addition to vaccinations. Maternal mortality rates and infant mortality rates are higher in districts where there are significant number of returnees. Zaranj and Spin Boldak districts, for example, have 21 and 12 per cent higher maternal mortality and infant mortality rates respectively. Disease screening, particularly TB is urgently needed in entry points for returnees.

A total of 36 districts were assessed of a planned 44 during the first half of the year, with eight inaccessible due to security concerns. In order to properly assess these and other districts, a more comprehensive, multi-sectoral assessment should be organized.



## Protection Mainstreaming

The Health Cluster ensures that all partners' health service delivery is based on needs that are inclusive and non-discriminatory. Health assessment guidelines include participation from vulnerable groups within affected communities. The Health Cluster encourages female health workers in facilities if at all, feasible and practical to allow for culturally appropriate services for women and girls. Recent assessments carried out by the Health Cluster addresses access for women to health facilities. Key issues identified include lack of female health workers, lack of reproductive health services and no GBV training for healthcare workers to further guide cluster priorities.

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

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

sensitised to respond to survivors of gender based violence. Working together with the Gender Based Violence Sub Cluster, it is emphasized that the service providers are familiar with "Standard Operational Procedures on Gender Based Violence" and respect for confidentiality through extensive capacity building.

The Health Cluster is beginning to address mental health, psychosocial support and initiate awareness raising about referral services involving communities, both men and women; in assessments, planning and implementation of projects based on the standards of accountability to affected population. This is particularly relevant in conflict-affected areas.

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

---

## NUTRITION

---

Continued from page 39

SPHERE standards.<sup>6</sup> The number of children with SAM provided with therapeutic nutritional support (OPD-SAM and IPDSAM) during this period represent approximately 45 per cent of the overall Nutrition Cluster target for 2017 of 236,000 children U5 with SAM.

In addition, the Nutrition Cluster supported treatment of children 68,974 children (47 per cent boys; 53 per cent girls) U5 with moderate acute malnutrition (MAM) across the country with recovery rates of 78 per cent achieved. The treatment outcome indicators are well within SPHERE standards.<sup>7</sup> The number of children provided with therapeutic nutritional support (OPD-MAM programmes) during this period represents approximately 31 per cent of the overall Nutrition Cluster target for 2017 of 221,000 children U5 with MAM. Furthermore, the Nutrition Cluster provided therapeutic nutritional support to 82,985 PLW with acute malnutrition. The number of acutely malnourished PLW provided with therapeutic nutritional support during this period represents about 68 per cent of the overall Nutrition Cluster target for 2017 of 121,500 PLW suffering from acute malnutrition.

Ensuring timely provision of emergency nutrition support to returnee and refugee population groups is critical to prevent acute malnutrition associated morbidity and mortality in young children. In line with the Nutrition Cluster Response plan priorities, emergency nutritional support was provided

to returnee children U5. During the reporting period, a total of 10,904 returnee children aged 6-59 months have received Vitamin A supplementation (28 per cent of planned target achieved). Furthermore, approximately 8,180 returnee children aged 24-59 months (30 per cent of planned target achieved) received deworming tablets and 11,251 returnee children aged 6-59 months (29 per cent of planned target achieved) were screened for acute malnutrition and referred for appropriate nutrition therapeutic care and support. Moreover, 10,212 (52 per cent of the target achieved) returnee children aged 6-59 months and 1,445 (30 per cent of the planned target achieved) returnee PLWs have received Blanket Supplementary Feeding Programme (BSFP) support.

Coverage of interventions for the returnee and refugee nutritional response are low owing to a number of factors. The overall returnee and refugee population in the 2017 HRP turned out to be less than initially projected and this had a direct effect on the number of children and PLW reached with nutrition services vis-a-vis planned nutrition targets in the reporting period. This was a result of the decreased number of undocumented returnees arriving from Pakistan. Furthermore, gaps in the nutrition supply pipeline were experienced as a result of temporary closure of major border crossings on the Afghanistan and Pakistan border by the Pakistani government in February and May of this year. Last but not least, the reporting rate from cluster partners was low as a result of partner capacity challenges.

During the reporting period, a total of 121 partner staff were trained on various surveys and assessments methodologies, achieving 61 per cent of the HRP target. Furthermore, the

6. <http://www.spherehandbook.org/en/management-of-acute-malnutrition-and-micronutrient-deficiencies-standard-2-severe-acute-malnutrition/>

7. <http://www.spherehandbook.org/en/management-of-acute-malnutrition-and-micronutrient-deficiencies-standard-1-moderate-acute-malnutrition/>

Nutrition Cluster supported capacity building in Nutrition in Emergencies Preparedness and Response of 121 health care providers (from all the regions) drawn from Government, BPHS, NGOs and UN agencies. Nutrition Cluster partners also supported an inception orientation capacity building workshop for the 12 provinces that would receive support on TFU establishment/rehabilitation.

The temporary closure of major border crossings along the Afghanistan and Pakistan border by the Pakistani government in March 2017 interrupted the nutrition supply pipeline particularly for the TSFP, BSFP and TFU interventions. As a result, programme coverage for these interventions, particularly in the most vulnerable regions/districts, was negatively affected. The extent and intensity of conflict between Afghanistan's National Security Forces (ANSF) and non-state armed groups (NSAG) has been increasing, with conflict and displacements continuing at levels similar or worse than in 2016. Most provinces have been affected by the conflict with the greatest displacements occurring in Kunduz and Takhar provinces. Other provinces with high numbers of IDPs include Uruzgan, Kandahar, Nangarhar, and Faryab. The impacts of increasing conflict are contributing to low coverage of nutrition response efforts in some of the provinces as a result of limitations on humanitarian access and disruption of services.

The other major constraints include limited coverage of health facilities and weak technical capacity at service delivery points, limited monitoring and supportive supervision of programme implementation and limited support to the treatment of malnourished PLW. In addition, treatment services for acute malnutrition in Afghanistan have low coverage with weak community outreach and follow up mechanisms. To strengthen the community component, the Nutrition Cluster is working closely with partners to integrate/converge activities with immunization/polio (as community basic package) for active case finding and follow up. Furthermore, the Nutrition Cluster partners are coordinating efforts with the Health Cluster partners on a joint mobile team strategy for delivery of lifesaving nutritional interventions in underserved and hard to reach areas. Also, the Nutrition Cluster is supporting capacity strengthening for its partners in emergency nutrition preparedness and response to ensure timely response during emergency situations.

Delays in the submission of programme data and reports by partners, along with gaps in updated assessment data in many provinces, remains a challenge and is constraining evidence based decision-making and timely response. Afghanistan still lacks comprehensive updated national and provincial/district nutrition information on the situation of children and women. To address this gap, the Nutrition Cluster through its Assessment and Information Working Group (AIMWG) is supporting capacity building of its partners to ensure there is adequate capacity within all provinces for conducting nutrition surveys and assessments. In inaccessible areas where the security situation permits, the Nutrition Cluster is supporting Rapid SMART surveys to quantify severity and magnitude of the nutrition situation. To improve the

reporting timeliness, the Nutrition Cluster is in the process of upgrading the nutrition database and strengthening partner follow up through the AIMWG and sub-national cluster focal points.

Reporting of humanitarian funding received by Nutrition Cluster partners also remains a challenge and as a result the Nutrition Cluster reporting in the Financial Tracking Service (FTS) is under reported. Most of the key cluster partners report their consolidated humanitarian funding through their headquarter offices and it takes time to have a turnaround on reporting requests submitted at country level. The Nutrition Cluster is planning to address this challenge through close coordination with in country donor agency to ensure that partners receiving funding are made accountable to reporting to the cluster funding received.

Lack of consistency and continuity in the Nutrition Cluster Coordinator function has been a challenge and has constrained full execution of some of the core functions of the Nutrition Cluster within this reporting period.

## Assessments Summary

Nutrition Cluster specific assessments

Highlights are as follows:

1. Action Against Hunger. Nutrition & Mortality SMART Survey - Farah Province. February to March 2017

Findings: The acute malnutrition situation was found to be severe. Global acute malnutrition (GAM) rates of 110.8 per cent and severe acute malnutrition (SAM) prevalence rates of 1.2 per cent amongst children U5 were reported in Farah Province. Boys (GAM – 13 per cent) were found to be more affected by acute malnutrition compared to girls (GAM - 8.4 per cent). The survey findings underlined the continued high residual levels of acute malnutrition in Farah Province and the need to intensify emergency nutrition response efforts.

2. INTERSOS. Multi Sector Assessment (MSA) - Nutrition Food Security WASH and Mortality – Kandahar Province. January – February 2017

Findings: The acute malnutrition situation was found to be severe. GAM prevalence rates of 8.3 per cent and SAM prevalence rate of 1.3 per cent in children U5 were observed in Kandahar Province. Likewise, boys (GAM -10.3 per cent) were found to be more affected by acute malnutrition compared to girls (GAM – 6.6 per cent). The survey findings underlined the continued high residual levels of acute malnutrition in Kandahar Province and the need to intensify emergency nutrition response efforts.

3. Action Against Hunger. Rapid SMART Assessment Report - Baba Sahib, Khairi Khail and Gambiri Returnees Camp's, Qarghai and Mahtherlam districts - Laghman Province. May 2017

Findings: The rapid assessment findings are suggestive of sustained high levels of acute malnutrition with GAM

prevalence rate of 19.1 per cent and SAM prevalence rate of 2.2 per cent in Baba Sahib Camp; GAM prevalence rate of 7 per cent and SAM prevalence rate of 1.8 per cent in Khairo Camp; GAM prevalence rate of 17.9 per cent and SAM prevalence rate of 2.4 per cent in Gambiri Camp. Based on the assessment findings, the Nutrition Cluster prioritized the provision of a bundle of preventative and lifesaving nutritional support to prevent negative trends in acute malnutrition, mortality and morbidity associated with acute malnutrition in young children and PLW.

Afghanistan lacks comprehensive updated national and provincial/district representative nutrition information on the situation of children and women. The main constraint has been security related access constraints which limit the ability of the Nutrition Cluster to draw a representative sample across the country as well as implement survey activities without hindrance.

### Protection Mainstreaming

The Afghanistan Nutrition Cluster has put in place a checklist for protection mainstreaming in nutrition cluster supported programme / activities.<sup>8</sup> This checklist is used by the partners in identifying and addressing protection threats during the design and implementation of programmes/ projects seeking to improve the nutrition situation of children and women affected by humanitarian crisis. Community based management of acute malnutrition (CMAM) is one of the main service delivery strategies used by Nutrition Cluster in delivering nutritional support to crisis affected populations. CMAM as an integrated model involves active participation of caregivers in the treatment of acute malnutrition and community health workers/ volunteers in identification of acute malnutrition, referral and follow up of identified children and PLW, thus increasing the community's programme awareness and engagement. At the district level, Nutrition Cluster partners have put concerted efforts in strengthening referral systems between the various components of the IMAM programme including promoting linkages with referral for child protection services including psychosocial services where available. The Nutrition Cluster partners engage with local governance committees in their capacity as local stewards for nutrition

service provision thus bringing the management of these services closer to communities and concurrently increasing ownership and demand for services. Feedback is provided by these committees to the Nutrition Cluster partners on the communities' nutritional needs and this informs refinement of the Nutrition Cluster's prioritization and delivery strategies and identification of any protection related considerations. The IMAM model is based on the following principles that guide programme activities: (a) maximum coverage and access; (b) timeliness; (c) appropriate care; (d) care as long as it is needed; (e) capacity building and integration.

The screening and assessment of children seeking nutritional support services are inclusive and representative of all eligible young children irrespective of their gender and socio-economic demographics. The Nutrition Cluster ensures equal numbers of boys and girls are assessed so that sex bias does not prevent equal access and any emerging gender gaps are identified in a timely manner. The Afghanistan infant and young child feeding (IYCF) indicators are some of the worst in the world, attributable to poor maternal knowledge and skills in young child care and poor access to and utilization of appropriate diets for young children. As part of its response efforts in 2017, the Nutrition Cluster has been promoting integration and scaling up of IYCF and care support in its emergency nutrition interventions. The Nutrition Cluster partners have been actively strengthening caregiver capacities and empowering mothers and male heads of households in decision-making on child care through various trainings at the community level. These capacity development efforts are supporting the development of better child-care skills amongst primary carers, which are key for children's well-being (e.g. psycho-social and nutritional outcomes) and can be an important component in improving protection from neglect or violence for the most vulnerable children in communities. Gender and protection specific topics have been incorporated into nutrition education messaging provided to the general community and beneficiaries. Overall, the Nutrition Cluster ensures that data collected by partners is from women, men, boys and girls and disaggregated as such in reports. In Nutrition Cluster supported activities, women and men are encouraged to equally participate in decision making processes. Furthermore, the Nutrition Cluster partners have been investing in building capacity of local mother support groups to provide support mechanisms for improving the nutritional status of PLW and women of child bearing age (WCBA).

8. [https://www.humanitarianresponse.info/system/files/documents/files/afg\\_nc\\_protection\\_mainstreaming\\_checklist\\_at\\_critical\\_points\\_in\\_pcm\\_2015\\_0.pdf](https://www.humanitarianresponse.info/system/files/documents/files/afg_nc_protection_mainstreaming_checklist_at_critical_points_in_pcm_2015_0.pdf)

## PROTECTION

Continued from page 41

coordination at the subnational and national level resulting in 17 schools being vacated and reopened in the first 6 months of 2017.

The Afghanistan Demographic and Health Survey Results released in 2017 have indicated that 53 per cent of ever-married women aged 15-49 have experienced physical violence at least once and 56 per cent of ever-married women between the ages of 15-49 have reported experiencing emotional, physical or sexual violence from their spouse. Among ever-married women who had experienced spousal violence in the last 12 months, 26 per cent reported experiencing physical injuries. Health seeking behavior is not prominent amongst gender based violence (GBV) survivors and integrating response modalities into other sectors will assist in reducing the risk of exposure and enable access for survivors – for example 61 per cent of ever-married women who had experienced violence never sought help or informed anyone. Findings from the NRC and ATR Study on “Humanitarian Needs in Hard to Access Areas” completed at the end of last year has identified that residents in hard to access areas are more likely to mention cases of female GBV in the community, but less likely to have access to services or to report them to authorities. Those in hard to reach areas were also more likely to identify threats, including armed groups disrupting community life, community disputes, and fighting between armed groups and the government affecting their families. Negative coping mechanisms which contribute to increased rates of GBV have been identified in these areas. This finding was also identified in the Nangarhar Protection Community Assessment undertaken in May 2017, where a high number of male respondents in communities in Nangarhar, Kunar and Laghman voiced that the pressures of a loss of income during displacement caused them to resort to domestic violence.

For males experiencing GBV, statistics are challenging to collect due to social stigma and cultural norms, however the practice of batcha bazi (dancing boys) is still prominent in Afghanistan and the penal code is in the process of being revised to make this practice illegal. Although massively under-reported, there have been reports through the UNICEF Monitoring and Reporting Mechanism (MRM) Taskforce, UNAMA, protection monitoring and protection assessments undertaken by the Regional Protection Clusters which have identified the ongoing sexual abuse of boys – with 3 incidents being perpetrated by the ANSF. According to UNAMA, 8 incidents of abduction by AGEs were reported, involving 17 boys and there were 33 incidents of recruitment and the use of boys by AGEs and ANSF, mostly in the northeast, south and central highland regions. The fragmentation of political groups is an increasing concern with 20 of these boys being recruited by the Taliban, 2 by AGEs, one by ISIL KP and 14 by ANSF.

Due to closure of the Islam Qala border since February

2017 and requirement for people returning from Iran to Afghanistan to re-enter through the Milak Border in Nimroz, protection concerns, especially for unaccompanied women and minors, include increased distance and cost of travel to the Milak Border, mistreatment by authorities in Iran and Afghanistan, risks of vulnerability to child trafficking and child recruitment by AGEs. The Western Regional Protection Cluster, Child Protection in Emergencies (CPiE) Area of Responsibility and OCHA have been assessing the situation and advocating to authorities to strengthen response. There is not enough capacity to respond to the protection needs of deportees at the Milak Border and although UNICEF is planning to increase programming from Q3 other partners are required to provide services including psycho-social support, legal assistance and referrals. IoM is also currently working with the Ministry of Refugees and Repatriation (MoRR) on the Afghan Returnee Information System (ARIS) to assist in developing a reintegration mechanism for Afghan returnees.

Protection of civilians continues to be an increasing concern across the country due to ground and aerial engagements, cross border shelling and targeted attacks. During the first half of 2017, armed conflict continued to cause severe harm to civilians across Afghanistan, killing and injuring civilians at levels similar to the same period last year. Between 1 January and 30 June 2017, UNAMA documented 5,243 civilian casualties (1,662 deaths and 3,581 injured), marking a decrease of less than one per cent in overall civilian casualties from the same reporting period in 2016. Key trends observed in the first six months of 2017 include an overall decrease in civilian casualties from ground engagements and increases in civilian casualties from IED tactics. In the first six months of 2017, the majority of civilian casualties resulted from the indiscriminate and unlawful use of IED tactics by AGEs in civilian-populated areas - particularly suicide bombs and pressure-plate devices. In the first half of 2017, more civilian deaths and injury from suicide and complex attacks were documented by UNAMA than any previous six-month period since the mission began systematic documentation of civilian casualties in 2009 – this was also a 15 per cent increase compared to the first 6 months of 2016. After combined IED tactics, ground engagements were the second leading cause of civilian casualties”.

Due to the changes in response modalities, the needs of returnees after they cross the border and receive post arrival assistance from IOM and UNHCR are now being addressed across all clusters and mine risk education and encashment centres is now being responded to by Mine Action partners under the Afghanistan Protection Cluster.

### Summary of Achievements and Progress

Protection actors have continued monitoring of the protection situation in displacement and conflict, provision



of basic services to prevent, mitigate and respond to the life-threatening risks and used evidence collected during assessments and monitoring to carry out local, regional and national advocacy. In the first half of 2017 protection actors have made the following progress:

- Protection partners have identified, assessed and individually assisted 1,612 persons with specific protection needs;
- 45,190 people (25 per cent girls, 25 per cent boys, 23 per cent women aged 18-59, 21 per cent men aged 18-59, 3 per cent elderly women over the age of 60 and 3 per cent elderly men over the age of 60) have been consulted through 453 protection monitoring activities conducted by 5 implementing partners across the country, achieving 63 per cent of the HRP target. The people consulted included new, prolonged and protracted IDPs (including those who had returned to their place of origin) and limited numbers of returnees from Pakistan.
- 7,652 women and girls have received multi-sectoral support (GBV) at women friendly spaces, with 2,492 dignity kits have been distributed to the most vulnerable women of reproductive age;
- 4,374 GBV survivors have received multi-sectoral services, including health, legal and psychosocial support;
- CPiE actors led by UNICEF have reached 150,000 people through community outreach and advocacy messaging aimed at prevention of child recruitment ("living theater" in high risk communities, provincial TV round tables on child recruitment, Mullah's delivering messages in mosques, etc.);
- UNICEF supported 110 Child Friendly Spaces in the West and East of the country, in areas with high IDP/returnee numbers and at border crossings, providing psychosocial support, structured play and basic assessment of needs for 35,000 children;
- UNICEF (through the MRM Taskforce) continued to closely monitor and regularly (weekly and monthly) report on six grave violations of child rights (Killing and maiming of children; Recruitment or use of children as soldiers; Sexual violence against children; Abduction of children; Attacks against schools or hospitals and Denial of humanitarian access for children);
- 17,656 people have received information on Housing, Land and Property (HLP) and legal civil documentation rights through face-to-face information sessions during community outreach, at encashment centres and zero border points. Information and awareness-raising has also been provided through hotline services and longer community sensitisation sessions.
- 9,545 people have received legal counselling (one-on-one tailored legal advice) and legal assistance (direct legal action taken on behalf of beneficiaries) in cases relating to HLP rights and disputes, through both the informal and formal justice systems. This includes cases involving

inheritance rights for women, occupation disputes, tenancy agreements, land documentation, forced eviction and alimony.

- In Kabul, NRC has signed an MoU with the Department of Population Registration to allocate a separate registration book (called Motafareqa) for IDPs in all provinces of Afghanistan, which will help IDPs to obtain civil documentation without needing to travel to their place of origin (preventing return to areas of conflict and increased cost).
- Over 588,700 IDPs, returnees and host community members in areas with ongoing fighting and high concentration of UXO contamination have received mine risk education to prevent injuries, disability and death as a result of exposure to the mines and UXOs (achieving 30 per cent of the HRP target);
- Over 212,000 conflict affected community members (29 per cent) have benefitted from the clearance of areas from mines in 866 communities across the country. Cross trained teams have destroyed 838 items of explosive devices, majority being UXOs (516) and small arms ammunitions (321). The majority of the items have been identified and destroyed in Baghlan (344 devices), Helmand (114 devices) and Faryab (109).

Protection Cluster partners have made progress with regard to the key Cluster objectives: Protection Objective 1 and 2 are on track, given the limited funding and period of reporting (30-40 per cent progress). Profiling in areas with large number of returnees and prolonged or protracted IDPs was not reported during the first half of the year.

Progress towards Objective 3, which includes the creation of the protection-conducive environment to prevent and mitigate protection risks and facilitate effective response to the protection violations is behind the plan, mainly due to the limited access to the affected population, funding restrictions, but also due to incomplete reporting.

Protection response to the displacement and conflict is concentrated in the provincial and district capitals that have become the catchment areas. At the same time, numerous displaced people in the country remain inaccessible in AGE controlled areas and areas with ongoing fighting. GBV, CPiE and HLP partners have limited capacity and geographical coverage, however Mine Action partners providing mine risk education, surveillance and EOD removal have the most access among protection partners.

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

- Access: a combination of constraints has prevented partners from reaching the affected population, i.e. physical access to the area (security not permitting) and access to all the affected population groups (limited number of trained female staff). There are limitations related to security with regard to the implementation of specific stand-alone protection activities and the Cluster has started working with partners to integrate protection



into other sectors to improve access, increase community acceptance and reach out to conflict affected people.

- Limited funding: protection partners have limited independent funding. Further, there is lack of reporting on the side of number of partners. It is estimated that protection cluster is funded at the level of 40 per cent, while official reporting stands at the mark 11 per cent. Projects are concentrated in urban areas, with limited outreach to peri-urban and rural areas and areas with active fighting.
- Partners demonstrated insufficient coverage, which is related to a mixture of factors, including limited access and funding.

## Assessments Summary

No standalone assessment took place during first half of the year, although partners have been carrying out numerous assessments and monitoring exercises of more localized nature:

- The Nangarhar Community Protection Assessment led by the Eastern Regional Protection Cluster (ERPC) and involving 17 partners took place in April-May 2017 and covered 113 communities in Kunar, Laghman and Nangarhar, consulting with men, women, girls and boys on their priority needs and protection risks. Using a participatory approach, the ERPC partners have carried out 480 focus group discussions and interviewed 120 key informants among returnees, IDPs and host communities. The main issues identified were a lack of civil documentation being a major barrier to accessing basic services, such as education and health, decreased capacity to generate income, men as main breadwinners experiencing additional stress due to the need to take care of their family in situations of displacement with a low income and child recruitment in the areas in proximity to ongoing fighting.
- In the first half of 2017, UNHCR and partners have carried out 677 protection monitoring missions, consulting 45,190 IDPs and returnees. This has informed UNHCR and Afghanistan Protection Cluster (APC) programming and advocacy.
- The Protection Cluster has been making referrals at the regional level to address the needs and concerns of the affected population, whilst also informing high level advocacy on the developments in hot spot areas (Tirinkot, Kunduz, Faryab etc). Protection monitoring partners and the Regional Protection Cluster Coordination Team regularly present findings of assessments and monitoring in the OCTs, HRTs and regional protection cluster meetings to coordinate response. NRC co-leads have also undertaken missions to districts beyond regional hubs, participating in over 50 days of joint assessments and carrying out independent protection assessments to inform targeted advocacy and programming as well as overall situation analysis for regular cluster updates and advocacy, including the newly introduced APC regional

fact sheets.

- APC has contributed to the development of the methodology/questionnaire for the nation-wide joint education assessment with a child protection component. The implementation of the assessment is planned for Q3 and will inform the key education and child protection needs.
- DDG is reviewing the current mine/ERW materials and will conduct Knowledge Attitude and Practice (KAP) survey at UNHCR encashment centres, with results intended to be available by December 2017.
- NRC has begun work on the “Challenges to IDP Protection Study II – Secondary Displacement” that will investigate key protection concerns of IDPs and the effects of secondary displacement to provide evidence for advocacy on the protection risks of IDPs and the development of durable solutions.

## Protection Mainstreaming

In 2017, the Afghanistan Protection Cluster has continued to prioritise protection mainstreaming within its areas of responsibility and other clusters. Engagement has included sensitisation, training, advocacy and the dissemination of briefing notes and fact sheets. For the next six months, a focus will be placed on developing and translating guidance and training partners in protection mainstreaming, integrated protection and working on the development of the HCT Protection Strategy to promote the Centrality of Protection in humanitarian action, including IHL and Protection of Civilians components.

From January to June, key protection mainstreaming activities and outcomes of the APC and Regional Protection Clusters have included:

### 1. Coordination:

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

protection assessments to monitor protection concerns and joining IDP Screening Committees to ensure accountability of the petition process.

- Providing technical support to partners submitting 33 proposals and conducting the protection mainstreaming review of all shortlisted applications for the CHF first allocation.

## 2. Advocacy:

- Developing the framework of the Humanitarian Country Team (HCT) Advocacy Strategy on International Humanitarian Law and Protection of Civilians.
- Developing a briefing note for the HCT and ICCT and presenting on the attempted collapse of Kunduz in April and the humanitarian needs in Uruzgan including the impact of explosive violence on civilian casualties, protection concerns and measures to be undertaken to improve the coordination of response across clusters.
- Advocacy from the Western RPC and HLPTF has prevented the forced eviction of 48 IDP families living in Naw Abad, Herat, until the government had an alternative for relocation of the IDP families.
- The North and North-East RPCs developing a briefing note on the situation of 19 schools occupied by the Afghanistan National Security Forces for military purposes in Kunduz, Baghlan and Faryab. The bilateral advocacy and coordination in relevant regional forums resulted in 17 schools being vacated and reopened. The Western RPC has also been coordinating with the Provincial Education Department (PED), CPiE and EiEWG on the official closure of 41 schools in Bagdhis Province.
- The North RPC advocating to the PED in Faryab, resulting in displaced children being able to enrol in school, whilst the PED retrieves documents from their place of origin. The North-Eastern RPC has also been advocating successfully to the Department of Education in Kunduz to allow children to enrol in schools in the place of displacement until they are able to present their transfer transcript.
- The North and North-Eastern RPCs advocating to humanitarian agencies to focus efforts on underserved areas resulting in access to people in need of response in hard to reach areas of Kunduz, Baghlan and Samangan provinces through negotiation with community elders.
- Coordinating response to preventing early and forced child marriages by the Western RPC through cluster meetings, consultations with IDPs, community leaders, UNICEF Child Friendly Spaces, meetings with Imams and Friday prayer khatibs of mosques in Herat and other

provinces.

- The Western RPC and HLP-TF raising protection concerns to authorities of the lack of government capacity to build shelters, inability of IDPs to buy land and lack of compensation for IDPs due to demolishing makeshift shelters to upgrade the Maslakh site as part of the implementation of the Provincial Action Plan in Herat. Key achievements have included government agreeing to revise the Maslakh Master Plan to include upgraded plot sizes to accommodate 10,000 IDPs (currently over 80 per cent of existing IDP shelter has been destroyed).
- Continuing to advocate at national and subnational level for the referral of protection concerns from Household Emergency Assessment Tool (HEAT) assessments and data sharing to improve protection risk analysis and identification of needs – one partner is now sharing emergency alerts with the APC to help improve coordination.

## 3. Assessments and Research:

- Conducting the Nangarhar Community Protection Assessment and identifying protection concerns across all sectors, with findings due for dissemination in quarter 3.

## 4. Training:

- Delivering 26 training and sensitisation sessions by the Regional Protection Clusters to 386 participants in the field – including assisting partners to facilitate training including the NRC Protection Mainstreaming, Gender and Access in Humanitarian Response (funded by ECHO) for protection and joint assessment team staff in all regions; PUAMI's training in psycho-social support in the East and training for other clusters in protection principles.
- Conducting a one-day protection mainstreaming workshop for 22 staff of Mine Action implementing partners and DMAC personnel. To ensure cultural sensitives are acknowledged, Mine Action Partners have also been ensuring male and female trainers are able to provide mine risk education sessions to men and women in separate facilities.
- Developing training packages including protection principles, data confidentiality and do no harm to be conducted for protection and other clusters, partners located beyond regional hubs, joint assessment team staff and operational coordination team members - from Q3, training in protection principles and strengthening field practices to respond to IDPs will be conducted in 9 provinces in the north and north east.

## WATER, SANITATION & HYGIENE

Continued from page 43

with CLA, the vice Minister of MRRD has promised to recruit the post during the early part the third quarter. The drafting of the transition roadmap also experienced delay due to unavailability of a transition specialist who has at last submitted the draft report in mid-June. However, the contingency planning at provincial level has progressed well, as 23 provinces out of 34 have drafted their plans so far (9 provinces prepared it in 2017). Some of the Provinces (e.g. Khost) are routinely organizing the monthly coordination meeting with partners and sharing the report with national Cluster.

WASH partners have reported a number of security incidents in the project areas where fighting is ongoing causing temporary suspension or delay of activities in some cases. Partners have managed to secure access through the support of village elders and resumed project activities in most of the cases (e.g. CAID's negotiated access in Faryab). However, the unwillingness of partners to work in areas fully controlled by NSAGs (e.g. Sangin district of Hilmand) or contested areas is a matter of concern. This is because implementing WASH activities needs prolonged physical presence of staff on site (e.g. until the borehole is drilled and commissioned). According to WASH partners, the risks become even higher where there are foreign fighters in the area who do not share any cultural bonds with the local population.

At the end of Q2, a total of \$ 15,651,787 is available (62.5 per cent of the HRP funding needs of \$25 million) out of which \$ 8,042,314 was raised in 2017. Altogether, five donors contributed to the new funding with OFDA, ECHO and CHF being the largest with \$3,192,792, \$2,424,690 and \$1,300,117 respectively. Even though the WASH Cluster is nearly 63 per cent funded, the majority of funds have already been utilized, while the remaining funding is committed to projects, already. Even with the revised WASH target of 950,000 people (original target is 1,137,000), the WASH sector faces a shortfall of \$9.40 million from its revised target of \$25.0 million. WASH partners have as many as 18 needs assessments in hand covering estimated 150,000 people that are awaiting funding, hence there is a critical gap of \$4.80 million for already identified needs.

### Assessments Summary

A total of 65 projects were implemented during the first-half of 2017 across 72 districts in 27 provinces. This included 24 carried forward projects from 2016 and 41 projects initiated in 2017. This year, WASH partners reported conducting a total of 59 need assessments across 27 provinces. So far, partners have shared 31 needs assessment reports which are archived in the cluster website for reference. In 2017, 559,806 people were assessed for WASH needs covering 208,416 returnees (37.2 per cent), 196,980 IDPs (35.2 per cent), 82,144 host

communities (14.70 per cent), 46,742 natural disaster affected people (8.30 per cent) and 21,456 underserved population (3.6 per cent) and 4,069 refugees from Pakistan (1 per cent). Of all the people assessed, only 206,648 of them in 2017 have been reached with WASH assistance, leaving a gap of 353,158 people still waiting to be served.

Cluster partners found that a few of the assessments undertaken are rather sketchy and didn't follow the Cluster recommended assessment and reporting tools and hence the number of people reported needing services seems to be bit too high. At the same time, a large number of need assessment reports are realistic and clearly articulate the needs. Security is reportedly one of the main reasons for the poor quality of assessment where partners seem to have rushed to complete the assessments with a small, not representative sample size. Another reason is the lack of resource for a comprehensive survey as most of the NGO partners do not have upfront cash to invest in large scale need assessments without the guarantee of funding.

### Protection Mainstreaming

WASH partners have paid attention to the gender specific WASH needs of affected people during the reporting period. Separate toilets have been provided for men and women and male and female hygiene promoters (couples) deployed for disseminating hygiene messages in many cases. The toilets installed and managed by WASH partners and the deployment of male and female toilet cleaners in Torkham Zero Point and Transit Centre have been appreciated by returnee families using the facilities, especially women and girls (IMC report). WASH partners are also working with the Education in Emergency Working Group (EiEWG) to ensure appropriate facilities in learnings centres such as community based schools.

Despite some of these progresses, there are a number of areas that needs attention to address the specific needs and gaps in gender and protection. For example, not all partners are deploying couples for hygiene promotion to address the specific needs of women and girls; NGO staff lack skills and specific guidance on how to increase women's participation in hygiene sessions; there are limited number of female staff with WASH partner agencies and female staff also face difficulties in traveling to remote areas due to cultural and security barriers. The upcoming WinE Guidelines have a dedicated chapter on protection, gender and disability which is expected to address some of the challenges by clarifying standards and provide guidance on how to mainstream cross-cutting issues in emergencies. The Cluster also aims to build the capacity of WASH partners by collaborating with gender and protection working groups in providing specific trainings to sensitize the partner staff on critical issues.

## EDUCATION IN EMERGENCIES WORKING GROUP

Continued from page 45

within the Eastern Region (Khewa, Jalalabad City, Behsood, Surkhrod, Kama) in November 2016 found that almost 37 per cent of returnee children from these districts have not been enrolled in school. Of those attending, 49 per cent were not in close proximity (3km walking distance) to a formal school. The top two barriers that prevent children either accessing or completing education were reported to be child marriage and child labour.<sup>14</sup>

EiE WG members have been responding to these situations through a coordinated approach focusing on immediate and medium term responses. The immediate response includes: i) effective leadership established for EiEWG with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues such as protection, WASH, health and nutrition; ii) advocacy to strengthen the absorption capacity of host communities and schools to ensure all children including pre-school aged children, girls, returnees/IDPs and other vulnerable groups have access to quality education opportunities; iii) safe and secure learning environments that promote the protection and well-being of learners are established; iv) psychosocial and health services for children and teachers are integrated in educational response such as immediate support to children going through stress in critical events; v) adolescents, young children access appropriate life skills programmes, information about the emergency, and educational options for those who have missed out on schooling, especially adolescent girls; vi) community participation and sensitisation. The medium term response includes: i) enhanced capacity of existing formal schools such as providing temporary learning spaces (tents), teaching and learning materials, training of teachers on EiE components; ii) establishment of Community Based Education/ Temporary Learning Spaces, Accelerate program; iii) integration of returnee teachers and students into the mainstream education system.

### Affected Population

More than 600,000 children affected by conflict, natural disaster and cross border displacement have been assessed by EiE WG partners during 2016 and 2017 with children in the eastern, central and southern regions of Afghanistan the most affected. Loss of livelihood leads families to negative coping mechanisms such as exploitative child labour and child marriage, preventing children and particularly girls from accessing or staying in school. As the rate of return of Afghan families has increased since mid-2016, the returnee situation has become more prominent on the humanitarian agenda. Returnee populations are now heavily concentrated in and around Nangarhar (373,671 or 48 per cent) and Kabul provinces (129,566 or 17 per cent). Laghman province (42,400 or 5 per cent) and Kunar province (32,721 or 4 per cent) in Eastern Region also host large

returnee populations.<sup>15</sup>

### Humanitarian Needs & Drivers

The humanitarian crisis in Afghanistan is regarded as one of the largest, most complex and volatile in the world. In 2016 all regions of the country were affected by conflict. Over half a million displaced families are scattered across 34 provinces – with approximately 20 per cent extremely hard to reach in gradually expanding areas of nongovernment controlled territory. More than 600,000 Afghans living in Pakistan had their lives uprooted and arrived with scarce resources and limited community linkages. With no obvious prospects for an improved state of affairs, 2017 is likely to see at least 450,000 new IDPs and potentially as many as 353,000 Afghan returns from Pakistan. Around 66 per cent of returnee populations are children and up to 300,000 returnees arriving in the past year are children of school-going age.

Despite a high preference for education of returnee families and high enrolment rates of returnee children in Pakistan,<sup>16</sup> enrolment rates of returnee children in Afghanistan are significantly lower. OCHA found in a recent assessment attendance rates at 18 per cent and 24 per cent and for (documented) returnee girls and boys 25 per cent and 32 per cent for (undocumented) returnee girls and boys respectively. These averages are masking geographic disparities. School attendance rates for both girls and boys are significantly lower in Nangarhar province, which is hosting the majority of returnees, than in Laghman and Kunar provinces. The lack of adequate education service provisions increases their exposure to the risk of child labour and child marriage as well as their and their families' ability to reintegrate into the Afghan socio-economic fabric.

The most important barrier to accessing education mentioned throughout assessments are the lack of space in existing schools to absorb the large number of returnee children into the existing formal school system. According to assessments conducted, many schools are operating in multiple shifts and classrooms are overcrowded. Overcrowding is negatively affecting instruction time and quality. Another important barrier to school attendance are indirect and opportunity costs of attending education. The costs of setting up a new life in Afghanistan has depleted returnee families' savings and ability to afford the costs for educating their children such as transport costs and costs for school supplies. Due to the financial situation, returnee children and youth often face a trade-off between attending school and supporting their families by working or helping in the household.

Additional important barriers to education are the lack of documentation of returnee children. Despite the MoE waiving

14. SCI, 2017. Rapid Assessment of Education Needs of Returnee Children in Afghanistan

15. World Bank, 2017. Compiled IDP and Returnee Database

16. ACTED, 2017. Education in Emergencies Needs Assessment



the requirement for documentation to enrol into schools, assessments confirm that documentation is often a prerequisite/requirement for enrolment on the school level. Girls are facing additional constraints to accessing education. Attendance rates of girls are significantly lower than for boys across all assessed provinces and population groups. EiE WG assessments show that 59 per cent of girls attend school in Kunar, 36 per cent in Laghman, and 22 per cent in Nangarhar provinces. According to HEAT assessments, girls are unable to attend schools in rural areas at all.<sup>17</sup> Lack of sufficient female teachers is an additional constraint hindering access to education for girls although UNICEF is hiring more female teachers in formal and community based education. Additionally, families often restrict girls due to gender appropriate WASH facilities. Many girls are facing cultural barriers to education, the result of traditional beliefs, practices and social norms.

## Approach & Prioritisation

This emergency response aims to enhance education rights and needs of conflict-affected girls, boys and adolescents in areas of high influx of returnees and IDPs in Central, Eastern and Southern regions of Afghanistan. The objectives contribute to restoring normalcy in the lives of children and providing children with age appropriate learning opportunities, such as temporary learning spaces, community based learning, and catch-up classes. Education in these settings can provide children with life-saving information including self-protection from sexual abuse, landmine awareness, hygiene awareness, and other relevant survival skills. Education provides a return to familiar routines and instills hope for the future, mitigating the psychosocial impact of violence and displacement.<sup>18</sup>

## Progress Update

As of June 2017, there are 15 organisations actively working in 10 provinces covering returnees, IDPs and host affected communities in Afghanistan. A total of 68,819 children (31,964 girls) benefitted from Education in Emergencies (EiE) related actions so far; 1,365 community based education facilities (83 per cent) have been established in 9 provinces with the total enrollment of 40,944 children (19,267 girls) so far in CBS/ALCs, achieving 93 per cent target set in the HRP. Partners in the Eastern, Southern and Central Regions alongside province and district-level education departments have also distributed teaching and learning materials to 16,055 children (67 per cent). A total of 399 teachers (85 female) have also been trained in the Central, Eastern and Southern regions.

The Ministry of Education (MoE) has instructed to all Provincial Education Directorates (PED) to enroll all the returnee students in their relevant grades irrespective of their educational certificates so that they do not miss their education.<sup>19</sup>

Challenges: While progress has been made at national and sub-national level, Education in Emergencies (EiE) preparedness and response capacity needs to be strengthened within the various departments at national level, Provincial Education Directorate (PED), District Education Directorate (DED) and school levels, which calls for an immediate reinforced and holistic capacity development roll-out. In response to this the EiEWG has planned to organize capacity building on EiE, INEE, Information Management and Coordination and Planning of government authorities, UN, and I/NGOs for 2017. Access to reliable data and monitoring in remote, hard to reach areas, particularly those affected by conflict and non-government controlled areas remains a challenge. REACH/ACTED is leading a Joint Education and Child Protection Assessment at the national level to provide information for planning purposes for 2018 and nurture children in need in terms of EiE and child protection interventions throughout Afghanistan.<sup>20</sup>

A significant focus of the response has been on primary-level education. While initial fundraising through the EiE WG and bilateral organisations have kick-started the response, large funding gaps remain preventing holistic coverage (geographically as well as content wise). Due to funding constraints, EiE WG members have focused their response primarily on primary education only – however urgent needs remain to reach out and cover needs for lower and upper secondary education, particularly transitioning from community-based education (grades 1-3) to higher grades. Joint efforts by all partners and donors are being called upon also for mid- to longer-term funding and bridging the humanitarian – development divide. This will ensure that children who are enrolled in school are being retained and do not drop-out. Modalities focusing on the transition from CBEs to formal schools and initiatives linked to the youth population must also be explored. Development agencies and financing streams must realign their interventions to follow on from the initial emergency response to out-of-school girls and boys to mid- and longer term solutions. Peacebuilding, social cohesion and peace education strategies need to be embedded in the initial response as well as mid- and longer term initiatives.

## Protection Mainstreaming

At the national-level, a joint assessment for Education and Child Protection in Emergency is now underway to better understand and align the EiE response and protection risks for girls and boys. The EiE WG has also been working closely with UNICEF/UNAMA MRM team and Child Protection in Emergencies sub cluster to ensure that protection issues are addressed in the response and implementation, as well as monitoring of actions. Some partners have pledged to support a child protection risk analysis in the remaining period of 2017, including exploration of areas of psychosocial support required to support wellbeing and also learning outcomes of girls and boys affected by the trauma of displacement. The EiE WG and its partners have also engaged on advocacy

17. OCHA, 2017. HEAT Assessment

18. INEE

19. MoE, 2017. Guidelines for enrollment of returnees

20. MoE, 2017. Guidelines for enrollment of returnees



issues related to the Oslo Safe Schools Declaration (to which the Government of Afghanistan is amongst one of the first signatories), which seeks to mitigate the impact of armed conflict upon educational facilities and students. UNICEF is undertaking a mapping of schools closed due to conflict as well as an analysis of how conflict impact on the education system, communities, individuals. Additional efforts are needed to expand and gather information related to “Education under Attack”. Advocacy on children’s rights, with particular focus on the right to education, will continue at national and sub-national levels, and efforts will be made to strengthen the Monitoring and Reporting Mechanisms. Risk mapping in provinces of high disaster risk will be developed and resilience, peacebuilding and social cohesion efforts will be strengthened at provincial, district and community levels.

The national coordination structure is in place at the national and sub-national level covering the affected provinces. Coordination at the regional level includes Nangarhar, Kandahar, Kabul, and the Hirat EiE WG sub working groups. The working group organise coordination meetings on a monthly basis.

EiEWG information management is in place managing all the data related collection; analysis; identifying & advocating the gaps through visualisation; and dissemination at the global, national and sub-national level. Moreover, knowledge management includes building partner capacity to conduct assessments with related support provided to all EiE WG members. Advocacy documents are also produced for the donors and bi/multilateral governments.

## REFUGEE & RETURNEE RESPONSE PLAN

Continued from page 49

may be attributed to earlier decisions made by family groups to return in 2016 with movements in 2017 explained as a second wave of return of residual family members who remained in Pakistan.

The number of undocumented returns in the second half of 2017 is expected to remain steady with a slight increase to a projected 83,448; however, this figure will be heavily impacted by contextual events in Pakistan such as the registration exercise for undocumented Afghans, the resignation of the Pakistani Prime Minister, potential terror and security incidents, a continued programme of defensive construction by the Pakistani government along the border and the protection environment in Pakistan as well as events in Afghanistan such as the recently held refugee elder Jirga end of July 2017.

As with undocumented returnees, the vast majority of returning refugees are second and third generation Afghans born in Pakistan who have weaker links to their ancestral areas of origin in Afghanistan or have been secondarily displaced on return due to conflict and occupation of their habitual homelands by NSAGs. There is limited absorption capacity in the areas of highest return, including Kabul, Kunduz, Logar and Nangarhar provinces. Lack of access to basic services and community infrastructure, economic opportunities, land and shelter are frequently cited as key concerns after return.

### Summary of Achievements and Progress

#### Refugee Returnees:

Some 33,733 returnees with a valid Voluntary Repatriation Form (VRF) received a grant of approximately \$200 per

person to pay for transport and meet their immediate humanitarian and re-integration needs. Besides cash grants, a range of inter-agency services including basic health care and vaccinations (Ministry of Public Health supported by WHO and UNICEF); mine risk awareness (Danish Demining Group (DDG) supported by UNMAS); a back-to-school campaign (UNICEF/Ministry of Education); and overnight accommodation (UNHCR/MoRR) were provided at the four encashment centres.

A total of 978 returnee families were selected on arrival for in-depth returnee monitoring at the four encashment centres to ensure their return had been a voluntary decision and conducted in safety and dignity. The monitoring supported information management in relation to return trends, the level of information that returnees received in countries of asylum to make a well-informed choice to return home, and the factors influencing their decision to return. It also assisted to detect harassment and violations that could be brought to the attention of responsible authorities. Through the monitoring, persons with specific needs were identified and referred for further follow-up and potential assistance.

#### NWA Refugees:

UNHCR, in coordination with other humanitarian agencies, has provided targeted assistance to persons with specific needs among the NWA refugee population, and community-based support to build the capacity of refugees and the host population and reduce their vulnerability. Protection interventions have included livelihoods, shelter, and WASH projects, and other community protection measures to promote peaceful co-existence and build resilience.

UNHCR has registered and issued household ration cards for over 87,000 refugees (70 per cent of the estimated refugee

population), ensuring freedom of movement as well as access to humanitarian assistance and essential services. Some 71 per cent of all registered refugees are children. UNHCR and partners have continued to identify and assist the most vulnerable individuals and families, including persons living with disabilities and serious medical conditions, single parents, women and children at risk, and survivors of gender based violence.

The lack of official birth registration for refugee children is a significant challenge and protection concern due to the risk of statelessness and potential long-term disadvantage. As a protection measure, partners such as Health Net International (HNI), International Medical Corps (IMC), Afghanistan Centre for Training and Development (ACTD), and the Organization for Health Promotion and Management (OHPM) have mitigated risks by issuing birth notifications to refugee mothers, thereby facilitating the registration of newborn children with UNHCR and future birth registration with government authorities in the country of origin.

With one clinic and one mobile medical team, ACTD has provided primary health care services to refugees in the Gulan camp including natal care, vaccinations, and therapeutic food to infants to meet their immediate nutritional needs. HNI has implemented a primary health care programme for refugees in Khost (Matun), Spera, Tani and Terezayi districts of Khost. The HNI project includes natal care, vaccinations, and infant nutrition, as well as psychosocial counselling, and medical treatment for trauma, mental illness, and tuberculosis. OHPM has also provided medical treatment, natal care, and vaccinations to refugee patients in Khost province. IMC has been providing health care and vaccinations to refugees in Paktika province through static and mobile clinics in Barmal district and a mobile clinic in Urgan district. Two ambulances are now operational, referring cases with serious medical needs to higher level care providers. The impact of health interventions by humanitarian agencies is life-saving, and essential for refugees, given the limited resources of public health care providers in Khost and Paktika provinces.

To address protection risks for the refugee population arising from a lack of potable water and sanitation, UNHCR and partners have implemented WASH projects in Khost province including the construction of 62 wells and 2,200 latrines in 2017. UNHCR and partners have also distributed almost 9,000 emergency hygiene kits, and conducted hygiene education, benefitting nearly 10,000 refugee families at a community level. Coordination of Afghan Relief (CoAR) has completed one WASH project for 10 villages in Gurbaz district, representing some 19,000 individuals comprised of refugees, IDPs and members of the host communities. CoAR continues to implement projects in Tani and Terezayi districts including the construction of a gravity pipe network, latrines and bathing facilities, bore wells, chlorination of water points, and hygiene awareness programmes. A WASH project run by Solidarités International (SI) in the Gulan Camp will end in July 2017; however, SI will continue to provide technical assistance at the existing project site, thereby empowering the community to assume responsibility for managing their water

supply system.

In Paktika province, IMC has established WASH committees in Barmal and Urgan districts to promote hygiene awareness and build community capacity. The committees receive training on hand-washing, food and water hygiene, and personal and environmental hygiene. Some 20 Community Hygiene Promoters have been selected from the community through a participatory approach to mobilise and lead future hygiene awareness in mosques and public gatherings, and through home visits.

In 2017, UNHCR and partners in Khost have distributed 275 new tents to replace makeshift shelters and old tents which had deteriorated. Some 366 NFI packages have been distributed this year to persons with special needs to provide them with soap and hygiene items, kitchen utensils, buckets, and blankets, along with 27 gas cylinders for cooking. As refugees are sometimes not permitted by the local landowners to collect firewood, providing an alternative source of fuel helps to ensure peaceful co-existence. In Paktika, the Organization for Research and Community Development (ORCD) has distributed 484 tents.

The Norwegian Refugee Council (NRC) is currently providing 4,261 students (including 1,816 girls) with primary education in the Gulan camp and in Gurbuz, Mandozay, Matun, Shamal and Tani districts of Khost province, ensuring minimal disruption to their learning and promoting the social development of refugee children during their displacement. The number of students enrolled in NRC schools will be reduced to 3,600 in August, however, due to a lack of funding - this presents a significant gap. UNHCR and CoAR provide secondary education to refugee students in Khost, along with teacher training and uniforms; however, out of 569 students initially enrolled, only 283 students are now attending schools.

There are more than 45,000 school-age children (5-17 years of age) registered with UNHCR among the refugee population. The low rates of school attendance (only 12 per cent of registered school-age children) and challenges in maintaining student enrolments represent a critical need to mobilise additional resources, raise community awareness about the right to education, and empower parents with income-generating activities so as to reduce the reliance on child labour and other negative coping mechanisms.

Integrating refugee children from Pakistan into Afghan schools is not viable, due to limited classroom and teaching capacity, as well as differences in language and curriculum as compared to Pakistan schools.

Refugees in Khost and Paktika continue to rely on food assistance from the WFP to meet their immediate needs for food security in light of limited livelihood opportunities; however, WFP can provide food assistance for only 25,000 refugees, representing less than one third of the registered refugee population. Food rations have been reduced to reach a larger proportion of the refugee community. Food security is the main concern of refugees raised in community consultations.

Ensuring participation as a core protection principle, UNHCR and partners conduct regular shura meetings with tribal elders from the NWA refugee community, as well as women and youth, to design an inclusive and solutions-oriented protection strategy.

The right of refugees to return to their place of origin in NWA depends on issuance of a Watan card by the Pakistani National Database and Registration Authority (NADRA) to allow access to the Federally Administered Tribal Areas (FATA). In 2017, approximately 245 families have spontaneously returned to Pakistan where they must register at the Baka Khel IDP camp in Bannu, Khyber Pakhtunkhwa; however, a majority of the refugees in Afghanistan are not willing to repatriate at present. Beyond concerns about the destruction of infrastructure, lack of services, unexploded ordnance and restricted freedom of movement in NWA, there is a significant trust deficit between the refugee population and the Government of Pakistan.

As it stands, the Government of Afghanistan has no refugee policy framework or national law in place for these people, and has not yet provided the means for local integration (e.g. access to birth registration and civil documentation) to ensure protection for asylum-seekers and refugees. As a result, they will continue to rely on UNHCR and UN/NGO partners for humanitarian assistance pending a durable solution. In light of recent new military operations in NWA causing new displacement in mid-2017, and the Pakistani Government's unwillingness to allow UNHCR to monitor NWA refugee returns or facilitate assisted returns, the prospects for large-scale repatriation is not foreseeable in the short- or medium-term. UNHCR continues to support community-led initiatives which build self-reliance, and has secured agreements with the Ministry of Public Health and public schools to allow access to health care and education for refugees, but at present there is no local capacity in Khost and Paktika to provide essential services or reliable access to livelihoods (besides ad hoc and small-scale projects).

Until the Afghan government develops the means and capacity to absorb NWA refugees (UNHCR and MoRR continue to work together on adoption of the national refugee law), or conditions in NWA allow for a voluntary return in safety and dignity, no exit strategy is foreseeable.

#### Undocumented Returnees:

Out of 231,105 undocumented returnees in the first 6 months of 2017, IOM assisted 58,397 from Pakistan out of 69,450 (an average of 84 per cent per week) and 7,376 out of 161,655 returns from Iran (4 per cent of total caseload or 45 per cent of 10 per cent of total caseload targeted for assistance). This compares favourably with 2016, when IOM was only able to reach 25-50 per cent of returns from Pakistan due to lower levels of funding and the unanticipated number of returns. Since 2016, IOM has scaled up resources considerably in terms of staffing and physical infrastructure. Most markedly at the Torkham border crossing with Pakistan the capacity of the transit centre was doubled from 100 families to 200 per day as of April 2017.

It should be noted that IOM seeks to assist all returnees from Pakistan and 10 per cent of the returnees from Iran with humanitarian support given the differences in the profile of both caseloads and high rate of recycling, conflict, porousness of the border and difficulty in registering Afghan returns from Iran. The 10 per cent represent family returns and persons with special needs including a high number of unaccompanied minors and single females.

IOM together with partners WFP, UNICEF, Tarbush, UNFPA, AADA, BARAN, UNMAS/DRC-DDG continues to provide a package of post arrival humanitarian assistance to returnees that includes:

- Transportation from the border ("Zero Point") to the nearest IOM Transit Centre.
- Provision of hot meals and short-term accommodation (until departure to final destination) at the Transit Centre for the most in need returnees.
- Dry food rations for 2 months.
- Basic health care services at the Transit Centre clinics, in addition to TB and nutrition screening, vaccination for polio, vitamin A and deworming tablets and provision of other essential medicines.
- Specialised support for Persons with Specific Needs (PSNs) such as referral to medical and mental health care, child protection and family tracing through humanitarian and government partners.
- Transportation cash grant from the Transit Centre to the returnee's final destination ranging from \$25-50 per person based on market analysis of transportation costs in Afghanistan by province.
- Unconditional cash grants of \$175 per family in place of NFIs to give agency to returnees. Cash grants will have the flexibility to be delivered at point of entry at the border or at the community level to take into consideration the potential for border closures and new and emerging access issues due to a deterioration in the security situation.
- Shelter/winter assistance for November-December, including family-sized tents for seven persons, tarps, blankets, gas heaters and \$60 cash for fuel for each family, assessed to cover three months of heating fuel based on market analysis.

IOM's support to returns from Iran continues to be affected by a lack of funding and access constraints at the Milak border crossing and general absence of humanitarian partners. As of June 2017 discussions are under way with OCHA, UN agencies like UNICEF, WHO, UNFPA and NGOs like Relief International and NRC to redeploy or develop substantive new programming in Nimroz to address elevated return levels given the prolonged closure of the border at Herat.

As IOM continues to roll out and digitise the Afghan Returnee Information System (ARIS) at additional border crossing points in 2017, progress towards the HRP indicators for proportion of returnees registered and provided with a government issued ID is steadily improving and is on track to

reach its targets by the end of the year.

Durable solutions continue to remain out of reach for most of the recently returned, however new EU DG DEVCO funding for reintegration efforts under IOM's Reintegration Assistance and Development in Afghanistan project will directly support 2,000 returnees from Europe, and 5,279 families (31,674 individuals) in Kabul, Herat, Nangarhar, Balkh, Kandahar, Baghlan, Uruzgan and Laghman provinces for sustainable reintegration; indirectly, the project will also benefit host communities.

IOM will implement individualised and community-based interventions with UN and NGO partners to provide reintegration support and enhanced access to livelihood support services; and technical and vocational training, skills development and financial assistance in Afghanistan to ensure a holistic approach addressing the nexus between humanitarian and development assistance.

## Assessments Summary

### Refugee Returnees:

Between 18 June and 6 July 2017, UNHCR conducted nearly 1,300 household-level phone interviews with returnees who had recently returned to Afghanistan (representing 23 per cent of returnees so far this year) in 24 out of 34 provinces including Kabul, Nangarhar, Kunduz, Logar, Paktya, Kunar, Baghlan, Laghman, Balkh, Herat, Kandahar, Ghazni, and Hilmand. Many of the returnees have settled in areas which are insecure and hard to reach. The monitoring exercise aims at better understanding the level of integration of returnees in communities, access to basic services and additional needs following settling in the communities. Additionally, it provides data on the return pattern.

The number of telephone interviews is significant enough to ensure representative sampling. The monitoring questions were designed to assess returnees' situation and potential protection risks, coping mechanisms, access to basic services, and the use and impact of the repatriation cash grant, two to three months after the return.

### NWA Refugees:

In May 2017, UNHCR and WFP conducted a joint assessment with NGO partners in Khost and Paktika provinces to determine the food security needs of the refugee population and host communities in light of livelihood opportunities,

markets, and identified vulnerabilities. The key findings will be finalised in the second half of 2017, however, WFP does not have sufficient rations to meet the food security needs of the registered refugee population (>87,000 persons). Food distributions for 25,000 persons per month are being implemented through tripartite agreements between WFP, UNHCR, and APA (Khost) / ORCD (Paktika). A multi-functional UNHCR mission (protection, shelter, livelihoods) was planned for July but had to be postponed for operational reasons.

## Protection Mainstreaming

The Government's Displacement and Return Executive Committee (DiREC), supported by UNHCR and IOM as co-chair of the Policy Working Group and members of the Housing, Land, and Property Task Force, ensures returnees' needs are incorporated in national priority programmes such as the Citizens Charter, and development programmes, which include measures to mitigate and respond to potential protection risks. The integration of returnees' protection needs in NPPs and provincial and national action plans will promote access to a tazkira, basic services, housing, land, and property rights, and livelihood projects. To ensure inclusion and accountability to the affected population, returnees are consulted through interviews at the first point of contact on arrival (UNHCR encashment centres in Kabul, Nangarhar, Kandahar, and Herat provinces and IOM Transit Centres in Torkham, Kandahar, Islam Qala and Milak) and subsequently through monitoring exercises (telephone and focus group discussions) to identify protection risks by analysis of threats, vulnerabilities and capacity of the affected population, and to provide targeted community based protection interventions as a catalyst to development programmes.

For NWA refugees in Khost province, UNHCR leads monthly humanitarian agencies coordination (HAC) meetings to bring a protection lens to interventions by health care, education, WASH and NFI/shelter partners, as well as the UN World Food Programme (WFP).

Persons with specific needs, including refugee and returnees, are identified by UNHCR and IOM for assistance or referral to specialist NGO and government service providers through an inter-agency PSN network.




## STRATEGIC OBJECTIVES, INDICATORS & TARGETS

### STRATEGIC OBJECTIVES, INDICATORS & TARGETS



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

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

In need: 905,100      Baseline: -      Target: 678,825      Assist. <1M: 292,674       43%

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

In Need: 60%      Baseline: 292,538      Target: 60%      MYR Progress: 25%       41%

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

In Need: 336      Baseline: -      Target: 252      MYR Progress: 192       76%

% of affected population receiving Mine Risk Education

In Need: 3,688,000      Baseline: -      Target: 1,938,000      MYR Progress: 588,741       30%



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

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

In Need: 2,800,000      Baseline: -      Target: 1,500,000      MYR Progress: 60,832       4%

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

In Need: 1,335,000      Baseline: N/A      Target: 457,000      MYR Progress: 176,302       39%

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

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

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

In Need: 36,000      Baseline: 0      Target: 21,600      MYR Progress: 2,147       10%



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


% of targeted prolonged IDPs with acceptable food consumption score

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

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

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


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

In Need: 93,071      Baseline: -      Target: 93,071      MYR Progress: 19,219       21%

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

In Need: 1      Baseline: 9,000      Target: 83,000      MYR Progress: 30,169       36%

Number and % of undocumented returnees provided with basic reintegration assistance

In Need: 185,100      Baseline: -      Target: 142,000      MYR Progress: 65,860       46%



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

% of hard-to-access districts assessed using new approaches

In Need: 100      Baseline: -      Target: 25      MYR Progress: 34      **136%**

% of IDPs in hard-to-access areas assessed and responded to

In Need: 90,000      Baseline: -      Target: 13,500      MYR Progress: 68,542      **76%**

% conflict affected districts not covered by BPHS benefiting from improved access to emergency healthcare

In Need: 105      Baseline: 57      Target: 48      MYR Progress: 13      **27%****SECTOR OBJECTIVES, INDICATORS AND TARGETS****EMERGENCY SHELTER AND NON-FOOD ITEMS OBJECTIVES, INDICATORS & TARGETS****ES&NFI Objective 1: Coordinated and timely ES-NFI response to families affected and displaced by natural disaster and armed conflict****SO1**

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

In Need: 152,288      Baseline: N/A      Target: 152,288      MYR Progress: 152,288      **100%**

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

In Need: 51,332      Baseline: N/A      Target: 27,352      MYR Progress: 2,459      **9%**

Proportion of vulnerable individuals affected receiving standard NFI packages

In Need: 650,000      Baseline: N/A      Target: 650,000      MYR Progress: 142,042      **22%**

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

In Need: 70,000      Baseline: N/A      Target: 14,000      MYR Progress: 7,787      **56%**

% of responses followed up with post distribution monitoring

In Need: 152,288      Baseline: N/A      Target: 121,830      MYR Progress: 73,195      **60%****ES&NFI Objective 2: Coordinated and timely ES-NFI response to returnees****SO1**

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

In Need: 70,693      Baseline: N/A      Target: 70,693      MYR Progress: 70,133      **99%**

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

In Need: 115,530      Baseline: N/A      Target: 69,318      MYR Progress: 18,310      **26%**

Proportion of vulnerable individuals affected receiving standard NFI packages

In Need: 154,040      Baseline: N/A      Target: 77,020      MYR Progress: 49,011      **64%**

Proportion of permanent shelter needs met

In Need: 115,530      Baseline: N/A      Target: 69,318      MYR Progress: 3,372      **5%**

% of responses followed up with post distribution monitoring

In Need: 70,693      Baseline: N/A      Target: 56,554      MYR Progress: 16,959      **30%**

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

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

In Need: 93,071      Baseline: N/A      Target: 93,071      MYR Progress: 19,219

**21%**

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

In Need: 1,149,612      Baseline: N/A      Target: 578,689      MYR Progress: 260,000

**45%**

% of responses followed up with post distribution monitoring

In Need: 19,219      Baseline: N/A      Target: 15,375      MYR Progress: 0

**0%****FOOD SECURITY & AGRICULTURE OBJECTIVES, INDICATORS & TARGETS****FSAC Objective 1: Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher)****SO1**

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

In Need: 738,000      Baseline: 600,000      Target: 550,000      MYR Progress: 555,950

**101%**Reduction in poor Food Consumption Score ( $\leq 28$ ) for targeted people

In Need: NA      Baseline: 15%      Target: 80%      MYR Progress: 0%

**0%**

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

In Need: 345,000      Baseline: 46,545      Target: 210,000      MYR Progress: 22,073

**11%****Objective 2: Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition****SO3**

Proportion of severely food insecure, refugees and prolonged IDPs assisted on time with appropriate food transfer (in-kind, cash or voucher)

In Need: 1,925,200      Baseline: 281,855      Target: 435,000      MYR Progress: 394,508

**91%**Reduction in percentage of severely food insecure, refugees and prolonged IDP households with poor Food Consumption Score ( $\leq 28$ )

In Need: NA      Baseline: 15%      Target: 1      MYR Progress: 0%

**0%**

Proportion of severely food insecure, and prolonged IDPs receiving livelihood protection support (livestock/ agriculture inputs, and livestock vaccination)

In Need: 1,082,700      Baseline: 206,353      Target: 330,000      MYR Progress: 111,714

**34%**



### FSAC Objective 3: Strengthen emergency preparedness and response capabilities of partners through development of contingency plans, timely coordinated food security assessments and capacity development especially in hard to reach areas

SO3

Number of regional contingency plans developed and/or updated for natural disasters (flood, extreme winter, crop failure and drought) through improved capacity of FSAC partners and enhanced coordination.

In Need: 8	Baseline: 8	Target: 6	MYR Progress: 6	<div><div>100%</div></div>
------------	-------------	-----------	-----------------	----------------------------

Number of trainings on food security and vulnerability, assessments (SFSA, IPC analysis, pre-harvest) conducted, and number of participants trained.

In Need: 6	Baseline: 6	Target: 6	MYR Progress: 6	<div><div>100%</div></div>
------------	-------------	-----------	-----------------	----------------------------

Number of well-coordinated assessments/analyses (Pre-harvest Food Security Appraisal, SFSA, IPC, ad-hoc assessments) conducted

In Need: 6	Baseline: 5	Target: 4	MYR Progress: 2	<div><div>50%</div></div>
------------	-------------	-----------	-----------------	---------------------------

## HEALTH OBJECTIVES, INDICATORS & TARGETS



### Health Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people

SO1 SO2 SO4

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

In Need: 95	Baseline: 57	Target: 48	MYR Progress: 13	<div><div>27%</div></div>
-------------	--------------	------------	------------------	---------------------------

Proportion of individuals receiving trauma care services

In Need: 57,000	Baseline: 57,000	Target: 45,600	MYR Progress: 24,462	<div><div>54%</div></div>
-----------------	------------------	----------------	----------------------	---------------------------

# of provincial hospitals with effective trauma care services

In Need: 28	Baseline: 10	Target: 12	MYR Progress: 6	<div><div>50%</div></div>
-------------	--------------	------------	-----------------	---------------------------

# of provincial hospitals with mass casualty management plan and minimum response capacity

In Need: 34	Baseline: 20	Target: 8	MYR Progress: 6	<div><div>75%</div></div>
-------------	--------------	-----------	-----------------	---------------------------



### Health Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements

SO2 SO4

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

In Need: 2,800,000	Baseline: 1,712,565	Target: 1,500,000	MYR Progress: 60,832	<div><div>4%</div></div>
--------------------	---------------------	-------------------	----------------------	--------------------------

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





In Need: 47	Baseline: 7	Target: 40	MYR Progress: 9	<div><div>23%</div></div>
-------------	-------------	------------	-----------------	---------------------------

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

In Need: 15,000	Baseline: 67%	Target: 12,000	MYR Progress: 840	<div><div>7%</div></div>
-----------------	---------------	----------------	-------------------	--------------------------




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






In Need: 36,000	Baseline: 0	Target: 21,600	MYR Progress: 2,147	<div><div>10%</div></div>
-----------------	-------------	----------------	---------------------	---------------------------

	Health Objective 3: Provide immediate life-saving assistance to those affected by public health outbreaks				SO1 		SO2 	
					SO3 		SO4 	
Proportion of outbreak alarms investigated within 48 hours from notification								
In Need:	287	Baseline:	98%	Target:	281	MYR Progress:	280	<div><div>100%</div></div>
Proportion of people served by life-saving assistance due to public health outbreaks								
In Need:	2,800,000	Baseline:	1,198,768	Target:	1,500,000	MYR Progress:	1,460,897	<div><div>97%</div></div>


## NUTRITION OBJECTIVES, INDICATORS &amp; TARGETS

	Nutrition Objective 1: Quality community and facility-based nutrition information is made available for timely programme monitoring and decision making				SO1		SO2	
					SO3		SO4	
Number of provinces where localised nutrition SMART surveys conducted								
In Need: N/A		Baseline: 11		Target: 13		MYR Progress: 5		<div><div>38%</div></div>
Number of provinces where coverage assessments conducted								
In Need: N/A		Baseline: 4		Target: 4		MYR Progress: 1		<div><div>25%</div></div>
Number of locations where Rapid Nutrition Assessments for new emergencies conducted								
In Need: N/A		Baseline: 5		Target: 5		MYR Progress: 300%		<div><div>60%</div></div>
Number and proportion of provinces with operational sentinel sites (facility-based and community based)								
In Need: N/A		Baseline: 7		Target: 34		MYR Progress: 34		<div><div>100%</div></div>
	Nutrition Objective 2: The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, pregnant and lactating women				SO1		SO2	
					SO3		SO4	
Number and proportion of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority provinces (Wardak, Paktya, Laghman)								
In Need: 260,000		Baseline: -		Target: 130,000		MYR Progress: 6,970		<div><div>5%</div></div>
Number and proportion of severely acutely malnourished boys and girls 0-59 months admitted for treatment								
In Need: 595,000		Baseline: 151,934		Target: 236,000		MYR Progress: 107,328		<div><div>45%</div></div>
Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment								
In Need: 740,000		Baseline: 140,604		Target: 221,000		MYR Progress: 68,974		<div><div>31%</div></div>
Proportion of boys and girls aged 0-59 months discharged cured from management of severe acute malnutrition programs								
In Need: 107,328		Baseline: 90%		Target: 80,496		MYR Progress: 85,919		<div><div>80%</div></div>
Proportion of boys and girls aged 6-59 months discharged cured from management of moderate acute malnutrition programs								
In Need: 68,974		Baseline: 90%		Target: 51,731		MYR Progress: 31,656		<div><div>46%</div></div>
Number and proportion of acutely malnourished pregnant and lactating women admitted for treatment								
In Need: 395,000		Baseline: 157,255		Target: 121,500		MYR Progress: 82,985		<div><div>68%</div></div>
Number of emergency mobile teams established in priority provinces								
In Need: N/A		Baseline: 0		Target: 18		MYR Progress: 0		<div><div>0%</div></div>

 <b>Nutrition Objective 3: Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programmes</b>					SO1 	SO3 
Number and proportion of returnee children 6-59 months who received vitamin A supplementation						
In Need: 159,200	Baseline: 17,148	Target: 38,300	MYR Progress: 10,904	<div><div></div></div>	28%	
Number and proportion of returnee children 24-59 months who received deworming tablets						
In Need: 109,450	Baseline: 11,463	Target: 27,375	MYR Progress: 8,180	<div><div></div></div>	30%	
Number and proportion of returnee children 6-59 months screened for acute malnutrition and referred for treatment as needed						
In Need: 15920000%	Baseline: 12,153	Target: 38,300	MYR Progress: 11,251	<div><div></div></div>	29%	
Number and proportion of boys and girls aged 6-23 months at risk of acute malnutrition in priority locations who received BSFP						
In Need: 69,200	Baseline: -	Target: 19,600	MYR Progress: 10,212	<div><div></div></div>	52%	
Number and proportion of and pregnant and lactating women at risk of acute malnutrition in priority locations who received BSFP						
In Need: 4,800	Baseline: -	Target: 4,800	MYR Progress: 1,445	<div><div></div></div>	30%	


 <b>Nutrition Objective 4: Enhance capacity of partners to advocate for and respond at scale to nutrition in emergencies</b>					SO1 	SO2 	SO3 	SO4 
Number of staff trained on nutrition in emergencies								
In Need: N/A	Baseline: 26	Target: 200	MYR Progress: 121	<div><div></div></div>	61%			
Number of staff trained on cluster coordination and cluster approach								
In Need: N/A	Baseline: 2	Target: 150	MYR Progress: 0	<div><div></div></div>	0%			
Proportion of activities from the cluster performance monitoring action plan implemented								
In Need: 100	Baseline: 0	Target: 75%	MYR Progress: 0	<div><div></div></div>	0%			

## PROTECTION OBJECTIVES, INDICATORS & TARGETS




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

SO1



SO2




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

In Need: 1,751,000	Baseline: N/A	Target: 145,000	MYR Progress: 56,573	<div><div></div></div> 39%
--------------------	---------------	-----------------	----------------------	----------------------------


# of individuals consulted through protection monitoring

In Need: 1,400,000	Baseline: N/A	Target: 55,000	MYR Progress: 45,190	<div><div></div></div> 82%
--------------------	---------------	----------------	----------------------	----------------------------



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

SO3



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

In Need: 767,000	Baseline: N/A	Target: 170,000	MYR Progress: 30,588	<div><div></div></div> 18%
------------------	---------------	-----------------	----------------------	----------------------------



# of individuals profiled in areas with large numbers of returnees and prolonged or protracted internally displaced

In Need: 642,000

Baseline: N/A

Target: 133,000

MYR Progress: 0

0%



### Protection Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations

SO1



SO3



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

In Need: 2,518,000

Baseline: N/A

Target: 341,000

MYR Progress: 39,290

12%

# of prioritised mine/ERW impacted individuals provided with Mine Risk Education

In Need: 3,688,000

Baseline: N/A

Target: 1,938,000

MYR Progress: 588,741

30%

# of individuals in prioritised mine/ERW impacted communities visited by EOD teams conducting surveyance, demarcation, and spot-clearance

In Need: 1,170,000

Baseline: N/A

Target: 742,000

MYR Progress: 212,172

29%

## WATER, SANITATION & HYGIENE OBJECTIVES, INDICATORS & TARGETS



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

SO1



SO2



SO4



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

In Need: 2,727,500

Baseline: -

Target: 750,000

MYR Progress: 175,704

23%

Proportion of population in need with access to a functioning sanitation facilities

In Need: 1,680,000

Baseline: -

Target: 450,000

MYR Progress: 112,274

25%

Proportion of population in need with access to water and soap for handwashing

In Need: 2,727,500

Baseline: -

Target: 880,000

MYR Progress: 359,778

41%



### WASH Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies

SO1



SO2



SO4



Proportion of institutions in need with access to appropriate WASH facilities

In Need: 100

Baseline: -

Target: 75

MYR Progress: 19

25%



### WASH Objective 3: Ensure timely and adequate assessment of WASH needs of the affected population

SO1



SO2



SO4



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

In Need: 2,727,500

Baseline: -

Target: 880,000

MYR Progress: 399,425

45%



### WASH Objective 4: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion

SO1



SO2



SO4



Transition plan developed and endorsed by MRRD

In Need: 1

Baseline: -

Target: 1

MYR Progress: 0

0%

National Cluster co-lead in place and embedded in MRRD

In Need: 1

Baseline: -

Target: 1

MYR Progress: 0

0%

Number of national cluster meetings chaired by national co-lead from MRRD

In Need: 24

Baseline: 14

Target: 28

MYR Progress: 6

21%

## EDUCATION IN EMERGENCIES WORKING GROUP OBJECTIVES, INDICATORS &amp; TARGETS

**EiE WG Objective 1: Boys and girls affected by emergencies have access to continued quality education opportunities**

SO2



Number of CBS/TLS established

In Need: 30,000

Baseline: -

Target: 23,333

MYR Progress: 1,365

6%

Number of children in need enrolled

In Need: 900,000

Baseline: -

Target: 700,000

MYR Progress: 40,944

6%

Number of students benefitting from teaching and learning materials

In Need: 900,000

Baseline: -

Target: 700,000

MYR Progress: 16,055

2%

**EiE WG Objective 2: EiE/INEE/IM/coordination and planning of MoE, partners, communities and teachers at national, subnational and local levels is strengthened**

SO2



Capacity building of teachers and EiEWG partners including MoE

In Need: -

Baseline: -

Target: 887

MYR Progress: 399

45%

Number of national &amp; provincial EiE coordination mechanisms

In Need: 200

Baseline: -

Target: 200

MYR Progress: 160

80%

Number of MoE, partners trained at national and sub-national levels trained on EiE preparedness, response, planning, coordination, monitoring

In Need: 500

Baseline: -

Target: 500

MYR Progress: 50

10%

Number of teachers trained on EiE related methodology/pedagogy

In Need: 20,000

Baseline: 0

Target: 887

MYR Progress: 399

45%

## REFUGEE &amp; RETURNEE OBJECTIVES, INDICATORS &amp; TARGETS

**Refugee & Returnee Objective 1: Protection interventions provided to NWA refugees**

SO1



Proportion of NWA refugees registered

In Need: 125,000

Baseline: 54,717

Target: 84,717

MYR Progress: 87,247

103%

Proportion of NWA refugees provided with food per month

In Need: 125,000

Baseline: 25,000

Target: 84,717

MYR Progress: 25,000

30%

Proportion of vulnerable NWA refugees provided targeted assistance

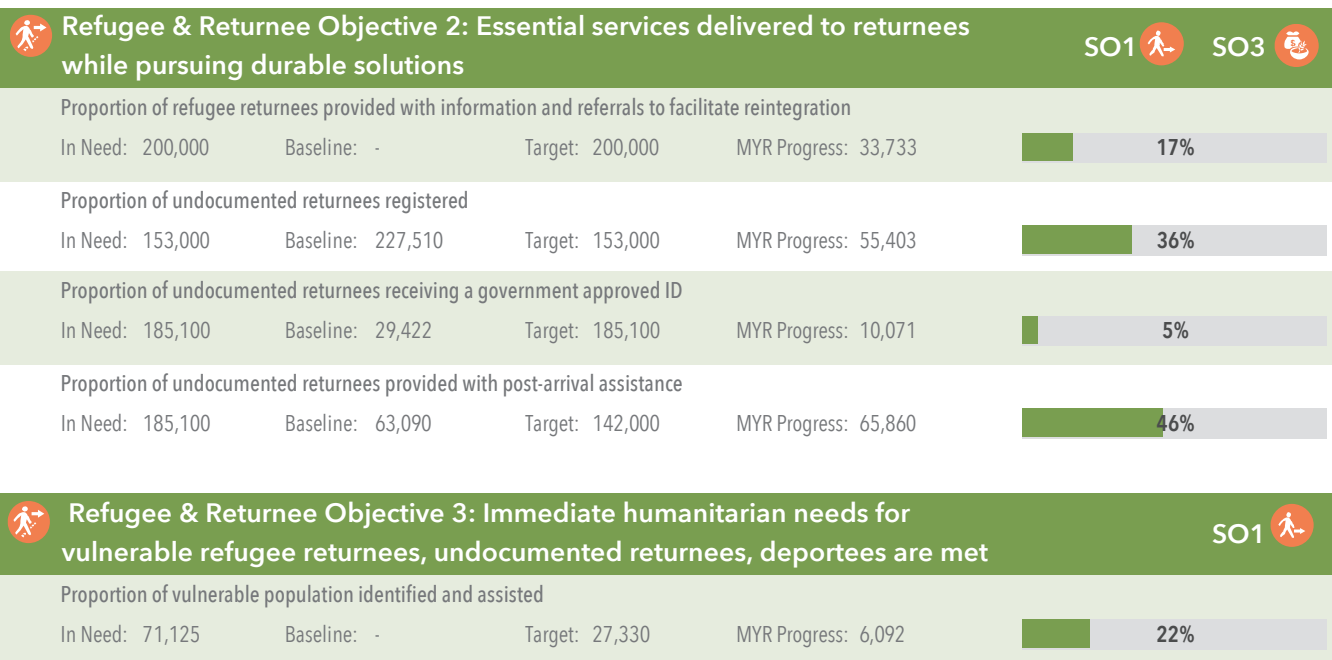
In Need: 12,500

Baseline: 2,500

Target: 2,500

MYR Progress: 14,078

563%



## REPORTING ORGANISATIONS BY SECTOR

SECTOR	ORGANISATIONS	NUMBER OF PARTNERS
Emergency Shelter and Non-Food Items	ACF, ACTED, CHRISTAIN AID, CONCERN, CORDAID, DRC, IMC, IOM, IR, ME, NCA, NRC, PU-AMI, RI, SCI, SI	16
Food Security and Agriculture	ACTED, NEI, FAO, NRC, WFP, CARE, SI, ACF, COAR, SCI, DRC, PIN, WHH, MADERA, RI, OXFAM, ANCC, WVI	18
Health	ORCD, YHDO, MRCA, EMERGENCY, ACTD, SHRDO, TDH, AHDS, HI, JUH, PUAMI, HN-TPO, PU-AMI, UNFPA, IMC, QRCS, UNICEF	17
Nutrition	AKHS, CAF, AADA, MOVE, BDN, PPHD, BARAN, CHA, MRCA, AAA, TIKA, ORCD, ACTD, MSF, BND, MOPH, MEDAIR, BACTRAIN, SM, SCI, SCA, SAF, IMC, OHPM, AHDS, HADAAF, ACF, WFP	28
Protection	DDG, MDC, OMAR, UNHCR, YHDO, PIN, MCPA, NRC, SC-USA, WSTA, HT, DRC, WC-UK, WHH, TDH, HEALTHNET TPO, AREA, HN-TPO, AFGHANAID, HALO TRUST	20
Water, Sanitation and Hygiene	ACTED, IRC, DACAAR, SCI, ACF, UNICEF, COAR, NCA, SI, IMC, ZOA, RI, MRRD	13
Refugee and Returnees	UNMAS, SI, JUH, HN-TPO, UNICEF, UNHCR, CHF, IRC, NCA, COAR, IMC, DRC, RI, UNFPA, ADAA, ARCS, IOM	17

## ACRONYMS

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



# WHAT IF? ...WE FAIL TO RESPOND

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



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

## FOOD INSECURITY IS ON THE RISE



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

## LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO DISEASE & DEATH



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

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



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

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



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

## THREATEN THE HEALTH & DIGNITY OF THOSE MOST VULNERABLE



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

## LACK OF RESPONSE LEADS TO GRAVE HUMANITARIAN CONSEQUENCES



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

# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

[www.humanitarianresponse.info/operations/afghanistan](http://www.humanitarianresponse.info/operations/afghanistan)

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



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

[www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds](http://www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds)

For information on how to make a contribution, please contact

[chf afg@un.org](mailto:chf afg@un.org)

## IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

[logik@un.org](mailto:logik@un.org)

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



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

