



Afghanistan

2012
Consolidated Appeal





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

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

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



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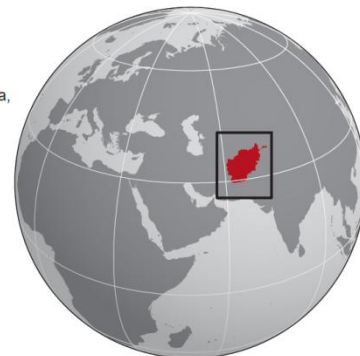
*Dotted line represents approximately the Line of Control in Jammu & Kashmir agreed upon by India and Pakistan. The final status of Jammu & Kashmir has not yet been agreed upon by the parties.

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

Provinces

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

- ⊛ National capital
- ⊙ Provincial capital
- Populated place
- International boundary
- - - Provincial boundary



1. EXECUTIVE SUMMARY

Description of the Context

Humanitarian conditions in Afghanistan have steadily deteriorated in recent years due to the protracted conflict and recurrent natural disaster—particularly drought, flash floods, and other extreme weather. An intensified conflict in 2011 caused further civilian casualties and displacement, delayed humanitarian action and disrupted essential services. The planned withdrawal of the International Security Assistance Force (ISAF) from Afghanistan over the next three years risks disrupting local economies and hindering humanitarian and development action.

Resurgent conflict across the country and endemic environmental hazards render the majority of Afghanistan’s 30.4 million people¹ chronically or acutely vulnerable. While coping mechanisms and some forms of assistance do exist, the seemingly endless cycle of human suffering continues unabated.

Key humanitarian indicators have steadily deteriorated in Afghanistan in recent years as a result of protracted conflict, recurrent environmental hazards and a combination of under-development and development failure.

The failure to closely link the work of humanitarian and development actors in Afghanistan has caused challenges associated with recurrent environmental hazards to persist. Limited snow and rainfall during the past winter and spring caused a slow-onset drought, which affected the food security of people in 14 provinces in 2011. The drought (which is the eighth in 11 years) reflects the critical importance of implementing not just short-term humanitarian relief, but also longer-term resilience-building measures. It prompted the revision of the 2011 CAP on 2 October 2011 to include US\$²142 million to ensure immediate assistance to affected people through September 2012.

The United Nations (UN) has been present in Afghanistan some 40 years. Today there are 28 UN agencies, funds and programmes operating in the country alongside the UN Assistance Mission in Afghanistan. It is estimated that more than 3,000 local organizations are engaged in various forms of development assistance; 190 non-governmental organizations (NGOs) are registered with the Afghanistan NGO Coordinating Bureau. A comprehensive review of the UN Assistance Mission in Afghanistan mandate in Afghanistan is scheduled for late 2011.

2012 Consolidated Appeal for Afghanistan: Key parametres	
Duration:	January – December 2012
Key milestones in 2012:	Planting seasons: March to October Winter: November to February Spring: March Harvest: June - September
Target beneficiaries (estimate):	<ul style="list-style-type: none"> • 600,000 conflict-induced IDPs • 70,000 natural disaster IDPs • 3,000,000 natural-disaster-affected general population (2.8 million drought-affected) • 22,000 projected cross-border displaced • 5.4 million conflict-affected (no access to basic services) • 162,000 projected refugee returnees • 20,000 projected conflict-induced IDP returnees (TBD) • Natural disaster IDP returnees (TBD) • Conflict-affected (no humanitarian access, number TBD). • Acutely vulnerable groups (for advocacy efforts)
Total request:	Funding request per beneficiary:
\$437,140,634	Estimate incomplete

¹ 2011 estimated population of Afghanistan, including those outside the territorial borders of Afghanistan. Source: Government of the Islamic Republic of Afghanistan’s Central Statistics Office (CSO).

² All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

Scenarios

To help frame and shape 2012 priorities, the humanitarian community participated in six regional and one national Consolidated Appeal Process (CAP) workshops, identifying the most likely, worst-case, and best-case scenarios for 2012. In mapping trends for economic opportunity, conflict, environmental disasters, political and security events, and other contributing factors to humanitarian caseloads, the best-case scenario—conciliation and an end to on-going conflict—was viewed as unlikely in light of the assassination of former president Rabbani. Equally, given the decade of effort to provide a government and governance to the people of Afghanistan, the worst-case scenario—collapse—was also viewed as unlikely in 2012.

The most likely scenario—that of a continued escalation of violent conflict fuelled by the departure of foreign security forces in country and subsequent increased humanitarian need, coupled with nominal humanitarian access or assistance—follows downward trends seen in 2009, 2010, and 2011 CAP scenario analyses. In addition, a projected decline in levels of external assistance such as foreign remittances, foreign bilateral and multilateral aid, and development funding, all of which impacts economic opportunity, offers a stark departure from previous analyses.

Transition

Afghanistan's political and security environment remains tenuous. To facilitate peace talks between the Government and armed opposition groups, the UN Security Council removed ten Taliban leaders from its terrorist list in 2011. Outreach efforts by the Government-supported High Peace Council have been undermined by the threat of or reality of violence in many parts of the country. This culminated in the September 2011 assassination of former President Rabbani, Chairman of the High Peace Council, effectively halting the peace process.

Throughout 2011, ISAF continued counter-insurgency and stabilization operations inside Afghanistan, seeking to contain armed opposition groups, particularly the Al-Qaida and Haqqani networks. However, in mid-2011 the United States and several other troop-contributing nations announced they would begin a drawdown of ISAF, with a view to complete withdrawal by 2014. The prevailing ISAF assessment is that current security conditions are conducive to Afghan forces assuming primacy in some areas. This assessment continues to be challenged by a series of attacks on Government installations, assassinations, and high-profile attacks against prominent installations in the centre of Kabul. Insurgent groups have continued to expand their presence and demonstrate their reach across the country and areas previously considered stable. The increase in incidents has affected civilians, the UN, and NGOs community.

The transfer of security responsibilities from ISAF to Afghan forces began during the first quarter of 2011 with the handover of security primacy in seven locations. As many as 17 provinces may be included in the as-yet-unannounced next tranche of transition.

The anticipated socio-economic shock associated with the ISAF's withdrawal makes the sustainability of Afghan public expenditure a source of concern. With 71% of GDP currently funded by external assistance, Afghanistan has one of the highest dependency ratios in the world. The country is expected to have little economic generation capacity by 2014, with the exception of uncertain mineral resources and an illegal narcotics trade. It is expected to revert to low-income-country status in the coming years. This is likely to cause considerable unrest and instability and deepen existing vulnerabilities.

Strategic Objectives 2011, 2012

The Strategic Objectives of the 2011 CAP:

- To provide humanitarian aid and protection to populations affected by conflict and natural hazards.
- To respond to humanitarian needs resulting from situations of chronic vulnerability.
- To develop contingency planning on recognized hazards (with reference to Hyogo Framework Priority 5)

The strategic objectives of the 2012 CAP:

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

Of the nine CAPs or similar humanitarian plans for Afghanistan over the past ten years, the focus of the humanitarian community has been at various turns diluted to include issues related to development and chronic vulnerability. As such, the 2012 CAP represents a shift from previous years and a “back to basics” approach, excluding the provision of humanitarian aid to chronically vulnerable populations in favour of advocacy for development, as demonstrated by the inclusion of progress towards Millennium Development Goals, and the responsibility of the Government of Afghanistan.

The Humanitarian Country Team determined that the CAP must further improve targeting of humanitarian action to prioritize life-saving assistance whilst helping to target gaps in development assistance that contribute to humanitarian caseloads. For this, the 2012 CAP seeks to further define assistance required within the humanitarian lens, including emphasis on needs arising from conflict and initial assistance for the internally displaced and refugee returnees.

Needs Summary

Years of active conflict have rendered Afghan governance structures fragile, particularly at the provincial and district level. The Government continues to struggle to deliver basic public services, implement the rule of law and guarantee internal security. Alleged fraud and widespread corruption in the past year have undermined international confidence in the Government and led to the International Monetary Fund’s suspension of Afghanistan’s accreditation, pending the outcome of an internationally supervised audit. This suspension halted funding from a number of critical donors to the Afghanistan Reconstruction Trust Fund, which is the main vehicle for the payment of public servants and the main source of funding for reconstruction and development projects.

This, in addition to insecurity and chronic lack of development and accountability, contributed to access to basic services such as medical assistance and education being well below internationally accepted levels. For example, the government offers health facilities in many parts of the country, though at woefully inadequate levels of presence and coverage. Infant mortality rate is estimated at 191 per 1,000 live births and the maternal mortality ratio at 1,600 per 100,000 live births, second-highest in the world. National estimates of populations without access to basic services sit at 5.4 million,³ including 4.4 million females. According to the Health Cluster, there is one health worker per 7,000 Afghans, and—perhaps more striking—one female health worker per 23,000 Afghan females. Moreover, the dispersal of these professionals is largely in the centre and north of the country, leaving large swaths of the country uncovered.

Similarly, the number of teachers in schools remains well below international standards, with one teacher per 101 students in country, and one female teacher for every 344 female students. The coverage of these educators is as unequal as that in healthcare. Meanwhile, because of the inadequate number of formal schools and qualified teachers (especially female teachers) and of inappropriate learning spaces and facilities, an estimated 4.2 million are out of school, 60% of them girls; while 50%

³ Based on the health proxy and calculated based on gender separation.

of the 12,421 schools lack buildings.⁴ Please see: [Access to Basic Services - Number of Professional Health Workers \(excluding Doctors\)](#) and [Access to Basic Services - Primary School Teachers](#) for further information.

The humanitarian community, composed of UN agencies, programmes, and funds, international NGOs, and indigenous entities, pays primary focus to the conflict-affected, the internally displaced, refugee populations, and those affected by natural disaster.

Humanitarian Access

Regular and sustained access for humanitarian agencies remains a challenge, because of inhospitable terrain, limited infrastructure, surging insecurity, limitations on capacity, and funding constraints. While presence, capacity, and coverage is largely an independent process affected by longevity and acceptance, security, terrain, and logistics, the humanitarian community is unable to effectively cover many conflict and disaster-prone areas of the country. (Please see [Humanitarian Presence](#) for further information.) However, in locations where UN entities, international NGOs, and indigenous agencies operate, some level of access remains possible.

Access varies, with some agencies having garnered more ‘acceptance’ by the community whilst others are viewed with greater suspicion as perceived parties of the conflict. The Afghan Red Crescent Society, for example, is able to access, assess, and deliver in many parts of the country where others are unable. Many humanitarian donor representatives, on the other hand, have far less ability to manoeuvre due to their own security restrictions or their participation in ISAF with military capabilities. (Please see: [Population targeted in all the security incidents](#) for further information.)

Given the multitude of constraints, humanitarian and development needs assessments are completed to the best of the ability of aid actors, as and when possible. Notable is the completion of the first Emergency Food Security and Nutrition Assessment and Early Recovery Assessment in 2011 covering 14 drought-affected provinces. This seminal assessment, even with its inherent limitations, offers an insight to the capacity and reach of aid providers. (Please see: [Food Security and Agriculture Cluster - Planned Response](#) for further information.) However, access in areas in the central, east, south-east, south, and south-west of the country—some 50% of the territory—remains severely limited. Bridging this gap is a priority for the humanitarian community in 2012.

Humanitarian Finance

The humanitarian community requested \$678 million in support of the 2011 strategic objectives for Afghanistan noted above. At the Mid-Year Review (MYR), this appeal was revised down to \$454 million and funded to 63%, or \$287 million for 144 projects. Primary donors included Canadian International Development Agency (CIDA), European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO), France, Japan, the United States Office of Foreign Disaster Assistance (OFDA) and Agency for International Development (USAID), Norway, and SDC.

On 2 October, the humanitarian community revised the appeal in response to a slow-onset drought to \$582 million for 168 projects. This appeal will remain relevant through September 2012, when crops are harvested in the areas affected.

The 2012 CAP seeks donor support for \$437,140,634 for 146 projects across eight clusters and one sub-cluster working group.

The CAP is *de facto* not an exclusive means for humanitarian planning and resource allocation in Afghanistan. An estimated minimum of \$398 million reaches the humanitarian community for actions not planned in the CAP, and further funds are channeled through ISAF counter-insurgency strategies, Provincial Reconstruction Teams, and bilateral and multilateral funding by member states. The humanitarian community is working to bring greater transparency to humanitarian financing in Afghanistan in 2012.

⁴ Please see: [Access to Basic Services - Number of Professional Health Workers \(excluding Doctors\)](#) and [Access to Basic Services - Primary School Teachers](#) for further information.

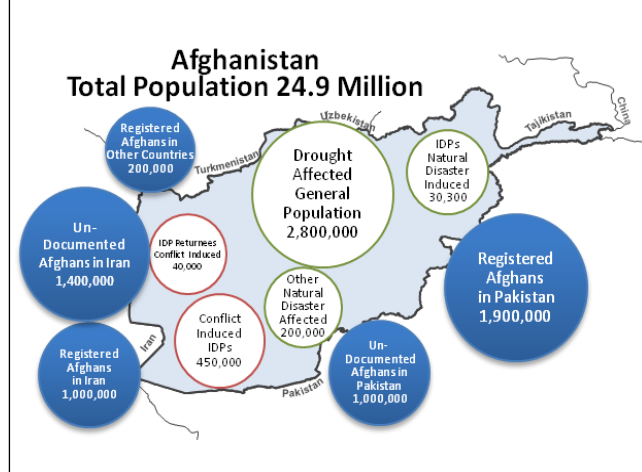
Humanitarian Dashboard – Afghanistan

NOVEMBER 2011

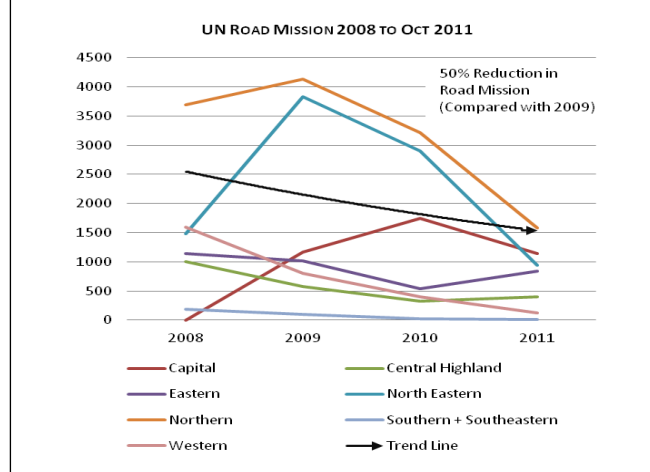
SITUATION OVERVIEW

- Afghanistan is a complex emergency with the country facing multiple development challenges which are exacerbated by protracted, intensive armed conflict and regularly recurring environmental hazards.
- Outlook: The most likely scenario is a continuation of the current trend of increasing conflict in the short to medium-term with a directly-related challenge to access and delivery of basic and humanitarian services to conflict-affected populations.
- Most-affected groups: Conflict-induced refugees and IDPs, environmental-hazard-affected IDPs, refugee and IDP returnees requiring initial assistance, and populations without access to basic and humanitarian services.
- Most-affected areas: The protracted armed conflict has affected all regions of the country with most recent incidents concentrated in the southern, south eastern and central regions (including Kabul) in particular. Environmental hazards impact all regions, the current drought affects 14 provinces in the northern, north-eastern and western regions.

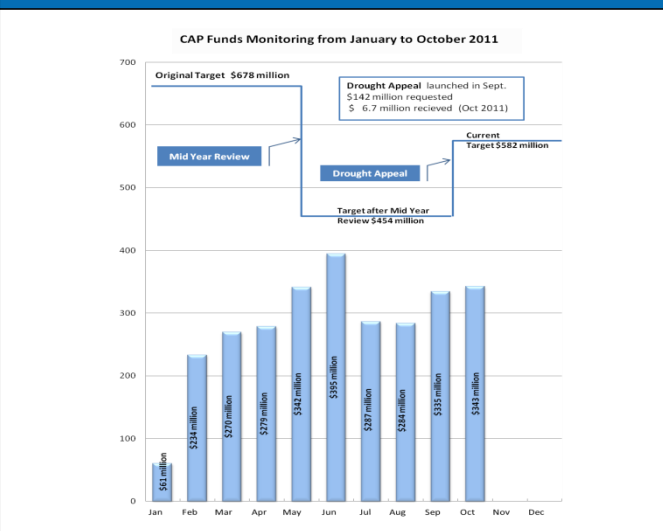
PEOPLE IN NEED



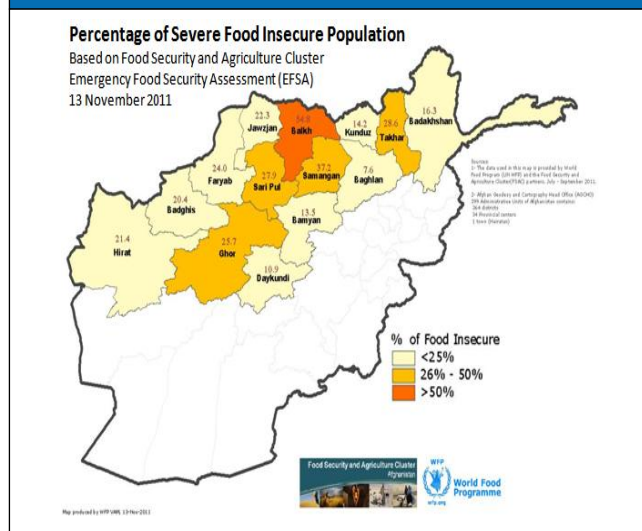
UN ROAD MISSIONS 2008 to Oct 2011



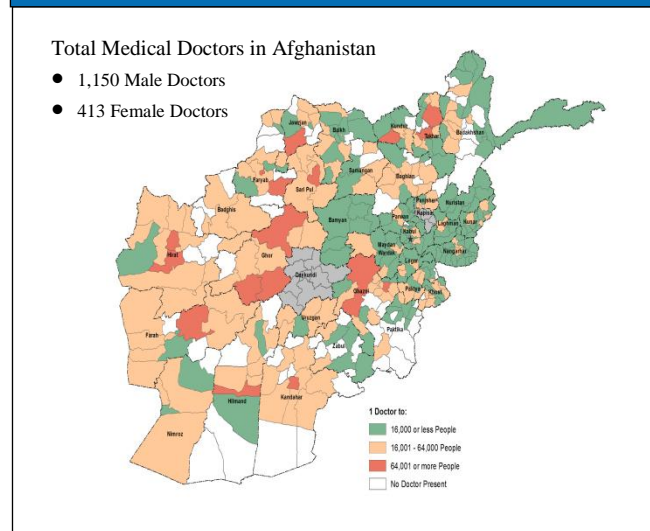
CAP FUNDS MONITORING Jan to Oct 2011



DROUGHT 2011



ACCESS TO BASIC SERVICES



STRATEGIC OBJECTIVES 2012 CAP

STRATEGIC OBJECTIVE 1

Plan for and respond to the humanitarian assistance and protection needs arising from armed conflict, particularly:

- The displaced.
- Those without access to basic assistance (including those delivered by the Government)
- Populations where there is no humanitarian access (with other assistance or support, including from Government).

STRATEGIC OBJECTIVE 2

- Protection and initial return assistance to IDPs and refugee returnees.

STRATEGIC OBJECTIVE 3

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

STRATEGIC OBJECTIVE 4

- Advocate protection support and appropriate development interventions to acutely vulnerable populations targeted by the Millennium Development Goals, whether in rural or urban areas.

HUMANITARIAN INDICATORS

Crude mortality rate (male/female)	415 / 382	(World Bank, 2008)
<5 Mortality rate	199	(UNICEF, 2009)
Infant mortality rate	134	(UNICEF, 2009)
<5 Global acute malnutrition	16.7%	(MoPH, 2008)
<5 Severe acute malnutrition	4.7%	(MoPH, 2008)
Maternal mortality rate	1,400	(WHO, 2008)

SOCIO ECONOMIC INDICATORS

Population in Afghanistan	24.9 million	(CSO, 2011)
Population in neighboring countries	5.5 million	(UNHCR, 2011)
Life expectancy (male/female)	47 years / 50 years	(WHO, 2009)
GNI per capita (2008, USD)	\$1,419	(UNDP HDR, 2010)
Population living on less than US\$1/day	42%	(UNDP HDR, 2010)
Literacy rate (above 15 years) (male/fem)	39% / 13%	(WHO, 2008)
HDI rank (of 169)	155	(UNDP HDR, 2010)
Rural / urban population	77 / 23%	(UNFPA, 2011)
Unemployment rate	38%	(WHO, 2008)

TREND ANALYSIS

- It is expected that escalating conflict will lead to increased humanitarian needs, and decreased access by humanitarian actors. Data suggests the expansion of conflict and insecurity to currently stable areas, plus increasing actions against international military forces.
- Without more efforts in disaster risk reduction, recurring natural hazards will continue to erase development gains and increase vulnerability. In the last 11 years, there have been eight slow-onset droughts, with the most recent resulting in 2.8 million people with acute food security needs (CAP 2011).
- The influx of returnees (undocumented and registered) from Pakistan and Iran are placing increased strain on national infrastructure, and particularly in the urban areas of Kabul, Herat, and Mazar-e-Sharif. Over five million Afghans have returned since 2002, constituting almost 20% of the current population (UNHCR, 2011).
- The above trends should be placed against a backdrop of widespread chronic vulnerability, and the reinforcement of negative coping strategies, and reduced resilience to economic shocks.

NATURAL HAZARDS

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Avalanches												
Landslides												
Extreme Winter												
Floods												
Extreme Summer												
Drought												
Earthquakes												

OPERATIONAL CONSTRAINTS

ACCESS

Continued deterioration in security environment seriously restricts movement and impedes humanitarian operations.

Road infrastructure has greatly improved, but winter conditions still impede access.

CAPACITY

International aid community is well established though the focus is primarily developmental.

Major gaps in emergency response exist.

FUNDING

CAP 2011: US\$582 million
59% funded (at 11/2011)

Funding is concentrated in a few sectors, leaving others notably underfunded.

Constraints: ■ Severe ■ Major ■ Minimal ■ None

INFORMATION GAPS AND ASSESSMENT PLANNING

- The systematic and up to date collection of data on humanitarian needs is hindered by access and access monitoring is hindered by issues of data transparency.
- Information management within the clusters needs to be strengthened in order to collect data in a consistent and harmonized manner to support data consolidation and dissemination.

Additional basic humanitarian and development indicators for Afghanistan

	Type	Most recent data	Previously	Trend
Demographics	Population	30.5 million (Based on a compilation of figures from several sources: 25 million in country (CSO, 2011-12 estimation); 3.1 million registered Afghan refugees in Pakistan, Iran and other (UNHCR 2011); 1.4 million undocumented Afghans in Iran (IOM 2011); plus one million undocumented Afghans in Pakistan (IOM 2011).	26,000,000 (GoA, Central Statistics Office, 2010 estimate based on 2007/8 NRVA)	↑
Economic Status	GDP per capita	\$426 in 2008 (World Bank Online Database, September 2009, Central Statistics Organization)	\$964 in 2005 (Afghan Human Development Report 2007, UNDP)	↓
	Percentage of population living on less than \$1 per day	42% (UNDP, HDR, 2010)	N/A	↔
Education	School attendance	Primary school attendance ratio male 66% and female 40% in 2009; Secondary school attendance ratio male 18% and 6% female in 2009 Source: <i>The State of the World's Children 2011 UNICEF</i>	42% of school-age children (<five million) out of school (MoE/UNESCO Draft Interim Plan for Fast Tract Initiative funding)	↑
	Adult illiteracy	88% adult women non-literate, 61% adult men non-literate (MoE/UNESCO Draft Interim Plan for Fast Tract Initiative funding)	N/A	↓
Food Security and Agriculture	Food security baseline	68% of the Afghan population is affected by some form of food insecurity with 31% food-insecure and 37% borderline food-insecure (The EFSA 1 & 2 conducted mid 2011 by the FSA Cluster confirm that 2.86 million people have been severely affected by the drought and are food in-secure.	N/A	↔
	2011 cereal requirements, production and deficit	Total cereal requirement in 2011/2012: 6.3 million metric tons (MTs) Total cereal production in 2011: 4.4 million MTs. Predicted cereal deficit in marketing year 2011/2012: 1.9 million MTs -three times the previous year's cereal deficit.	Cereal deficit in 2010, 750,000 MTs	↑
Health	Under-five (U5) mortality (probability of dying between birth and five years of age per 1,000 live births)	149 per 1,000 births Source: <i>World Bank/WHO/UNICEF, (Child Mortality Report 2011)</i>	191 per 1,000 (MoPH/WHO/UNICEF, 2008)	↓
	2010 UNDP Human Development Index score	Ranked 155 of 169 countries (UNDP, HDI, 2010)	Ranked 181 of 182 (UNDP, HDI, 2007)	↔

Table I. Requirements per cluster

Consolidated Appeal for Afghanistan 2012 as of 15 November 2011 http://fts.unocha.org

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

Cluster	Requirements (\$)
COORDINATION	15,299,289
EDUCATION	18,208,484
EMERGENCY SHELTER	27,626,271
EMERGENCY TELECOMMUNICATIONS	748,955
FOOD SECURITY AND AGRICULTURE	123,427,218
HEALTH	15,202,354
LOGISTICS	21,970,768
MULTI-SECTOR	122,248,551
NUTRITION	50,060,806
PROTECTION	16,160,651
WATER, SANITATION AND HYGIENE	26,187,287
Grand Total	437,140,634

Table II. Requirements per priority level

Consolidated Appeal for Afghanistan 2012 as of 15 November 2011 http://fts.unocha.org

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

Priority	Requirements (\$)
A. HIGH	365,593,025
B. MEDIUM	69,512,028
C. LOW	2,035,581
Grand Total	437,140,634

Table III. Requirements per organization

Consolidated Appeal for Afghanistan 2012 as of 15 November 2011 http://fts.unocha.org

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

Appealing Organization	Requirements (\$)
AADA	366,467
ACF	3,234,144
ACT-Afghanistan	888,864
ACTD	1,708,450
ACTED	4,035,610
ActionAid	830,076
ADEO Afghanistan	200,000
Afghanaid	5,799,162
AGDO	128,506
AKDN	1,125,203
AMRAN	425,500
ASDO	194,847
CAF	342,741
CARE International	2,851,836
CESVI	350,000
Chr. Aid	929,519
CoAR	1,707,382
DHSA	671,810
DWHH	986,720
EDGAO	411,000
EMERGENCY	3,226,680
ERF (OCHA)	-
FAO	32,892,714
HAPA	292,000
HAWCA	228,340
HealthNet TPO	590,832
HSDO	652,167
iMMAP	593,244
IOM	19,955,339
Johanniter Unfallhilfe e.V.	1,013,000
LSO	197,361
MEDAIR	4,008,973
Mercy Malaysia	105,805
MERLIN	440,063

Appealing Organization	Requirements (\$)
MRAA	112,770
MRCA	200,900
NERU	233,290
NRC	11,914,356
NRDOAW	575,000
OCHA	11,188,198
OHW	724,000
ORCD	1,855,579
OXFAM GB	5,978,418
OXFAM Netherlands (NOVIB)	7,406,575
PIN	4,743,228
SC	8,162,927
SHERDO	178,057
SHPOUL	1,435,125
SHRDO	660,234
Solidarités	1,232,962
SRP	137,354
TEARFUND	5,017,275
UNFPA	698,360
UNHCR	139,569,070
UNICEF	31,624,316
WEDHA	189,700
WFP	107,085,504
WHO	4,833,081
Grand Total	437,140,634

2. 2011 IN REVIEW

2.1 Changes in the context

Afghanistan remains in a state of protracted crisis. Underlying factors include the conflict that has been ongoing since 2001, regularly occurring natural disasters (ranging from small to medium and large-scale), weak governance systems, profound gender and social inequities, scarce resources, and underdeveloped livelihood systems and infrastructure. These increase the impact of the challenging climatic conditions and terrains, amidst inadequate coping strategies and development assistance.

As a result of the protracted and escalating conflict, according to the United Nations High Commissioner for Refugees (UNHCR) and the Government of Afghanistan (GoA) Ministry of Refugees and Repatriation (MoRR), an estimated 450,000 individuals are displaced as of September 2011. These include an estimated 161,000 people newly displaced in the first nine months of 2011, representing a 65% increase compared to the same period in 2010. Some internally displaced people (IDPs) are living in makeshift informal settlements, while others are accommodated by host families, straining local communities and families with already meager coping mechanisms. The further escalation of the conflict has led to drastic shrinking of humanitarian access and a reduction in access to basic humanitarian aid by vulnerable groups that largely include women and children. Continued efforts are needed to advocate durable solutions for the displaced, including if possible return to places of origin.

Cumulatively, more than 5.7 million refugees have returned to Afghanistan since 2002. Out of these, 4.6 million returned with UNHCR assistance. UNHCR support aims at addressing the immediate basic return needs of the refugees but also includes a voluntary repatriation cash grant, plus shelter and livelihood assistance to the most vulnerable. Nonetheless, sustainable return is not always achieved by all returnees, bringing concern that many returning refugees are at continued risk of further displacement, subsequent illegal migration, or becoming a disaffected element of the Afghan society. During 2011, UNHCR surveyed up to 30% of the 4.6 million UNHCR-assisted refugee returnee hosting villages and findings indicated that more than 43% have utterly failed to reintegrate and have poor living standards compared to their neighbours and the host communities.

In recent years, drought has continued to be the most devastating of Afghanistan's regularly occurring large-scale natural disasters, further eroding and delaying the development of sustained and diversified livelihood systems in the country. Since 2000, the country has experienced eight droughts that significantly reduced agricultural production, increased acute food insecurity, and increased the number of people affected by acute malnutrition. Furthermore, the drought caused the failure of the rain-fed wheat crop in 2011 which left an estimated 2.6 million people facing acute food security needs. An additional one million people are food-insecure because of the on-going conflict and natural disasters. Meanwhile, an estimated 42% of the population lives on less than \$1 a day⁵, 68% have no sustainable access to improved water sources, and almost 95% are without access to improved sanitation⁶. Some 42% of school-age children are out of school, 21% of teachers do not have the required qualifications⁷ and approximately 15% of the population has no access to the most basic health services.⁸

Protection of civilians (PoC) and human rights (HR)

Evidence from surveys and monitoring reports by the Protection Cluster indicate that from January to September 2011, the conflict in Afghanistan expanded from the usually conflict-affected areas in the south,

⁵ UNDP, HDR, 2010.

⁶ NRVA, 2008.

⁷ Afghanistan, GPE, 2011.

⁸ WHO, 2010.

south-east and central to more stable provinces in the north, west and east⁹. Likewise this has increased the number of civilians affected by the conflict and their risks of death, injury, mutilation, persecution, arbitrary arrest, displacement, landmine contamination, loss and destruction of property, loss of livelihood, and lack of freedom of movement and access to basic services including health and education. In addition, this has further reduced humanitarian space across Afghanistan.

Civilians continue to bear the blunt of the conflict, and civilian casualties continue to escalate; according to United Nations Assistance Mission in Afghanistan (UNAMA) Human Rights Office, a cumulative total of 1,462 civilian deaths were reported in the first six months of 2011, an increase of 15% compared to the same period in 2010. This has been attributed to increased and widespread use of improvised explosive devices (IEDs), more complex suicide attacks, increased targeted killings, more ground fighting, and a rise in civilian deaths from air strikes.¹⁰ May 2011 was the deadliest month for civilians ever recorded and the trend continued through June to August, meaning that for the first time, a four-month total of 1,000 civilian deaths were recorded.¹¹ Further to this, the political situation in Afghanistan remains fragile and unpredictable; currently it is unclear how the drawdown of ISAF troops and their Provincial Reconstruction Teams (PRTs) will affect humanitarian programming and operations. A further protection concern remains the continued impact of landmines and unexploded ordnance on Afghan communities and society. Children and women remain particularly vulnerable to protection risks.

Access, Security and Conflict Analysis

Access issues continue to remain one of the main challenges that humanitarian actors continue to face in addressing humanitarian needs in Afghanistan. Access to most parts of the country is impaired by the high levels of insecurity, combined with a rugged landscape, severe climate and the chronically under-developed basic infrastructure. While the ability of humanitarian actors to access vulnerable populations in Afghanistan has not been illustrated with any degree of definition to date, it is clear that a very wide range of humanitarian access currently exists for different entities. For instance, access would appear to be less of an issue for some Afghan NGOs and movements such as Afghan Red Crescent Society (ARCS) that deliver a narrow range of primary humanitarian aid activities, and far more of an issue for UN agencies, funds and programmes and some donors closely associated with PRTs.

Constricted access directly constrains the monitoring, evaluation and oversight of humanitarian activities beyond the reach of the UN, with a resultant impairment on the quality and scale of humanitarian service delivery. The absence of full humanitarian access has also impacted significantly the ability to generate qualitative and accurate data on conflict-affected populations and populations displaced by conflict. This has had a detrimental effect the ability to plan and execute appropriate and timely humanitarian responses and directly impedes the ability to optimally deliver on Strategic Objective Number 1. The current figures for conflict-induced displacements (450,000) are estimates, and furthermore there is no clear understanding of the extent of the unknowns in these regards. The on-going conflict and insecurity will likely continue to have the greatest negative effects on humanitarian access in 2012. Attempts to accurately predict the scale and extent of these effects are almost impossible, given the fluidity, complexity and the dynamics of the situation. However, it is worth noting that 2011 has recorded an escalation of conflict and security indices that impair humanitarian access and the operating environment.¹² Generating a more definitive graphic on who among the humanitarian community has access, where, and why, is a necessary starting point for addressing the challenges of increasing humanitarian access.

⁹ Afghanistan Protection Cluster, Note for the Security Council Expert Group on Protection of Civilians, Discussion for ISAF Mandate Renewal, 18 September 2011, p1.

¹⁰ Recording of civilian deaths and injuries is undertaken by the Human Rights Unit of the UN Mission in Afghanistan (UNAMA HR). See UNAMA Mid-Year Report on Protection of Civilians at http://reliefweb.int/sites/reliefweb.int/files/resources/Full_report_118.pdf

¹¹ 356 civilians killed in May, 360 in June and 316 in July as reported by UNAMA HR.

¹² See <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1279511> for details.

Meanwhile, a considerable fraction of Afghan communities are unable to access basic services due to the on-going conflict. According to the International Committee of the Red Cross (ICRC),¹³ access to medical care is at a critically low point in conflict-affected areas, with local clinics closed in some places because of fighting, attacks on premises, or intimidation of staff. Challenges surrounding access have also had a detrimental impact on the quality of services offered with an Agency Coordinating Body for Afghan Relief (ACBAR) study¹⁴ finding increasing frustrations among Afghans attempting to access facilities which are frequently closed, being served by staff that lack the required professional skills and knowledge or having to use facilities with substandard buildings and lack of equipment.¹⁵

Concerns have been expressed over the likelihood of civilian casualties escalating as Afghan National Security Forces (ANSF) assumes increasing responsibility for combat operations¹⁶. Likewise similar considerable concerns have also been expressed in regard to the socio-economic impact of the military/PRT drawdown. Many feel the changes could threaten the stability of the already struggling economy, and that has a potential to endanger the country's stability even before local authorities assume security control in 2014. As part of the transition process, 2012 will likely witness an increasing dependence on the untested security capacity of the ANSF over a far greater proportion of the country.

Additionally, the absence of an inclusive political process focused on peace and reconciliation may imply that the 2011 trends of the impact of the on-going conflict, including civilian casualties, and internal displacements could likely repeat, and more probably worsen in 2012. Therefore, while attempts at accurate predictions are fraught, it is highly unlikely that the conflict and insecurity indices that impair humanitarian access will decrease in 2012 and, in all probability, could likely increase. Against this background, concerted and focused actions by humanitarian actors will be required to address and improve the level of access for humanitarians plus that of the vulnerable groups to basic humanitarian services in 2012.

Environmental Hazards Analysis

Natural hazards such as, floods and pandemics, earthquakes, landslides, windstorms, sandstorms, avalanches, drought, rock slides, and extreme weather patterns are common in Afghanistan. These natural hazards increase the vulnerability of a population already affected by conflict. According to the Famine Early Warning Systems Network (FEWSNET) and the Food Security and Agriculture Cluster (FSAC), Afghanistan has suffered eight droughts in the last 11 years (one drought every sixteen months), affecting on average more than one million people. This is particularly devastating, given that, more than 80% of the population relies on agriculture as means of livelihood. Over the past ten years, the Afghan National Disaster Management Authority (ANDMA) and International Organization for Migration (IOM) estimate on average 400,000 people are affected by other natural hazards yearly, aside from the recurring droughts.

According to the Centre for Research of Epidemiology of Disasters (CRED) at the University of Brussels, the ten largest-scale natural disasters that occurred in Afghanistan from 2002-2011 were:

¹³ ICRC News Release No 11/202, 3 October 2011, Afghanistan: civilians still pay the price of conflict 10 years on.

¹⁴ ACBAR study: Health and Education in Afghanistan: An Empty Gift, undertaken from July – September 2011, looking at health and education from the perspective of ordinary Afghans.

¹⁵ see maps on basic health services at:

<http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1279533>, and basic education services at

<http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1279530> for details.

¹⁶ OXFAM Joint Briefing Paper, No Time to Lose. Promoting the Accountability of the Afghan National Security Forces, Rebecca Barber, 10 May 2011.

Disaster	Date	Number of affected people
Drought	July 2006	1,900,000
Flood	13 January 2006	300,000
Drought	October 2008	280,000
Epidemic	January 2002	200,000
Extreme temperature	5 January 2008	170,684
Earthquake (seismic activity)	25 March 2002	91,228
Flood	25 March 2009	60,016
Flood	5 May 2010	40,000
Storm	January 2005	22,656
Flood	18 March 2007	20,000

The 2012 CAP seeks to prepare for and respond to protection and humanitarian needs arising from annual and seasonal natural disasters, as well as advocacy for progress on implementation of Hyogo Framework Priorities 1-4. During the preparations of the 2012 CAP, an analysis of the existing patterns, trends and impacts of all kinds of annual and seasonal hazards in the country were made at the regional and national level. The analysis indicated that many natural disasters occur in specific areas of the country, causing the loss of development gains and creating the need for humanitarian aid by the affected population. A compilation of the detailed Afghanistan vulnerability analysis made during the regional 2012 CAP workshops (which covered the recurrent natural disasters by event, season, number affected and impact trends by district) can be accessed at: <http://ochaonline.un.org/afghanistan/AppealsFunding/CAP2012>.

Key recurring hazards and locations, in order of descending risks

Drought remains the most serious threat to the economic and livelihood stability of Afghanistan. The 2006 drought affected more than 1.6 million Afghans, mainly in the north, north-east and west regions, while the 2008 food price crisis affected more than 4.6 million. To respond to the priority humanitarian needs of the affected population, both events ultimately required flash appeals of more than \$81,321,254 and \$404,319,728, respectively.

Due to the topography and precipitation patterns, Afghanistan suffers seasonal flooding. Flash floods occur in every region, often with disastrous results on small-holder farmers and rural economies. However, this phenomenon is particularly prevalent in the high mountain areas of the north-east and Central Highlands (CHL) regions, as well as the southern Hindu Kush in the south-east during spring, mid-summer, and late autumn. Limited infrastructure, including flood bank retaining walls and water catchment or redirection systems, often expose the same communities to the effects of floods annually. Likewise, humanitarian aid is provided to the same communities: for example in 2010 and 2011, humanitarian actors provided emergency relief to the same communities in Baghlan, Nuristan, Logar, Bamyan, and Paktiya provinces.¹⁷ As defined in Hyogo Framework five and the 2011 CAP, the humanitarian community continues under taking efforts to complete contingency planning, prepositioning, and preventative assistance processes.

In-country natural disaster preparedness and response coordination

The National Emergency Response Coordination mechanism brings together under the chairmanship of the second Vice President of Afghanistan relevant line ministries, humanitarian and development actors to plan, coordinate, and respond to natural disasters. This forum also identifies gaps in capacity or deployable assets for preparedness and response accountability on the part of government, the UN family, and other actors in country. This mechanism is replicated at provincial levels through Provincial Disaster Management and Development Committees. In addition, the United Nations Development Programme (UNDP), UNAMA, UNICEF, World Food Programme (WFP), UNHCR, IOM, ACF, International Rescue Committee (IRC), Oxfam-GB, Norwegian Refugee Council (NRC), CARE International, INTERSOS and United Nations

¹⁷ More information can be found at: <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1279621>.

Office for Project Services (UNOPS) amongst other actors provide technical capacity-building, logistics, and financial support to ANDMA and various line ministries.

Disaster risk reduction and the 2012 CAP

In 2012, the humanitarian community will carry out advocacy with development actors on the prioritization of natural disaster prevention, mitigation, and adaptation assistance as outlined in the Hyogo Framework priorities 1-4.¹⁸ Advocacy efforts will aim to set these priorities, forming the backbone of initiatives to inform and support targeted development actions and programming aimed at building resilience and reducing risks for vulnerable populations. It is worth noting that, although the Millennium Development Goal (MDG) timelines have been extended for five years, Afghanistan will continue to struggle to achieve the overall targets set for 2020.

Political Analysis

Government capacity in Afghanistan remains limited, at both national and sub-national levels, impeding its ability to deliver social services and promote good governance. Similarly, community-based government structures also have limited capacity. Currently there is lack of clarity on the impact the transition process, including the drawdown of ISAF troops and PRTs, will have on the support being provided to government at the provincial and district levels as well as development programming and humanitarian operations.

2011 major events timeline for Afghanistan ¹⁹	
January	President Karzai makes first official state visit to Russia by an Afghan leader since the end of the Soviet invasion in 1989.
February	Number of civilians killed since the 2001 invasion hit record levels in 2010, Afghanistan Rights Monitor reports.
April	Burning of Koran by a US pastor prompts country-wide protests in which seven foreign UN workers and several Afghans are killed
	Some 500 mostly Taliban prisoners break out of prison in Kandahar.
May	Osama bin Laden killed by U.S. forces in Pakistan
July	President's half-brother and Kandahar governor Ahmad Wali Karzai is killed in Taliban campaign against prominent figures.
September	Ex-president Burhanuddin Rabbani - and leader in peace talks with the Taliban - is assassinated.
October	Afghanistan war marks ten years
	As relations with Pakistan worsens after a series of attacks; Afghanistan and India sign a strategic partnership to expand co-operation in security and development.
	The government says it has foiled a plot to assassinate President Karzai.
November	Istanbul Conference on Afghanistan held with all of Afghanistan's neighbours and western powers regarding commitments to cooperate and work together to help develop the country
December	Bonn Conference on Afghanistan

Analysis of the Economy

Afghanistan's gross domestic product (GDP) has been steadily growing over the past years, with a real growth rate of 22.5% for the period 2009 to 2010.²⁰ This growth has often been great volatile as a result of the country's predominant reliance on agriculture, which is harmed by severe weather, in particular the eight droughts over the past 11 years.

Natural disasters, besides the on-going conflict, have continued to take a toll on the country's economy. In recent years, responses to droughts and other natural disasters have continued to form a considerable part of government's expenditure; for example, during the 2008 to 2009 drought, the GoA and the international

¹⁸ For more information, please see: <http://ochaonline.un.org/afghanistan/AppealsFunding/CAP2012/CAP2012Maps>.

¹⁹ Sources for this table include BBC News, Afghanistan Profile, 4 October 2011; and other news events

²⁰ World Bank, Growth in Afghanistan, Recent Economic Performance, February 2011.

community distributed more than 163,000 MTs of food throughout the country as part of food assistance response interventions; 78% of which was provided by the government.²¹ In 2011, the country has experienced another drought, which requires a total of \$142 million to respond to the priority humanitarian needs of the affected communities. While the 2008-2009 drought occurred when national and global wheat production deficits had driven prices higher in Afghanistan and globally²², the 2011 drought has occurred at a time when global production levels are normal and global wheat prices are 24% above the 2010 prices²³, but relatively stable. Both GoA and the international community predict that the 2011 drought could have less severe national economic recovery impacts as compared to the 2008 to 2009 drought because of the significant wheat production surpluses in countries Afghanistan typically trades with (Pakistan, Russia and Kazakhstan). It is worth noting, however, that domestic wheat prices are 80% and wheat flour prices are 170% higher than the same time last year.²⁴ Notably, the current driving forces behind food price increases in 14 drought-affected provinces recorded in 2011 are local rather than global.²⁵

Official development assistance (ODA) in Afghanistan has substantially grown since 2000, when the country was ranked the 69th largest worldwide recipient, at 0.3% of total ODA flow to developing countries. Notably in 2008, Afghanistan became the world's leading aid recipient.²⁶ Meanwhile, the country's 2010-2011 ODA is substantially higher than that of neighbouring countries like Pakistan, where the aid to GDP ratio is 1.1%, the Islamic Republic of Iran with a ratio of 0.1%, and Uzbekistan with a ratio of 2.4% (Nation Master 2010).²⁷ Although the overall ODA for Afghanistan includes security sector assistance, it is worth noting that upon exclusion of all categories of security assistance, the country's aid dependency ratio (net official aid/gross national income) still remains one of the highest in the world, with foreign assistance accounting for 85% of the national budget.²⁸

Additionally, on 25 September 2010 Afghanistan's three-year \$120 million programme under the Poverty Reduction and Growth Facility (renamed Extended Credit Facility / ECF) with the International Monetary Fund (IMF) came to an end.²⁹ Although discussions on a new IMF-supported programme for Afghanistan had been under way, they have been temporarily halted pending an IMF internationally-supervised audit. Despite the high ODA Afghanistan received over the past ten years, development responses require strengthening to be more sustainable and more focused on disaster risk reduction in order to adequately meet the basic service needs, address medium- and long-term food security concerns and create sustainable livelihood alternatives.

2.2 Achievement of 2011 strategic objectives and lessons learned

The 2011 CAP focused on life-saving and livelihood-saving actions, strengthened with emergency preparedness and contingency planning to ensure common strategies. Achievements on the three strategic objectives identified by the Humanitarian Country Team (HCT) to guide humanitarian action in 2011 were:

²¹ 2011 CAP Afghanistan Emergency Revision in Response to Drought, September 2011, p. 8.

²² Ibid.

²³ Global Information and Early Warning System on Food and Agriculture, (September 2011), Global Food Price Monitor, UNFAO. http://www.fao.org/views/englist/gfpm/GFPM_09_2011.pdf

²⁴ 2011 CAP Afghanistan Emergency Revision in Response to Drought, September 2011, p. 8.

²⁵ Food Security Vulnerability Information and Mapping (FIVIMS), Food and Agriculture Organization of the United Nations.

²⁶ Global Humanitarian Assistance/Development Initiatives, Briefing Paper, Lydia Poole, "Afghanistan: Tracking Major Resource Flows, 2002-2010," January 2011, p 19.

²⁷ Government of the Islamic Republic of Afghanistan, Ministry of Finance, Development Cooperation Report 2010, p 4.

²⁸ World Bank and UK Department for International Development, Working Paper 1 for Afghanistan Public Expenditure Review, 2010, p 7.

²⁹ IMF, Program Note on Afghanistan, 5 April 2011.

Strategic Objective 1: To provide humanitarian aid and protection to populations affected by conflict and natural disasters.		
Indicator	2011 Target	Achieved
1. Reduction in the number of food-insecure IDPs and returnees.	Originally 440,647 IDPs Current: 435,436 IDPs. 515,000 refugee returnees.	<ul style="list-style-type: none"> • 433,000 IDPs reached • 45% of refugee returnees reached
2. Number of SAM and moderate acute malnutrition (MAM) children treated	29,000<5 children- severe, and 60,000 moderately malnourished.	<ul style="list-style-type: none"> • As of September 2011, 31,000 severely acutely malnourished children and more than 60,000 moderately acutely malnourished children reached
3. Percentage reduction in morbidity and mortality rates-related to disease outbreaks in displacement situations.	< 1% for cholera.	<ul style="list-style-type: none"> • 0.52% cholera
4. Increased percentage of returnees receiving assistance.	Originally 440,647 IDPs Current: 435,436 IDPs. 515,000 refugee returnees.	<ul style="list-style-type: none"> • 60% of food-insecure IDPs and 40% refugee returnees were reached

Progress towards Objective 1 and challenges: As indicated by the above target indicators, tremendous achievement was realized, although more efforts are required to reach more children affected by both acute and severe malnutrition. In addition, further reduction of morbidity and mortality caused by epidemics and other disease outbreaks still require enhanced efforts.

Strategic Objective 2: To respond to humanitarian needs resulting from consequences of chronic vulnerability.		
Indicator	2011 Target	Achieved
1. Percentage increase in numbers of vulnerable groups reached with humanitarian aid.	<ul style="list-style-type: none"> • 25,000 shelter units. • 120,000 non-food item (NFI) kits. • 1,000,000 farmers. • 80,000 pregnant and lactating mothers. 	<ul style="list-style-type: none"> • 10,600 shelter units • 20,000 families were assisted with NFIs • 80% of pregnant and lactating mothers were reached from March 2010-March 2011 (Afghan year 1389), • Mine action: 78 communities cleared; 382 minefields and 53 battle areas cleared or cancelled, 10,578 anti-personnel mines destroyed, as well as, 340 anti-tank mines, 74 abandoned improvised explosive devices (IEDs) and 289,626 explosive remnants of war (ERWs) • 62,265 refugees voluntarily returned to Afghanistan with UNHCR assistance

Indicator	2011 Target	Achieved
2. Protection coordination enabled at regional and inter-cluster levels.	<ul style="list-style-type: none"> The Protection Cluster is well established in all the regional capitals of the country and is supported by the IDP Task Force (TF) in all regions. Protection overview of populations affected by the conflict undertaken to enable comprehensive response by the humanitarian community. The Child Protection (CP) Sub-cluster is established in 34 provinces. The Gender-Based Violence (GBV) Sub-cluster is well established. IDP database established at national and regional levels. 	<ul style="list-style-type: none"> The Protection Cluster is now well established across the country as is the IDP TF. IDP data management and improvement in data collection as well as data harmonization with GoA has been enabled. Additionally, a new data tracking mechanism is being put in place for 2012. Protection overviews undertaken for NR, NER and SR, while SER and ER areas remain underway and will be shortly finalized. CP in Emergencies (CPiE) Sub-cluster was established at the national level as well as in the ER and WR. The GBV Sub-cluster is set up at the national level.

Progress towards Objective 2 and challenges: Despite insecurity challenges, partners achieved considerable results in reaching pregnant and lactating women, and reaching families that needed NFIs. MAPA in particular achieved great progress in mine clearance. The Protection Cluster managed to review the protection of civilian situation across three regions (with reviews of two more regions underway) and disseminated the findings to the HCT, humanitarian community at large, relevant government and other stakeholders and followed up. The achievements above however did not match the 2011 evolving humanitarian needs, which included the occurrence of natural disasters that affected 2.8 million people, increased conflict that resulted to the displacement of 161,000 people within the first nine months of the year that increased the numbers of the conflict-induced displaced to 450,000 with an additional 40,000 to 50,000 more expected by end of 2011. Although a drought appeal was launched in October 2011 to respond to the drought-related needs of the affected 2.6 million people, as at 10 November only 5% of the required \$142 million has been funded so far.

Strategic Objective 3: To develop contingency planning on recognized hazards (with reference to Hyogo Framework Priority 5).		
Indicator	2011 Target	Achieved
1. Number of regions where emergency stocks have been pre-positioned.	Eight of eight regions	<ul style="list-style-type: none"> 100% achieved, though in other areas with access challenges, e.g. the south contingency stocks are at provincial capitals
2. Number of regions where contingency plans (CPs) have been developed and or updated.	Eight of eight regions	<ul style="list-style-type: none"> WASH has covered eight regions and the rest of the clusters are between 30% and 40% coverage Inter-agency contingency plan (IACP) have been developed and updated in five regions where OCHA has field presence.

Progress towards Objective 3 and challenges: Good progress was realized towards achieving the strategic objective. The pre-positioning of emergency stocks was done in good time, and this was complemented by up-to-date contingency plans. As part of the lessons learnt, there is need to regularly test contingency plans. Awareness of various stakeholders on IDP and overall protection issues was enabled across several regions by the Protection Cluster to facilitate recognition of problems faced by the most vulnerable populations

during emergency situations, including those due to the conflict. 43 such protection trainings were held across the country.

2.3 Summary of 2011 cluster targets, achievements and lessons learned

The target caseloads identified in the 2011 CAP for Afghanistan, including categories included in the Emergency 2011 CAP Revision in Response to Drought (September 2011), focused on an estimated seven million conflict- and-natural disaster-affected people, plus chronically vulnerable communities suffering from the consequences of under-development. The total planned response to support populations affected by conflict and natural disaster by cluster in 2011 included:

- **Total population:** 26 million (Central Statistics Office/CSO, 2009-10 estimate)
- **Education:** support to 2.6 million school children and almost 400,000 adults
- **Emergency shelter (ES) and NFIs:** support to 155,400 families
- **Emergency Telecommunications:** support to the humanitarian community
- **Agriculture:** support to one million farmers
- **Food assistance beneficiaries:** an estimated 4.1 million (inclusive of WFP target caseload and other pipelines under Health and Nutrition Cluster programmes)
- **Health:** support to 3.6 million people including those in acute crisis and chronic vulnerability
- **Logistics:** support for humanitarian air service to at least 300 agencies/organizations
- **Multi-Sector:** support to 623,500 refugee and IDP returnees
- **Nutrition:** support to 2.6 million beneficiaries inclusive of acutely malnourished and micronutrient deficient children U5 and pregnant/lactating women.
- **Protection:** support to vulnerable conflict, natural disaster-affected and chronically vulnerable populations, including children, women and IDPs.
- **Water, sanitation and hygiene (WASH):** support to 2.4 million beneficiaries

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LOGISTICS		
Indicator	2011 target	Achieved
<p>Objective 1: To provide a reliable, efficient and cost effective air service to the humanitarian community and donors in Afghanistan to facilitate implementation and monitoring of humanitarian activities.</p> <p>Objective 2: To ensure adequate capacity to continue absorbing the current passenger traffic and the additional requirements to access new locations, with the desired flexibility to meet emergencies including medical and security evacuations.</p>		
Aircraft occupancy rate.	62%	Aircraft occupancy during the reporting period improved due to favourable post winter weather. Specifically, increased seat demand to the central and northern parts of the country have been registered attributable to floods in May and later on drought that have variously affected the region.
Number of passengers transported against planned.	2,000 passengers per month	14,633 passengers since beginning of year. 6,465 passengers transported during period, representing a drop, due to reduced travel during Holy month of Ramadhan.
100% utilization of contracted hours.	100%	1,613.37 hours flown for two aircraft for first eight months of year.
The number of United Nations agencies and other humanitarian organizations utilizing the service.	300	108 agencies have used service to date.
Regularity of the twelve identified locations served.	12	All 12 locations served with regular flights on weekly basis. Each location is serviced minimum of three times a week, with Islamabad and Jalalabad being served five times a week.
100% response to medical and security evacuations	Based on requests	Four medical and 12 security evacuations already performed since beginning of year. All requests received have been positively responded to.
Implementation of directives and feedback received from the United Nations Humanitarian Air Service (UNHAS) Board of Directors and the user group committees as a basis of project relevance in responding to situation on the ground.	At least three meetings year (quarterly basis)	Two meetings already organized this year. During the meetings UNHAS highlighted a new air service flight management and booking software that is internet based and the issuance of revised standard operating procedures (SOPs) for new agency eligibility/registration.
General surveys and statistical data reviews to be done at least twice a year to make informed decisions on in order to realign performance to requirements	Two per year	Statistical data review is done monthly. In addition we are currently preparing a questionnaire to be done Oct/Nov to get feedback from clients about needs for 2012. We are also finalizing a feedback form to be placed on board all our flights to allow for instant feedback from clients as they use our services.
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> From January to August 2010; 14,633 passengers (NGO-45%, UN- 39%, and donors/others – 16%) safely transported, 64 MT of cargo transported and 1613.37 hours were safely flown. Additionally eight medical and 16 security evacuation cases were handled. 	

<p>Objective 1: To provide a reliable, efficient and cost effective air service to the humanitarian community and donors in Afghanistan to facilitate implementation and monitoring of humanitarian activities.</p> <p>Objective 2: To ensure adequate capacity to continue absorbing the current passenger traffic and the additional requirements to access new locations, with the desired flexibility to meet emergencies including medical and security evacuations.</p>		
<p>Successes and challenges:</p>	<p>Challenges</p> <ul style="list-style-type: none"> Traditionally, the first quarter of the year is usually affected by extreme winter weather conditions and 2011 has not been an exception. However, the month of April witnessed serious security incidents and threats to humanitarian workers resulting in security “lock downs” that in turn translated into flight cancellations country wide. The most affected destination during the period was Kandahar, Likewise, the second quarter of the year continued to experience attacks by AGEs that led to the increased need for air travel to the central and northern parts of the country, whereas, due to the sustained and vicious attacks targeting Kandahar as a destination registered a drop in movements as many organizations have been forced to reduce their footprints in the location. 	
COORDINATION		
Indicator	2011 target	Achieved
<p>Objective 1: To support the Humanitarian Coordinator in ensuring effective coordination of the emergency response and integrated humanitarian action and protection for populations affected by conflict, natural disaster and the chronically vulnerable.</p>		
Number of humanitarian partners participating at regions.	Average 20 per region	Within a range of ten (in SR and CHL region) and 62 in NR. Progress rated as average to above progress in WR, NR, and ER while NER, CR, CHL, SER and SR will likely be unable to meet target in 2011.
Number of inaccessible areas opened for humanitarian operations.	Ten	Except for 03 previously inaccessible districts in SR (Argandab, Zharai and Panjwal) that were opened for humanitarian access during the reporting period; humanitarian space in the other regions continued shrinking due to further deterioration of the security situation. Some areas that were previously classified as low risk have moved to medium for example in the NER, Chardara district has been classified as high, while Kunduz – Takhar highway moved from low to medium risk due to an increase in use of IEDs according to findings of security assessments carried out within the reporting period.
Monthly mapping of key priority hazard districts	12	Mapping of priority hazard districts and review of CPs continued throughout the reporting periods by the OCHA sub – offices and Humanitarian Regional Teams (HRTs). Disaggregated data and required increased technical support and inclusion of population overlaid by capacities and vulnerabilities of local communities remained unaddressed during the period.
Number of regular and ad hoc meetings held by the HCT; and in regions the HRTs.	12	Three of the four regular HCTs were held over the reporting period. HCT and HRTs established/active in all regions. Meetings cancellation due to restricted movements occurred in several regions. A notable significant improvement in the SR was the ability to hold two HRTs meetings within the reporting period. In NER and NR ad hoc HRT meetings to discuss drought/ flood response planning were held.

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Indicator	2011 target	Achieved
Number of follow-up actions on recommendations of the HCT; and in regions the HRTs.	36	Regular follow up actions at this forum and in relation to other coordination mechanisms. However more systematic information flow and exchange is needed with follow up actions outlined and appraised at predictable intervals or timelines.
Number of Cluster's Monthly Reports to the HC.	Ten	Early recovery network (ERN), Education, Emergency Telecoms, ES/NFIs, FSAC, Health, Nutrition, Protection (with Child Protection and GBV sub-clusters and IDP TF) and WASH regularly provide inputs; with Logistics Working Group (WG) as needed
Number of the CAP four-Monthly Impact Monitoring Reports completed by deadlines.	Three	A decrease from first four monthly- status moved from on track to major gap. Clusters' late submissions of cluster inputs delay final report completion and dissemination.
Number of clusters/sectors participating in the CAP four-Monthly Impact Monitoring Reports.	Ten	Number of clusters participating in the CAP four monthly impact monitoring reports is a major gap. Only seven clusters/sectors responded (out of these only five were within the deadline) by September deadline: Education, ES/NFIs ETC, FSAC, Logistics, Protection and WASH
Number of strengthened clusters/sectors at the national level.	11	Pending identification of four national Deputy Cluster Coordinators in FSAC, Health, GBV and WASH. Early recovery network (UNDP and ACTED), Education (UNICEF and Save the Children (SC)), Emergency Telecoms (WFP), ES/NFIs (UNHCR and IOM), FSAC (FAO,WFP and Afghanaid), Health (WHO), Nutrition (UNICEF and Micronutrient Initiative), Protection (UNHCR and NRC), Child Protection (UNICEF and <i>Terres des Hommes</i>), GBV (United Nations Population Fund (UNFPA)) and WASH (UNICEF); and Logistics (WFP) as needed.
Number of strengthened or rolled out clusters/sectors or humanitarian work groups at the regional level.	Three per region by mid-year	Education cluster in NR and ER; ES/NFIs cluster in NR, ER, CHL, SER and as part of IDP TFs in WR and SR; FSAC not yet in the field; Health cluster in ER and SR; for other regions Provincial Health Committees (PHCs) reporting to World Health Organization (WHO) regional offices to the HRTs; Nutrition cluster in NR + NER combined, CR and SER combined, ER and CHL; and Protection cluster is present in all regions of the country including in the SER, South and Central Highlands where it holds periodic meetings titled as PWGs (protection working groups), while the WASH clusters both respectively in all regions but SR.
Inclusive CAP and MYR processes completed in accordance with agreed timelines.	Two	2011 CAP MYR completed at both the regional and national level in June 2011. Planning for 2012 CAP preparations were rolled out during the reporting period.
Number of monthly and ad hoc donor meetings.	12 minimum	Four regular HDGs held over the reporting period with several ad hoc meetings
Number of updated regional Who does What Where (3Ws).	Eight of eight regions for 34 provinces	Second quarter updates finalized in May 2011 and updates for the third quarter on-going.

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Indicator	2011 target	Achieved
Objective 2: To support the Humanitarian Coordinator in strengthening national/province-level capacity for emergency preparedness and response (EPR).		
Number of regions with pre-positioned stocks for emergencies.	Eight of eight regions for 34	As reflected in their HRT IACPs, regions have pre-positioned stocks for emergency response; operational and supervision challenges noted in the ER and WR for organizations without strong regional presence.
Number of liaison meetings with ANDMA at national and regional level to support capacity.	One per month (regions/provinces and national)	At least once a month for regular meetings and several ad hoc meetings on emerging issues
Number of national and regions with Inter-Agency Contingency Plans.	One national and eight regional	No plan for national Contingency Plan in 2011 but eight in place in the regions
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> • Efforts to strengthen coordination continued with remarkable progress both at the regional and National levels. The Nutrition Cluster established community-based sentinel site nutrition surveillance and received a dedicated Information Officer while, the Child Protection Sub-cluster received a dedicated sub-cluster coordinator. In the central region, the Protection cluster was rolled out and Nutrition announced its plan to roll out in the region; in the Western region, the Child Protection in Emergency (CPiE) sub-cluster, WASH and an emergency shelter and NFI working group were established. In the Eastern region it is worth mentioning that six (WASH, ES/NFI, Education, Protection (GBV, IDP Taskforce, Child Protection), Nutrition and Health) out of nine clusters and sub-clusters have been rolled out; implementation is under observation and it is already evident that some clusters need more attention. Meanwhile the health cluster was also rolled out in the East and Southern regions. • The regular ICCT, HCT, AHF, HDG and HRT meetings were held monthly, in addition to ad hoc meetings to discuss humanitarian response to the impacts of drought although a number of the meetings especially at the regional level had to be cancelled and or rescheduled due to restricted movements related to security concerns. Meanwhile the HRTs in the Eastern, Central and Central Highland regions also convened meetings to organize assessments as well as respond to the impacts of flash floods and drought within the year. • At the regional level, priority hazard districts were mapped regularly and contingency plans reviewed quarterly or as necessary, and focus areas brought to the attention of the HRTs. Updates of the regional and national cluster level 3Ws for the first and second quarter were finalized within the deadlines; while third quarter updates are currently on-going. • Consultations on the development and roll-out of a multi-cluster initial rapid needs assessment tool (MIRA) was also initiated during the year and it is hoped the process will be finalized during the first quarter of 2012. <p>Challenges</p> <ul style="list-style-type: none"> • Inadequate regular information flow between regional and national clusters; efforts to strengthen this is however being made across all clusters and between OCHA and the HRTs. • Humanitarian space continued shrinking with more areas that were rated low risk moved to medium risk • There are also still major gaps in disaggregated data and overlaying of hazards to project visual impact. 	

2. 2011 IN REVIEW

EDUCATION		
Indicator	2011 target	Achieved
<p>Objective 1: Increase access to education retention in school for children and youth affected by conflict / insecurity, natural disasters and/ or chronic under-development, with an emphasis on marginalized groups and promoting gender equality.</p> <p>Objective 2: Ensure quality of teaching including training for teachers and education personnel which includes skills for addressing psycho-social needs of children and youth and results from disasters and/or on-going conflict or insecurity in some parts of the country.</p> <p>Objective 3: Provide complementary non-formal education (NFE), basic/life skills and alternative opportunities for out-of-school children, youth and adults.</p>		
Number and percentage of targeted schools provided with adequate water and sanitation facilities in conflict/disaster-affected areas.	5,990	Data not monitored during the period.
The number of children receiving food rations at school.	2,500,000 million for school food assistance	100,086 children benefitted from 394.96 MTs of food distributed in insecure areas; with huge gender gaps of over 25%, with a less than 60% enrolment ratio. Funding needed to meet target.
The number of girl students / female teachers / adult women receiving food rations as incentives to continue education or training.	930,000	64,221 benefitted from 137,000 tons of food distributed. 54 schools are receiving wet feeding, while 6,000 schools are implementing the dry school feeding.
The number of children enrolled in formal or NFE in targeted areas.	2,584,000 school children 371,000 adults	NFE: 3,488 CBS with 92,213 students. Formal: 2,584,000 school children reached through funding from other sources. Donors/partners called upon to address the shortage of resources. Funding need to meet.
School attendance and retention rates, as indicated by number of enrolled children marked 'permanently absent' on classroom registers.	2,500,000	The Ministry of Education (MoE) indicates that about 15% of children enrolled are said to be permanently absent. Advocacy and ensure permanently absent children come to school.
The number of classrooms repaired/rehabilitated.	Eight	Schools repaired in the Herat destroyed by floods. 60 emergency education tents distributed to schools destroyed/without buildings.
The number of schools supported with essential teaching and learning materials (TLM).	2,584,000	Grade 1-3 children of 2,584,000 schools were supported through other funding sources. It is not possible to meet the needs of all children of the upper Grades 4-9 of basic education. Funding needed to meet the funding gap.
The number of teachers recruited / trained for community-based education and IDP/refugee camp classrooms.	TBC by cluster	More information needed through collaboration with the respective agency.
Percentage of schools trained on the principles and features of child-friendly schools approach.	20	12 National Core Trainers (TED) trained on child-friendly space (CFS) Training Package and 208 trained in the central region – through other funding sources. Rolling out of CFS underway in the eastern and northern zones.
Number of children enrolled in Accelerated Learning classes for over-age students who missed normal school.	TBC by cluster	Due to funding gaps, it will not be possible to accomplish this activity.

<p>Objective 4: Strengthen the education sector's DRR and emergency preparedness and immediate response levels in areas vulnerable to natural disaster and chronic insecurity.</p> <p>Objective 5: Strengthen school health and hygiene to prevent or respond to disease outbreaks.</p> <p>Objective 6: Empower local communities and strengthen the capacity of education authorities in central, zone and local target areas to plan, manage and sustain education in emergencies.</p>		
Indicator	2011 target	Achieved
Number of people trained in Inter-Agency Network for Education in Emergencies (INEE) / Education in Emergency (EiE) frontline responders training.	2057	With leadership of Cooperative for Assistance and Relief Everywhere (CARE International) and in coordination with the education cluster, 29 Capacity-building Workshops (CBWs) completed for 885 participants from 53 organizations; nine follow-up workshops delivered for 165 trained participants; 8 Capacity-building Workshops for 223 community-based educators (CBEs) on the INEE contextualized version. The next phase of the INEE project will be designed to reach more communities and grassroots. Funding would be required.
Number of teachers/other education personnel / stakeholders trained in DRR, emergency preparedness and/or psycho-social support in the classroom.	2,800	2,126 teachers trained on psycho-social support training provided for teachers in the southern zonal office.
Number of contingency and preparedness plans in place.	Five	The other regions, will prepare their contingency plans as soon as the education cluster is launched.
Number of identified regional and national cluster coordinators.	Ten	Co- leadership arrangements is in place, with six co-coordinators identified in the Kabul, north and the eastern zones. The Cluster will be launched in the western zone next.
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> Contextualization of the INEE to the Afghan context; translation into Dhari and Pushtun and training of relevant stakeholders. <p>Challenges</p> <ul style="list-style-type: none"> Providing gender-sensitive education facilities and services, and looking at the gender-specific issues that obstruct both boys' and girls' equitable access to education. Lack of capacity to effectively coordinate or deliver education interventions at the sub national levels. The education cluster agencies faced pipeline breaks that will eventually reduce the number of beneficiaries they are able to reach at the end of 2011 due to both technical and the funding gaps. Education projects in the 2011 CAP were poorly funded. 	

EMERGENCY SHELTER AND NON-FOOD ITEMS CLUSTER		
<p>Objective 2: Ensure returning refugees from Pakistan and Iran, and displaced people within Afghanistan have adequate shelter and basic household (HH) supplies.</p> <p>Objective 3: Ensure that people with specific needs (female headed households, disabled, elderly, and children etc.) receive adequate emergency shelter and NFI support.</p> <p>Objective 4: Ensure people with specific needs are included in early recovery and development programmes.</p> <p>Objective 5: Ensure adequate and updated information pertinent to hazardous locations prone to natural disasters (earthquakes, floods and landslides).</p> <p>Objective 6: Ensure shelter designs and materials consider required mitigating standards.</p>		
Indicator	2011 target	Achieved
Time differential between the onset of disaster and response.	72 hours	While assistance provided to all assessed cases, insufficient stocks available in the regions to allow timely response. More funds are required to enable pre-positioning of emergency stocks in the regions. Reassessment of the assisted cases for second phase support/assistance is required in order to evaluate their living conditions and to identify possible early recovery interventions.
Time differential between delivery and post-monitoring of NFIs distribution, number of shelters and NFIs distributed to vulnerable groups in line with age, gender, and diversity mainstreaming (AGDM) principles.	120,000 NFI kits	More funds are required to enable pre-positioning of emergency stocks in the regions. UNHCR's current stock is sufficient to target up to 40,000 families. IOM current stocks is sufficient to respond to 25,000 Natural disaster-affected families
Number of assessments and data collection of vulnerable populations.	All affected populations	3Ws mapping exercise is on-going. Need to enhance the cluster information management and information sharing. Advocacy for capacity-building of the local NGOs and local authorities (ANDMA/PDMCs, Department of Refugees and Repatriation (DoRRs) and other relevant authorities) to enable them to actively take part in assessments, identification and prioritization of needs.
Number of Weekly/Monthly reports produced including hazard assessment maps.	Monthly	Monthly reports of the cluster submitted to OCHA every month More efforts are required to enhance the cluster information management system.
Number of shelters distributed.	ND affected population	Out of the 10,750 shelters, 8,978 beneficiaries have been selected, of whom 8,384 have completed the foundations; in 6,724 shelter units walls have been completed and lintels installed, while 1,444 shelters have been completed.
Objective 1: Ensure preparedness for and response to conflicts and natural disasters by pre-positioning adequate resources and stocks in the regions.		
Indicator	2011 target	Achieved
Number of regions with sufficient stock piles of NFIs and Shelter.	Eight regions	Limited (UNHCR and IOM stocks only) More funds to enable pre-positioning. UNHCR's current stock is sufficient to support 40,000 families.

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Indicator	2011 target	Achieved
Following disaster, percentage of needs assessments surveys conducted.	100%	Six proposals submitted for Emergency Response Fund (ERF), of whom three approved, one under review and two were rejected Through the approved proposals, 322 families received one room emergency shelters and another 200 families could receive assistance upon approval of one under review proposal.
Number of shelters built which meet national standards and designs.	20,000 planed	10,750 shelter units funded by UNHCR currently under construction in 8 regions, of which walls have been completed and lintels installed in 6,724 units and 4,026 shelters have been completed. More funds are required in order to meet the set target.
Number of contingency plans developed or updated.	Contingency plans for all programme areas	Eight regions currently updating contingency plans.
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> • The cluster coordination system worked efficiently in most regions. • Pre-positioning of emergency stocks in the regions proved to be successful and allowed agencies to timely respond to new emergency situations. <p>Challenges</p> <ul style="list-style-type: none"> • Access constraints and limited resources that affected timely responses to some emergency needs • Harmonization of actions, starting with assessments and later on response, with the government authorities, which are yet to be strengthened. 	
EMERGENCY TELECOMMUNICATIONS CLUSTER		
<p>Objective 1: To obtain license for all unlicensed HF frequencies, both UN/NGO common and agency specific.</p> <p>Objective 2: To standardize the VHF and VHF Channels in the country.</p> <p>Objective 3: To standardize UN/NGO call signs and Sel-call.</p> <p>Objective 4: To organize training on Tetra new Digital System, which will replace the current analogue VHF system</p> <p>Objective 5: Integration of GPS system into HF radios, which will enable the agencies to track their vehicles and fleet convey.</p>		
Indicator	Indicator	Achieved
Obtaining license for VHF and HF frequencies, used by the humanitarian community in Afghanistan.	Obtaining license for VHF and HF frequencies, used by the humanitarian community in Afghanistan.	Process initiated and on track
Standardizing VHF and HF channels for the humanitarian community in Afghanistan.	Standardizing VHF and HF channels for the humanitarian community in Afghanistan.	Progress depends on the above

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Indicator	Indicator	Achieved
Standardizing standard call signs and sell calls for the humanitarian community in Afghanistan.	Standardizing standard call signs and sell calls for the humanitarian community in Afghanistan.	Progress depends on the above
Integration of GPS system in to HF radios, which will enable the agencies to track their vehicles and fleet conveys.	Integration of GPS system in to HF radios, which will enable the agencies to track their vehicles and fleet conveys.	Not achieved, carried forward as part of the 2012 cluster work plan.
Tetra Digital System and handsets for humanitarian organizations in Afghanistan.	Tetra Digital System and handsets for humanitarian organizations in Afghanistan.	Not achieved, carried forward as part of the 2012 cluster work plan.
Training for UN telecommunications Staff on Tetra Digital System	Training for UN telecommunications Staff on Tetra Digital System	Not achieved, carried forward as part of the 2012 cluster work plan.
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> • Regular meetings held and information shared with all ETC members. • A contingency plan for ETC prepared and shared with all members, comments and agreement on the final draft is yet to be made. <p>Challenges</p> <ul style="list-style-type: none"> • All 2011 ETC CAP projects were not funded; hence planned projects could not be implemented. • Limited progress in the acquisition of a license for the UN HF and VHF frequencies. • Poor participation of cluster members in regular cluster meetings 	

FOOD SECURITY AND AGRICULTURE CLUSTER						
Objective 1: To avert an impending acute humanitarian emergency that 7.8 million of most vulnerable adult women and men, children and elderly people affected by conflict and/or natural disasters are highly likely to face, through provision of 129,300 MT of food and cash/vouchers to procure required basic food.						
Objective 2: To timely and effectively respond to the agricultural input/assistance needs of the population affected by conflict and/or natural disaster.						
Indicator	2011 target		Achieved			
Percentage of targeted disaster-affected households/people who meet their daily food requirements.	Unavailable		Activity	Sub-Activity	Food/Cash Recipients	Food/Cash Beneficiaries
			General food distribution (GFD)	GFD	28,669	172,014
			IDPs	IDPs	3,359	20,154
			Urban Safety Net	Cash Voucher	3,862	23,172
				Urban Social Safety Net	12,604	75,624
			Returnees	Returnees food package	54	324
The number of targeted food-insecure people who are able to meet their daily food requirements as a percentage of the total food-insecure population.	3.7 million food-insecure people		1,066,176 Beneficiaries [GFD, FFW, FFA and Cash Voucher. This figure excludes Food for Education, Food For Training, TB and Supplementary Feeding			
The number of targeted borderline food-insecure people who are able to meet their daily food requirements as a percentage of the total borderline food-insecure population.						
The number of targeted livestock holders who received animal feed following natural disaster or in conflict-affected areas.	500,000 people		9000 MT of animal feed being delivered to 315,000 people.			
The number of people who received agricultural inputs	280,000 people		Seed and fertilizer distributed to 315,000 people			
Number of rural infrastructure assets recovered following natural disaster or conflict damage in targeted areas as a percentage of the number of rural assets damaged by natural disasters and conflict damage in targeted areas.	Output	Unit	Annual Planned Target (January-December 2011)	Actual 1 st Quarter (January-March)	April-September (2 nd – 3 rd Quarter)	Percentage of achieved
	New nurseries established	Number of nurseries	420	166	7	41%
	Tree seedling produced	Number of seedlings	2,180,000	963,000	224,000	54%
	Trees planted	Number of trees	1,300,000	979,000	95,000	83%
	Roads constructed	km	150	10	30	27%
	Feeder Roads Built	km	2,300	1,087	651	76%

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Indicator	2011 target		Achieved			
	Output	Unit	Annual Planned Target (January-December 2011)	Actual 1 st Quarter (January- March)	April- September (2 nd – 3 rd Quarter)	Percentage of achieved
Number of rural infrastructure assets recovered following natural disaster or conflict damage in targeted areas as a percentage of the number of rural assets damaged by natural disasters and conflict damage in targeted areas.	Harvesting infrastructures constructed (ponds, storage tanks, water reservoir, small dams)	Number	200	2	0	1%
	Irrigation canals developed (including protection measures, embankments, intakes)	km	0	1	150	0%
	Trees planted	Number of trees	40,600	900,000	9,000	2239%
	Land improved, stabilized and protected with physical and biological measures (check dams, terraces, vegetation, diversion ditches, protection walls)	ha	1,080	40,550	110	3765%
	Hectares (ha) of forest rehabilitated and managed.	ha	10	573	242	8150%
	Natural resource management training	Number	9	4	3	78%
	Irrigation canal cleaned	M ³	3,100,000	481,636		16%
	Irrigation Karaze cleaned	unit	690	177		26%
	Water reservoir cleaned	M ³	240	18		8%
	Water springs rehabilitated	Number of wells	5	4		80%

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Objective 3: To reinforce the coping mechanisms of one million very highly food-insecure and vulnerable women, men, children and elderly people affected by conflict and/or disasters, through technical and productive agriculture assistance to increase agricultural productivity and production.		
Indicator	2011 target	Achieved
Number of ha of land under cultivation in targeted areas in 2011 as a percentage of the number of ha of land under cultivation in targeted areas in 2010.	At least 2010 levels	In 2011 91% or 2,150,000 ha were cultivated with wheat crops when compared to 2010 levels (2,354,000 ha).
Number of targeted beneficiaries who have access to certified wheat seeds by end of 2011.	At least 2010/11 distribution levels	Certified wheat seeds are yet to be harvested, cleaned, packaged and distributed. Distribution is expected to occur between October 2011 and March 2012 to 47,500 beneficiaries. Approximately 30,000 MTs are forecast to be available in 2011/12 this is up from 18,000 MTs in 2010/11. Current funding levels for certified seed distribution programmes are being finalized but are expected to be below the 18,000 MTs levels of 2010/11.
Percentage increase in yield of wheat and cereals in targeted areas compared to 2010.	At least 2010 levels	In 2011 92% or 2.01 MTs/hectare total wheat yield is forecast to be achieved when compared to 2010 levels (2.18 MTs/hectare). In 2011 98% or 2.60 MTs/hectare irrigated wheat yield is forecast to be achieved when compared to 2010 levels (2.64 MTs/hectare). In 2011 41% or .39 MTs/hectare rain fed wheat yield is forecast to be achieved when compared to 2010 levels (95 MTs/hectare).
Percentage reduction of deficiency of wheat and cereals in targeted areas compared to 2010.	At least 2010 levels	In 2011 a 167% increase in the cereal deficit is forecast, from 750,000 MTs deficit in 2010/11 to approximately two million MTs deficit in 2011/12.
Objective 4: To stabilize staple food market, create sustainable safety net mechanism at grassroots level, and mitigate risks associated with regional disasters and global low cereal production as well as price hike, contingency plans, preparedness measures and other actions will be taken aiming at most vulnerable women, men, children and elderly people.		
Indicator	2011 target	Achieved
The number of FSAC Early Warning Working Group surveys and updates for the purposes of early warning.	Every two weeks	The Early Warning Information Working Group of the FSAC meets every two weeks and publishes and Early Warning Update following each of these meetings. Additional Flood Warnings have been developed and have been distributed every four days during the winter/spring flood season.
Number of market survey done	TBD	The FSAC has received funding to implement two market surveys; the activity will be implemented in 2012.
Updated contingency plans	Contingency plans in place in all programme areas	Not achieved.

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Indicator	2011 target	Achieved
<p>Successes and challenges:</p>	<p>Successes</p> <ul style="list-style-type: none"> As the largest Humanitarian Cluster, FSAC has worked effectively in 2011 to implement a coordinated response to addressing food insecurity and protecting agricultural livelihoods of vulnerable households. In response to reported dry conditions in May 2011, the FSAC conducted two phases of the Rapid Emergency Food Security Assessment (EFSA) to district level in the 14 most drought-affected provinces of the northern, north-eastern, western and central highlands areas of the country. The consolidated assessment (1st and 2nd phase) provides quantitative and comparable information on the impact of the dry conditions on the affected population. It was also used to inform the national CAP drought 2011, of which, the majority of the response is in addressing the food security and agriculture needs of those impacted. FSAC and sub working groups have: produced information and support to humanitarian response; effectively advocated on the “seed” letter of exemption and NGO quotas; collection, analysis and dissemination of Early Warning information. An additional sub-working group/consortium has been created to address “emergency livestock” issues, with a common project in CAP 2012 <p>Challenges</p> <ul style="list-style-type: none"> Lack of standardized/trained tools available for the cluster, especially for food security assessment. Limited access of partners in some geographical areas, which has proven a challenge to developing a common cluster ‘baseline’ for designing response. Funding through the CAP remains limited to NGOs to implement crucial emergency response. 	

HEALTH CLUSTER

Overall objective: To reduce avoidable mortality, morbidity and disabilities among the populations affected by disasters and crises, with a focus on the special needs of women and children.

Specific objectives:

Objective 1: To promptly and effectively respond to the emergency health needs of the population affected by natural and man-made disasters.

Objective 2: To ensure access to essential health and referral services for high-risk communities affected by chronic vulnerability (un-served, isolated, IDPs, refugees, returnees, people living in insecure areas).

Indicator	Indicator	Indicator
<p>Medical supplies to cover the immediate health needs of 2.6 million people are distributed to respond to crises.</p>	<p>Medical supplies to cover the immediate health needs of 2.6 million people are distributed to respond to crises.</p>	<p>Medical supplies to cover the immediate health needs of 2.6 million people are distributed to respond to crises.</p>
<p>Improved access to community health services in conflict/insecure areas through expanded population coverage by health services</p>	<p>Improved access to community health services in conflict/insecure areas through expanded population coverage by health services</p>	<p>Improved access to community health services in conflict/insecure areas through expanded population coverage by health services</p>

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Indicator	Indicator	Indicator
Case fatality rate due to epidemic within internationally agreed standards	Case fatality rate due to epidemic within internationally agreed standards	Case fatality rate due to epidemic within internationally agreed standards
Percentage of targeted one million conflict-affected highly vulnerable population covered by basic health services.	Percentage of targeted one million conflict-affected highly vulnerable population covered by basic health services.	Percentage of targeted one million conflict-affected highly vulnerable population covered by basic health services.
Percentage of targeted 500 new CHWs identified and activated (trained, integrated into the system and supported by basic package of health services (BPHS)) from under-served conflict-affected areas.	Percentage of targeted 500 new CHWs identified and activated (trained, integrated into the system and supported by BPHS) from under-served conflict-affected areas.	Percentage of targeted 500 new CHWs identified and activated (trained, integrated into the system and supported by BPHS) from under-served conflict-affected areas.
One community midwife/10,000 population	One community midwife/10,000 population	One community midwife/10,000 population
Effectiveness of communicable disease outbreak control interventions.	Effectiveness of communicable disease outbreak control interventions.	Effectiveness of communicable disease outbreak control interventions.
<p>Overall objective: To reduce avoidable mortality, morbidity and disabilities among the populations affected by disasters and crises, with a focus on the special needs of women and children.</p> <p>Objective 3: Building the preparedness and the capacity of the health sector and partners to respond to man-made and natural disasters as cross-cutting issues integrated within both above objectives.</p>		
Indicator	Target	Progress update and action required
Time difference between disaster onset and initiated response maximum 24 hours	48 hours	Contingency plans developed and rapidly evolving stocks pre-positioned accordingly.
Percentage of outbreaks that are investigated and response initiated within 48 hours of notification.	80%	80%; Access was delayed in a few circumstances due to road insecurity; air transport was negotiated with ANA
At least one health staff/health facility trained on emergency response (include epidemic control).	In 16 provinces	Achieved
At least five management staff are trained on EPR hazard mapping and analysis conducted in 18 high-risk provinces	Five management staff per each of 18 high risk province	Will be implemented in November; planned and prepared
Number of provincial contingency plans (including SOPs) developed and implemented	All targeted regions – 8 of 8	. Achieved for acute watery diarrhoea (AWD), drought, floods, and winter

Overall objective: To reduce avoidable mortality, morbidity and disabilities among the populations affected by disasters and crises, with a focus on the special needs of women and children.

Objective 3: Building the preparedness and the capacity of the health sector and partners to respond to man-made and natural disasters as cross-cutting issues integrated within both above objectives.

Successes and challenges:

Successes

- Coordination at national and sub-national levels has been strengthened; a new health cluster coordinator has been recruited for the southern and northern regions. Health sector coordination mechanism has been strengthened at provincial level through provincial public health coordination committees (PPHCC). The PPHCC regularly monthly and/or as required.
- An additional 30 sentinel sites were added to the existing Disease Early Warning System (DEWS) bringing the total number of sentinel sites to 275 across Afghanistan. The sentinel site-based disease surveillance system is closely monitoring the trend of epidemic-prone communicable diseases and alerting the rapid response teams that must respond within 48 hrs.
- Emergency preparedness and response (EPR) action plans and health sector contingency plans have been developed in collaboration with MoPH and health stakeholders for floods, AWD outbreaks, drought, and winter... Emergency health supplies and kits have already been pre-positioned at identified high-risk districts as part of the winter season preparedness planning. The National Health Sector Disaster Management Plan has been finalized and approved by MoPH/EPR department.
- Training of MoPH professionals and BPHS NGOs staff was conducted to enhance the capacity of the existing health infrastructure. More than 600 health staff across provinces have been trained on outbreak investigation and response, managing drug supplies during emergencies, gender mainstreaming in emergencies, emergency obstetric care (EmOC), the integrated management of childhood illnesses (IMCI) and EPR. In order to further strengthen the national EPR response, national disease-specific operational guidelines are being developed in collaboration with DEWS, Expanded Programme on Immunization (EPI) and Centers for Disease Control (CDC) departments of MoPH and WHO.
- More than 700 mullahs, teachers and health staff have been trained on hygiene and sanitation, including proper hand washing and diarrhoeal disease prevention messages. Posters are being distributed in all health facilities (3,000) and schools (13,000) in high risk provinces affected by natural and manmade disasters
- Hundreds of emergency health supplies and kits (Interagency Emergency Health Kits (IEHKs), trauma kits, cholera kits, pneumonia kits, oxygen concentrators, nebulizers, suction machines, ventilators and other items) have been procured and distributed to implementing partners (IPs) and MoPH in order to fill the gap in health care provision in the affected districts.

Challenges

- Insecurity and lack of/difficult access remain the main constraints hampering humanitarian health interventions in many parts of the country. However, the acceptance of health partners by communities is better than other sectors, and WHO has a large network of polio staff who also support the implementation and monitoring of EPR activities.
- Insufficient funding – especially for ensuring that the national mechanism for EPR is strengthened to gradually become self-reliant – is another concern in view of the present transitional phase.

<p>Overall objective: To reduce avoidable mortality, morbidity and disabilities among the populations affected by disasters and crisis with a focus on special needs of women and children.</p> <p>Objective 3: Building the preparedness and the capacity of the health sector and partners to respond to manmade and natural disasters as a cross cutting issues integrated within both above objectives.</p>		
Indicator	Target	Progress update and action required
Time difference between disaster onset and initiated response maximum 24 hours	48 hours	Contingency plans developed and rapidly evolving stocks prepositioned accordingly.
Percentage of outbreaks that are investigated and response initiated within 48 hours of notification.	80%	Same as above (for AWD). Access was delayed in few circumstances due to road insecurity; air transport was negotiated with ANA
At least one health staff/health facility trained on emergency response (including epidemic control).	In 16 provinces	Achieved
At least five management staff from are trained on EPR hazard mapping and analysis conducted in 18 high risk provinces	Five management staff per each of 18 high risk province	Will be implemented in November; Planned and prepared
Number of provincial contingency plans (including SOPs) developed and implemented	All targeted regions – 8 of 8	Contingency plan and implementation for winter to be done next quarter. Achieved for AWD, Drought and floods
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> • Coordination at national and sub-national levels has been strengthened; a new health cluster coordinator has been recruited for the southern region. Health sector coordination mechanism has been strengthened at provincial level through provincial public health coordination committees (PPHCC). The PPHCC regularly meet on monthly basis and or as required. • An additional 30 new sentinel sites were added to the existing Disease Early Warning System (DEWS) bringing the total number of sentinel sites to 275 across Afghanistan. These sentinel site based disease surveillance system is closely monitoring the trend of epidemic prone communicable diseases and alert the rapid response teams that must respond within 48hrs. • EPR (Emergency Preparedness and Response) action plan and health sector contingency plan have been developed in collaboration with MoPH and health stakeholders for floods, AWD outbreaks and drought. The development of winterization contingency plan started with the mapping of very high risk areas, available local resources and gaps identification. Emergency health supplies and kits have already been prepositioned at identified high risk districts as part of the winter season preparedness planning. The National Health Sector Disaster Management plan have been finalized and approved by MoPH/EPR department. 	

Overall objective: To reduce avoidable mortality, morbidity and disabilities among the populations affected by disasters and crisis with a focus on special needs of women and children.

Objective 3: Building the preparedness and the capacity of the health sector and partners to respond to manmade and natural disasters as a cross cutting issues integrated within both above objectives.

Successes and challenges:

- Training of professional of MoPH and BPHS NGOs staff was conducted to enhance the capacity of the existing health infrastructure. More than 500 health staff across provinces have been trained on “Outbreak investigation and response”, managing drug supplies during emergencies, gender mainstreaming in emergencies, Emergency Obstetric Care (EmOC), IMCI and emergency preparedness and response. In order to further strengthen the national EPR response, National Disease specific operational guidelines are being developed in collaboration with DEWS, EPI and CDC departments of MoPH and WHO.
- More than 700 mullahs, teachers and health staff have been trained on hygiene, and sanitation, including proper hand washing and diarrhoeal disease prevention messages.
- Hundreds of emergency health supplies and kits (Interagency Emergency Health Kits (IEHK), trauma kits, cholera kits, pneumonia kits, oxygen concentrators, nebulizers, suction machines, ventilators and other miscellaneous items) have been procured and distributed to implementing partners and MoPH in order to fill the gap in health care provision to the affected districts.
- Challenges: Insecurity continues to remain a big challenge that hampers the implementation of is still the main humanitarian health intervention is some parts of the country.

MULTI-SECTOR RESPONSE TO REFUGEE AND IDP RETURNEES

Objective 1: Provide initial reintegration support to the returnees through cash grants and shelter assistance (for returnees).

Objective 2: Ensure multi-purpose monitoring of returns and provide protection and technical support, including with regard to land allocation and housing.

Objective 3: Strengthen the Government’s capacity to manage and assist reintegration processes.

Objective 4: Contribute to construction/rehabilitation of community assets and improve access of the beneficiaries to income generation and livelihood opportunities.

Objective 5: Maintain capacity to meet basic needs for NFIs.

Objective 6: Improve access to safe potable water, hygiene knowledge and practice.

Indicator	Target	Achievement
Up to 12,895 vulnerable families have the capacity to construct their shelters, primarily in the eastern, central and northern regions of the country.	8,800	Shelter construction is on-going for more than 10,000 refugee returnees and IDPs, including 2,100 in the north, 3,700 in the east, 2,300 in the central, 1,300 in the south and 600 in the west.
Provide shelter assistance to Extremely Vulnerable Individuals (EVIs) returnee families; it is estimated that an average of 10% of all the population falls under the EVI category;	1,200	Shelter assistance to the most vulnerable is included in the above section.
Over 200 water points are constructed/rehabilitated providing potable water to some 30,000 returnees.	200	Some 9,400 water points are under construction, including 1,270 in the north, 1540 in the south/south-east, 1855 in the east, 1355 in the west and more than 3,300 in the centre/central highlands region

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Indicator	Target	Achievement
Over 100 water points are constructed/rehabilitated providing potable water to some 15,000 IDPs, and supply of water provided by tankering maintained for the IDP settlements in the Southern and South-Western Regions;	50	Water point assistance was not disaggregated by population group, and the above outline of water assistance includes refugee returnees and IDPs.
Over 20,000 individuals (Returnee refugees) benefit from income generation projects in the return areas.	20,000	In total, more than 75,146 refugee returnees and IDP benefited from 119 income generation activities throughout Afghanistan including 37 in the north, 43 in the west, four in the south, 20 in the east and 15 in the Centre/Central Highlands.
Over 13,320 individuals (IDPs) have access to income generation projects and short term employment in the return areas.	4,250	On track; income generation projects are inclusive and target both refugees and IDPs returnees (as indicated in the above section).
The basic needs of over 40,000 families (240,000 individuals) for NFIs are met and contingency stocks of NFIs are built and maintained.	38,800	As of end of September, more than 15,000 families (96,200 individuals) received NFI packages, including 1,800 in the centre, 1,500 in the east, 2,700 in the north and 8,785 in the south/south-east
Contingency stocks of NFIs are built and maintained, and the basic needs for NFIs of over 10,000 families (60,000 individuals) are met.	8,200	Contingency stocks are available for up to 40,000 people/6,400 families as of end-September 2011.
Referral networks to provide services to the EVIs are strengthened, assistance is delivered, and the basic protection services to returnees are provided through strengthened access to justice and legal solutions.	1,200 families	UNHCR and the Ministry of Refugees and Repatriation (MoRR) with other actors have assisted more than 1,200 EVI families. Support to access legal services and informal justice systems is available for more than 1,200 refugee returnee families.
Up to 165,000 returning refugees are provided with cash grant to cover their immediate reintegration needs as well as their transportation to places of origin.	112,000	As of end-October 2011, 62,295 refugees voluntarily returned to Afghanistan with UNHCR assistance.
The capacity of MoRR and the provincial Departments of Refugees and Repatriation (DoRRs) is enhanced to properly manage the return and reintegration of Afghan returnees.	100%	UNHCR provided direct in-kind, technical and financial support to MoRR/DoRR to manage the return and reintegration of Afghan returnees.
Refugees and returnees have access to information to take informed decisions about their return.	100%	All returnees assisted by UNHCR are provided with legal, social, health and mine awareness counseling upon arrival in Afghanistan through five centres throughout the country.
Human Rights and Returnee Monitoring is conducted at the encashment centres and places of origin and issues of concern are brought up with relevant authorities.	100%	Returnee monitoring is conducted at five encashment centres throughout Afghanistan for all returning refugees.

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Indicator	Target	Achievement
Necessary logistics capacity, including warehouses and a fleet of trucks, are maintained and available to support reintegration	100%	Logistic capacity is available to support initial return and reintegration assistance throughout Afghanistan.
The basic protection services to returnees are provided through strengthened access to justice and legal solutions, with primary focus on the needs of vulnerable women and girls	100%	Legal services are available throughout Afghanistan to address the needs of returning refugees.
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> Overall sector has attained remarkable progress in achieving the set 2011 objectives. <p>Challenges</p> <ul style="list-style-type: none"> The numbers of returning refugees from neighbouring countries were less than expected, perhaps due to the growing uncertainty on the return situation in Afghanistan. The growing reintegration needs of returning refugees, particularly for remote rural areas in high-return provinces that do not have coordinated development actions. A number of returning refugees are at risk of subsequent displacement to urban areas, including to, towns, cities, while many end up returning to countries of asylum as economic migrants, often illegally, further straining labour and migration policies in the region. 	

NUTRITION CLUSTER

Cluster overall Objective: To alleviate the impact of disasters and shocks affecting the nutritional status of children and mothers in Afghanistan.

Objective 1: Acutely malnourished children, pregnant and lactating mothers are identified and receive timely and appropriate support.

Objective 2: Nutritional status of children, pregnant and lactating women is protected from further deterioration

Indicator	Target	Achievement
Number of sites following Afghanistan community-based management of acute malnutrition (CMAM) Guidelines	All sites (presently 423 OTPs sites)	All sites are following CMAM guidelines and Sphere standards
Number of children treated for severe acute malnutrition (SAM)	29,300 < five years old	31,385 – beyond the initial target
Number of MAM children treated	57,254 Children six-59m	70,946 < five children and 41,785 pregnant/lactating women
Performance indicators in line with SPHERE standard.	All sites to meet Sphere Standard Performance indicators	Achieved for national level performance indicators, however, Kandahar and Uruzgan provinces in the Southern region recorded poor performance. (could be put under Challenges/problems down below
Number of mothers with SAM children receiving education on proper infant and young child feeding (IYCF)	At least 50% of mothers with SAM children receive education	100% of all mothers with SAM children received education on IYCF

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Indicator	Target	Achievement
Number of mothers in the community empowered with nutrition education/counseling on initiation, exclusive breastfeeding and continuation after six months and timely and proper complementary feeding.	27,000	100,000 mothers and other community members received nutrition education through campaigns. 27,000 of these also received counseling on early initiation, exclusive breastfeeding and continuation of breastfeeding after the first six months.
Number of mothers receiving micronutrient supplementation	20,000	150,000 mother received Micronutrient supplementation through CHW, supplementary feeding programme (SFP) and Antenatal care. All mothers received education on improving their diets.
Number of mothers receiving nutrition education on maternal nutrition.	20,000	An estimated 83,000 women of child-bearing age
Number of children receiving Vitamin A supplement, zinc, de-worming, multiple micronutrient	At least 85% of U5 children of the target pop.	An estimated 85% of <5of the target group .
Cluster Overall objective: To alleviate the impact of disasters and shocks affecting the nutritional status of children and mothers in Afghanistan.		
Objective 3: To build the capacity of nutrition partners to respond to nutritional emergencies and to monitor the nutrition situation of disaster prone areas		
Indicator	Target	Achievement
Regularly updated 3Ws, with emphasis on the emergency nutrition response implemented provinces and districts and will be updated on quarterly basis	Provinces implementing emergency nutrition response per each quarter	3Ws updated in October, 2011
The establishment of nutrition surveillance systems in vulnerable districts, including disaster prone and under-served areas.	Minimum of six districts	11 districts of five provinces are currently submitting monthly data.
Gender sensitivity to ensure boys, girls and women exercise their rights, with an emphasis on any cultural practices that inhibit women achieving optimal nutrition for herself and her children.	All boys/girls and women that are admitted in the treatment programme are treated equally and receive treatment and/or health and nutrition education	All are treated equally at all times
Admission and performance indicators of CMAM programmes will be monitored on monthly basis and analysed data will be shared with cluster members, presented at the Monthly Nutrition Cluster Bulletin and reported to donors as requested	Monthly CMAM data analysed and shared with all cluster members through the monthly Nutrition Cluster Bulletin	CMAM programme performance and monthly admission statistical data is shared with all cluster members and other stakeholders on monthly basis through bulletins, monthly meetings and briefing documents that are all regularly updated.
Rapid assessment and surveys in formerly inaccessible areas whenever opportunity arises	Integration of mid-upper arm circumference (MUAC) in the child health week (CHW) in the process	Nutrition indicators integrated in EPI activity and in CHW campaigns.
Capacity-building of BPHS partners on nutrition assessment, including surveillance and surveys.	Five BPHS implementers capacity on Nutrition survey and rapid assessments built	Ten BPHS implementers and their partners capacity on nutrition surveillance has been carried out

Cluster Overall objective: To alleviate the impact of disasters and shocks affecting the nutritional status of children and mothers in Afghanistan.	
Objective 3: To build the capacity of nutrition partners to respond to nutritional emergencies and to monitor the nutrition situation of disaster prone areas	
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> • Nutrition cluster established community-based sentinel site surveillance in vulnerable provinces in the NR and NE regions • In 2011, numbers of provinces and coverage of CMAM increased in 2011 by three more provinces that include Nuristan, Laghman and Nangahar. While the number of districts implementing CMAM also increased from 62 to 100. Almost all provinces implementing CMAM have capacity to serve both the moderately and severely acutely malnourished with or without complications. • The capacity of five cluster partners on emergency nutrition surveys were built, while that of an additional ten was built on community-based sentinel site surveillance using simple methodology. Two Nationals (the national nutrition cluster deputy and the chair of the Northern Region Cluster Coordinator) participated in the nutrition cluster coordination training that took place in Bangkok on August 2011. Additionally, 27 cluster members were trained on Nutrition in Emergency package (HTP) developed by the Global Nutrition Cluster • The Cluster Contingency plan was developed and a simulation exercise to complement the plan was conducted. • 11 nutrition cluster surveys using Specific, Measurable, Accurate, Realistic and Time Bound (SMART) methodology were conducted by cluster members. • Three CMAM trainings targeting disaster affected provinces and government ran provinces were held; overall 65 participants were trained on CMAM, IYCF. • CMAM guidelines were updated and all CMAM implementers are now following the Sphere Standards. • The total number of Severely Acutely Malnourished (SAM) admitted and treated in 2011 almost doubled compared to the 16,700 recorded in 2010; as at September 2011 up to 31,385 cases had been recorded. • The cluster recruited an information management officer to support the analysis and updating of nutrition information systems. <p>Challenges</p> <ul style="list-style-type: none"> • Inadequate funding of some of the 2011 CAP projects; affecting project implementation and its contribution to the achievement of the set Cluster objectives. • Insecurity and lack of access affected project implementation by agencies especially in high conflict-affected regions such as, in the south and provinces like Badghis.

PROTECTION CLUSTER		
Cluster overall Objective: Enable the protection of civilian populations with humanitarian needs		
Indicator	Target	Achievement
Number of regions with Protection Coordination fora.	National and Regions NR-Mazaar, Maimana and Kunduz; WR- Herat; SER-Gardez; ER- Jalalabad; CR- Kabul and Bamyan; SR - Kandahar	National and regional Protection Coordination forums are all established and properly functioning as targeted. In the smaller sub regions – i.e. Gardez, Kunduz and Maimana the PC is titled PWG (Protection Working Group). The work of the PC in the regions is strengthened due to the active presence of the IDP TFs across all regions.

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Indicator	Target	Achievement
Updated data management of conflict-induced displacements	Weekly	Monthly Statistical Summary of Internal Displacement in Afghanistan (Updated as of 31 September 2011) and Afghanistan estimated IDP population by district of displacement documents are produced jointly by UNHCR and the Ministry (MoRR) and shared widely. Data harmonization has been concluded across all regions as well.
Identified protection needs of populations affected by natural disaster induced displacement.	Weekly	IOM provides monthly updates on Natural Disaster induced IDPs and protection needs are identified by the Regional Protection Clusters and coordinated by UNHCR and MoRR and the regional IDP TFs for proper response. A more systematic collection and reporting on displacements are however needed and a Population Movement Tracking Network is being considered for 2012.
Number of regions with IDP protection coordination fora	Five	Six IDPs Task Forces (IDP TFs) in the regions (north, north-east, east, central, west and south) and one Protection Working Group (in Gardez) are functional and co-ordinate IDP responses.
Number of regions with GBV coordination fora.	One	One regional GBV sub-cluster established in the Eastern region.
Number of regions where coordination of Child Protection established	Two	Two Regional Child Protection in Emergency (CPiE) Sub-clusters established in the western and eastern regions
Number of trainings on protection of IDPs	43 trainings on IDP Protection	42 trainings conducted between January and October 2011 on IDP Protection. Several conducted by UNHCR in the Central, Northern, Southern and Eastern regions and one Training of Trainers (TOT) conducted by NRC/IDMC/UNHCR in western region.
Number of trainings and Advocacy on protection of PoC (Protection of Civilians)		On PoC a number of trainings and sensitization programmes were held. Some UNAMA offices arranged PoC consultation meetings and PoC advocacy conferences for victims' family members, community elders, ANP, provincial authorities including Governors. In ER ten consultation meetings were held in three provinces. PoC advocacy conferences were held in ER and NR. ER has scheduled training on PoC for ANA and ANBP at the end of 2011. SER carried out one training for journalists in Khost and plans another one in Paktya.
Number of trainings and Advocacy on protection of PoC (Protection of Civilians)		The Protection Cluster has established regular exchange mechanism with the International military (IM) on PoC issues, including advocacy. Six meetings and two conferences have been held with ISAF in 2011 and two more are planned for November and December.
Number of landless vulnerable IDP and refugee returnees that have access to LAS	500 returnee and IDP families (UNHABITAT project funded by USAID)	IDPs living in Kabul informal settlements have been mobilized to find governmental land where they wish to live. Three locations in the outskirts of Kabul city have been identified; however Kabul Municipality refuses to endorse the location for the time being, preventing the project from going further for the time being. According to a June 2010 update, there are 20 active land allocation sites

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Indicator	Target	Achievement
		(LAS) in 16 provinces. Total plots distributed up to June 2010 were 31,405 plots. Number of beneficiaries registered for land allocation scheme is 270,171 and number of applicants selected are 65,413. Number of actual beneficiaries living in sites are 10,684. The LAS are fraught with complexities and challenges in beneficiary identification, clarity and transparency of process of allocation of plots and eventual limited occupation due to lack of development and livelihoods in the vicinity.
Number of IDPs for whom a durable solution is achieved.	Due to the prevailing insecurity in the places of origin of IDPs, no durable solution is foreseen for now. If security improves, UNHCR and partners will consider supporting voluntary return	Security situation is currently not conducive for supporting IDP return. Some IDPs are spontaneously returning home, but since end of 2010, the general pattern indicate a prolonged stay of IDPs in displacement (several months) rather than due to the lack of improvement in the security situation, frequent secondary displacements have also been noted. The estimated return (spontaneously by IDPs) for 2011 alone is reported to be 40,000 people. Over and above this 3000 people are reported to have locally integrated and as such have found a durable solution. 1200 additional IDP families in the south (Zhari, Panjwai and Arghandab) had requested support for voluntary return to their villages. Of these 600 families are currently being assisted with shelter and logistics support.
Percentage of progress by MA implementing partners toward achieving 1389/ 1390 Integrated Operational Framework	50% of 1390 IOF	78 communities cleared; 382 minefields and 53 battle areas cleared or cancelled, 10,578 anti-personnel mines destroyed, as well as, 340 anti-tank mines, 74 abandoned IEDs and 289,626 ERWs.
Number of regional Mine Clearance Emergency Response Units (ERU) and areas covered	Seven ERUs and seven regions covered	All seven regions covered North: two demining teams (DTs) East: three DTs
Number of regional Mine Clearance Emergency Response Units (ERU) and areas covered	Seven ERUs and seven regions covered	South: two DTs West: one DT and one mechanical unit North-east: two DTs Centre: two DTs South-east: two DTs
Timeframe between conflict and disaster onset and access to affected areas and information sharing on Protection and Assistance needs of IDPs	For basic information and emergency response - Between 72 hours to two weeks	For conflict-induced displacements – the standard time frame agreed for response is 72 hours although displacements in conflict zones limit speedy information gathering and response. This remains a key challenge.
Number of trainings to strengthen GBV Prevention and Response capacity of duty bearers, service providers and stakeholders at provincial and country level strengthened.	Ten	Two weeks training for GBV Sub-Cluster Capacity Promoters (17) have been conducted in June 2011. Afghanistan Capacity Promoters plan has been developed that envisages number of workshops and seminars for GBV actors in Northern, Western, Eastern and Central Regions. The capacity promoters will be also the main force to integrate and sensitize humanitarian clusters on gender marker process and scoring for CAP 2012. This is a joint UNHCR/ UNFP and UNICEF exercise

Indicator	Target	Achievement
Number of regions trained on CPiE and CP coordination	One	Western region received training on CPiE. Capacity-building, Child Protection assessment and coordination has been identified as a priority area for CAP 2012. CB plan is being developed.
Number of tools for monitoring and reporting on protection issues amongst relevant stakeholders at national level.	Two	<p>The IDP Protection Checklist prepared by the IDP TF and endorsed by the Protection Cluster is widely disseminated among Protection Cluster and IDP TF partners as well as other relevant stakeholders.</p> <p>The Protection Cluster has worked closely on the OCHA-led Rapid Assessment tool (MIRA).</p> <p>Biannual reports were prepared for the Security Council Expert Group on Protection Civilians by the Afghan Protection Cluster (APC) for the renewal of the UNAMA and ISAF mandates.</p> <p>Advocacy with the ISAF through direct APC demarches were undertaken</p> <p>The APC has produced comprehensive protection overviews on the SR, NR and NER of the country while the SER and SR documents are under production.</p>
Successes and challenges:	<p>Successes</p> <ul style="list-style-type: none"> • Developments of Protection Cluster (PC) advocacy with ISAF on core PoC issues. These are further being streamlined through a small WG on PoC established under the auspices of the PC. • The Protection Cluster has enabled holistic protection overviews beyond deaths and injuries due to the conflict, for the Southern Region and the North and North Eastern Regions. The East and South Eastern Region overviews are underway. • Two Regional Child Protection in Emergency (CPiE) Sub-clusters established in the western and eastern regions. • The PC has also actively fed into the Security Council Expert Group on Protection of Civilians (SCEG) during the renewal of the UNAMA Mandate and ISAF mandate twice already in 2011. • The Protection Cluster is now active and present across the country directly supported by the IDP Task Forces sub nationally. There has been substantial capacity-building effort across the country on IDP Protection for Government actors and others. • UNHCR and World Bank Study with a report on IDPs in urban slums was a breakthrough. • A further on-going joint assessment of Kabul Informal settlements (KIS) has also shed light on urban displacement including protection needs and conditions of living of refugee returnees and IDPs. <p>Challenges</p> <ul style="list-style-type: none"> • Access by cluster members for speedy information gathering on protection issues including internal displacement, impact of armed conflict and natural disasters. These further results in limitations in protection responses including assistance delivery and protection interventions. • Inability to establish Child Protection and GBV Sub-clusters across all regions. Nonetheless the PC is handling these issues at the PC forum established across the country through lead agency focal points. • The imperative need to mainstream protection across all clusters remains a challenge and efforts are being made with a mainstreaming workshop to be organized on the issue shortly by the PC. 	

Cluster overall Objective: Enable the protection of civilian populations with humanitarian needs	
Successes and challenges:	<ul style="list-style-type: none"> • Insufficient engagement by local NGOs in the forum and limitations of access to funding mechanism further inhibits participation. Presence and active participation of international organizations especially INGOs are essential in Protection operations. • CPIE preparedness and response has been undermined for several reasons including deficiency in donor support. • Weak Government understanding of protection and inherent capacity further limits the ability of the CPIE and GBV Sub-clusters and IDP TF. While at the national level there is some understanding of protection and imperative of response, this needs to extend to the field level amongst the relevant government agencies who usually co-chair the UN actors in the SC / TFs. • Highly politicized understanding of causes of displacements results in lack of recognition of several IDP groups and communities. Assistance and protection of these poses severe limitations. • Urban displacement is poorly recognized and understood resulting in deterioration of conditions of IDPs and refugee returnees in urban slums, often much worse than of other slum dwellers.

WASH CLUSTER		
Cluster overall Objective: Support emergency response and recovery activities; by ensuring that victims of conflict, natural disasters and chronically vulnerable (or under developed) populations have safe, gender and environment friendly, and equitable access to safe drinking water and adequate sanitation within reasonable reach, along with effective education programmes on sanitation, hygiene promotion and operation and maintenance		
Indicator	Target	Achievement
Number of beneficiaries disaggregated by age and gender with access to safe drinking water.	1.45 million individuals	1,154,955 men, women, girls and boys benefitted from safe drinking water interventions mainly by water trucking and through construction and rehabilitation of community water points, strategic water points, chlorination of wells. WASH NFIs were also distributed to facilitate water collection and storage and disinfection of water sources. Funding level for 2011 CAP WASH projects reached to 62%. Due to high costs and difficulties in monitoring, emergency water trucking was carried out in response to dryness/ drought related emergencies for a limited period and stopped. Partners identified the need for the cluster to put more focus on rehabilitation and repair works.
Number of beneficiaries disaggregated by age and gender with access to appropriate sanitation facilities.	290,500 individuals	46,706 women, girls, boys and men benefitted from emergency sanitation
Number of beneficiaries disaggregated by age and gender participating in hygiene promotion campaigns.	1.45 million individuals	Reached more than 600,000 people; there is however need for more focus on integration of hygiene in the emergency WASH interventions. Currently, hygiene education activities are linked to developmental hygiene activities through community health workers (CHWs) and Community Hygiene Educators through the Community Development Committees (CDCs).
Number of regional inter-agency contingency and preparedness plans for WASH	8 of 8 regions	All the existing regional IACPs at national and regional levels were updated. The one for the Southern region will be prepared when the situation allows to travel to the region in Kandahar

Cluster overall Objective: Support emergency response and recovery activities; by ensuring that victims of conflict, natural disasters and chronically vulnerable (or under developed) populations have safe, gender and environment friendly, and equitable access to safe drinking water and adequate sanitation within reasonable reach, along with effective education programmes on sanitation, hygiene promotion and operation and maintenance

Successes and challenges:

Successes

- Improved coordination at the regional levels led to WASH joint planning and response in emergency-affected areas which helped in avoiding duplication of efforts and efficiently using the available resources.
- The cluster system was rolled out in the two provinces of Badakhshan and Faryab.
- WASH Cluster along with health and nutrition, with support from line Ministries and provincial departments succeeded in responding to the needs and controlling outbreaks of WASH related diseases such as AWD and cholera in the South, North West and Eastern region.

Challenges

- Developing the capacity of the partners at regional and provincial levels remains a challenge for the WASH Cluster. Also information and development of a system to manage it is another main gap and a challenge for the cluster to address in 2012.

2.4 Review of humanitarian funding

The humanitarian appeal process in Afghanistan between 2002 and 2011 focused on varieties of caseloads, including humanitarian, recovery and development. Likewise, the appeals focused on multitudes of programmes that included transition assistance (2002, 2003), drought response (2004, 2006, and 2008), combined humanitarian, recovery and development (2009, 2010) and more targeted humanitarian actions (2011). A cumulative \$5.7 billion was requested over the past ten years (see summary below).

Humanitarian Appeals in Afghanistan 2002-2011			
Year	Appeal	Request (\$)	Percentage covered
2002	Afghanistan Immediate and Transitional Assistance Programme	1,780,509,639	67
2003	Transitional Assistance Programme for Afghanistan	1,187,373,771	19
2004	Afghanistan UN – Government Drought Appeal	72,591,021	37
2005	N/A	-	-
2006	Afghanistan Drought Joint Appeal	119,769,805	53
2007	N/A	-	-
2008	Afghanistan Joint Appeal 2008: Humanitarian Consequences of Rise in Food Prices (February – June 2008)	81,321,254	92
	Afghanistan Joint Emergency Appeal 2008: High Food Price and Drought Crisis (July 2008 - June 2009)	404,319,728	50
2009	Afghanistan Humanitarian Action Plan	664,923,055	76
2010	Afghanistan Humanitarian Action Plan	774,508,310	65
2011	Consolidated Appeal for Afghanistan	582,313,627	58
TOTAL AMOUNT APPEALED		5,667,635,210	

As a strategic planning tool, the 2011 CAP for Afghanistan sought to identify humanitarian caseloads and the required interventions to provide a timely and effective emergency response. This strategy culminated in the development of cluster-specific response plans and targeted activities through which projects were proposed by partners. The 2011 CAP had 154 projects submitted by almost 60 organizations that are members of the eight clusters and one working group.

The original appeal requirement in 2011 was \$678 million; this was however reduced at the Mid-Year Review to \$453.6 million; 33% less than the original requirement due to the HCT's determination to further improve targeting of humanitarian action. In September 2011, the HCT undertook the 2011 CAP Emergency Revision in response to a drought emergency, with planned support for three million affected people in 14 provinces. With this addition, the 2011 CAP appeal amount was revised upwards to \$582 million, of which \$335 million is currently funded.

Notably, donor funding followed the prioritization scheme of the 2011 CAP projects, with the Immediate Priority A having received 58% of its required amount. The table below provides an overview of each priority against its requirement and funding received. The subsequent table provides an overview of funding per cluster.

2011 CAP Afghanistan: Funding received per priority as of 15 November 2011		
Priorities	Revised Amount \$	Funding Received \$
A. IMMEDIATE: To provide humanitarian aid and protection to victims of conflict and natural disaster;	449 million	263 million
B. HIGH: To provide life - saving humanitarian aid to chronically vulnerable (or un- served);	129 million	47 million
C. MEDIUM: To develop contingency planning on recognized hazards (with reference to HYOGO frame work priority 5)	3.8 million	1.4 million
Non-specified:	-	24 million

In-country emergency funding capacity

Given the number of small- and medium-scale emergencies that often occur in Afghanistan over the year, which may not be accounted for in CAP programming, there is need to maintain a locally based rapid funding capacity. While a good number of the traditional humanitarian donors in country have such capacity, the Afghanistan Emergency Response Fund (ERF), managed by OCHA, also provides timely and flexible funds for urgent life-saving humanitarian actions, with a focus on support to local and international NGOs, who are best-positioned to provide direct response to the emergencies in remote areas within a very short time. In 2011, the Afghanistan ERF disbursed \$2.4 million to ten projects in Emergency Shelter/NFIs, WASH, Nutrition and Cash for Work. In 2011 the target amount to be raised and channelled by the ERF was \$8 million, of which donors contributed 75%. The same target will be maintained for 2012. As at end of October 2011, the ERF had a balance of \$3.5 million. In addition, OFDA and ECHO funded several NGOs, namely IRC, SC; NRC, ACF, Medair and Solidarités, respectively, as part of the efforts to provide them with emergency response capacity in 20 provinces should a sudden emergency occur; the funding package included staffing, initial rapid assessment and relief supplies stocks for emergency response.

NGOs and the consolidated appeal process

Globally, from 2009 through 2011 to date, NGO projects in consolidated and flash appeals have been funded to the tune of \$2.1 billion equating to 47% of funds requested for those projects, not far off the average of UN agencies. While the global standard provides a more balanced perspective of NGO participation and the amount of funding they receive by participating in humanitarian appeal processes, this has not been the case in Afghanistan in 2010 and 2011. In the 2010 Humanitarian Action Plan for Afghanistan, the appeal amount by NGOs accounted for 12% of the total request of \$774 million. Further, of the \$96 million requested by NGOs, 29% was reported as received. In 2011, the consolidated appeal amount of all NGO projects accounted for 15% of the total request of \$582 million. As of November 2011, of the \$90 million requested by NGOs, 27% funding was reported as received.

Other humanitarian funding resources

As of November 2011, the total donor contributions toward humanitarian response in Afghanistan are reported at \$733 million. This accounts for an additional \$398 million in humanitarian funding contributed to both partners who are CAP and non-CAP participants, while the remaining balance of the 2011 appeal is \$335 million. While majority of these funds are from G20 humanitarian donors, it is important to note that even more substantial amounts of funding and aid support directed at the GoA and other partners are regularly contributed from neighbouring countries in the region (Kazakhstan, Tajikistan, Russia, India, Pakistan, Iran and United Arab Emirates among others) that are not currently factored into this accounting.

Comparison of donor funding in the 2011 CAP and funding to projects outside the appeal 15 November 2011					
Donor to CAP	Total funding per donor to projects in the 2011 CAP Afghanistan		total funding per donor to other humanitarian programmes		
	Funding \$	Percentage of total funding	Non-CAP donors	Donor funding to projects outside the appeal	Total funding
United States	95,994,781	28.7%	United States	199,129,939	295,124,720
Japan	93,802,482	28.0%	Japan	50,840,662	144,643,114
Carry-over (donors not specified)	44,966,219	13.4%	Carry-over (donors not specified)	28,523,122	73,489,341
European Commission	20,253,846	6.0%	European Commission	35,439,923	55,693,769
India	14,358,551	4.3%	India	-5	14,358,551
Canada	12,305,541	3.7%	Canada	21,576,347	33,881,888
Sweden	10,320,041	3.1%	Sweden	4,871,252	15,191,293
Denmark	7,752,969	2.3%	Denmark	4,209,197	11,962,166
Netherlands	7,500,000	2.2%	Netherlands	-	7,500,000
Norway	7,181,036	2.1%	Norway	12,208,267	19,389,303
Australia	4,727,815	1.4%	Australia	5,169,627	9,897,442
Various (details not yet provided)	4,311,485	1.3%	Various (details not yet provided)	-	4,311,485
Finland	2,726,654	0.8%	Finland	3,954,528	6,681,182
Germany	1,710,865	0.5%	Germany	11,190,178	12,901,043
Spain	1,562,101	0.5%	Spain	1,185,151	2,747,252
Ireland	1,238,223	0.4%	Ireland	4,353,548	5,591,771
Italy	1,178,010	0.4%	Italy	2,518,518	3,696,528
France	997,151	0.3%	France	2,825,792	3,822,943
Belgium	960,219	0.3%	Belgium	7,806,267	8,766,486
New Zealand	666,475	0.2%	New Zealand	107,519	773,994
Luxembourg	616,522	0.2%	Luxembourg	535,635	1,152,157
Switzerland	430,108	0.1%	Switzerland	3,463,731	3,893,839
Poland	309,686	0.1%	Poland	172,962	482,648
Iceland	100,000	0.0%	Iceland	0	100,000
Slovenia	69,175	0.0%	Slovenia	42,254	111,429
Private (individuals and organizations)	-	-	Private (individuals and organizations)	-	-
			United Kingdom	27,296,125	27,296,125
			Kazakhstan	5,670,000	5,670,000
			Allocation of un-earmarked funds by UN agencies	2,084,503	2,084,503
			France	3,822,943	3,822,943
			Saudi Arabia	2,746,128	2,746,128
			Czech Republic	163,488	163,488
Grand Total	335,014,883	100%	Grand Total	438,172,435	773,187,318

*Please note that this table includes \$40 mn of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H

Humanitarian funding in Afghanistan – way forward

Global reports indicate that where CAPs exist, an average of 85% of the international humanitarian funding goes to projects selected for the CAP. In Afghanistan, the 2011 CAP is currently funded at 58% whereas an additional \$438 million and other unknown amounts targeted humanitarian programming. Over 45 local and international NGOs participate, on average, in the Afghanistan CAP process but the amount of funding they have appealed for and received is disproportionately low

compared to the needs of the country. The reconciling of the traditional and non-traditional donor contributions to humanitarian programming in Afghanistan will be a major focus of the HCT and OCHA in 2012 to ensure that funds are appropriately targeted to the most at-risk and acutely vulnerable populations and emergencies requiring support while also seeking to avoid duplication in efforts.

2.5 Review of humanitarian coordination

The HCT continues to work to improve humanitarian coordination and policy-making as well as ensuring real and equal partnership, promoting compliance with and respect for the fundamental humanitarian principles of humanity, impartiality, and neutrality and building up credibility with key stakeholders in order to facilitate access, and enhance the quality and quantity of humanitarian action.

Since the establishment of the cluster approach in August 2008, significant progress have been made towards the roll-out and strengthening of the approach at national and regional levels. All nine clusters (Logistics, Education, Emergency Shelter and Non Food Items, Emergency Telecommunications, Food Security and Agriculture, Health, Nutrition, Protection and WASH) plus the early recovery network are established and fully functional at the national level. At the regional level, Protection, and WASH clusters were rolled out and are functional in seven regions, while the other clusters have established regional presence based on need and existing capacities.

Humanitarian coordination at regional level for clusters without regional presence is done through either a humanitarian work group under an existing regional Sector or development mechanism, a combination of two or three like clusters into one mechanism, or the Humanitarian Regional Teams (HRTs). More focus is however needed to support the regional coordination mechanisms to provide timely and effective humanitarian action. To inform coordination-strengthening efforts, a status assessment of the existing coordination mechanisms in the field has been done through OCHA, HRTs and the national clusters. The North-east is an example of a region with small humanitarian presence where clusters mainly operate through existing work groups, the HRT or are covered from another region. The North, East and West are regions with more substantial humanitarian presence with distinct clusters; the Southern region, with the highest number of reported human rights violations, armed offensives and internal displacements, continues to be the most difficult challenge in terms of opportunities for timely and effective humanitarian action.

The table below provides an overview of the clusters or humanitarian coordination mechanisms in the regions.

Status of Clusters in the Regions		
Clusters, Sub-Clusters and Networks	National Cluster Lead Agencies and Deputies	Clusters Regional Presence
Early Recovery Network	UNDP	National level coordination body that meets on a quarterly basis or as needed; and no capacity to establish a presence in the field, but plans to train clusters in the field on early recovery approaches as a cross-cutting issue.
Education	UNICEF and SC	Full clusters in North and Eastern regions, while the North Eastern and Southern regions have technical working groups and coordination in the Western region is being done through the Provincial Education and Culture (PEC) forum under the leadership of the government Department of Education (DoE)
Emergency Shelter and NFIs	UNHCR and IOM	Full clusters in North, East, Central Highlands and South East regions; while the North Eastern and Western regions each have working groups and coordination is being done through the IDP taskforce in the Southern region.

Clusters, Sub-Clusters and Networks	National Cluster Lead Agencies and Deputies	Clusters Regional Presence
Emergency Telecommunications	WFP	National level coordination on a monthly basis and no plans to establish in field.
Food Security and Agriculture	FAO, WFP and Afghanaid	National level coordination on a monthly basis but with plans for field operations pending.
Health	WHO	Cluster is present in all regions through Provincial Health Committees reporting to WHO regional offices and the HRTs.
Logistics Work Group	WFP	National level coordination as required.
Nutrition	UNICEF and Micronutrient Initiative	Full clusters in North region and North East region combined, Central region and South East region combined, East region and Central Highlands region. Additionally the cluster has identified specific NGO focal points per identified provinces.
Protection	UNHCR and NRC	Cluster present in all eight regions and nationally and supported by the IDP TF in all regions
Child Protection sub-cluster	UNICEF and Terres des Hommes (TdH)	Part of the Protection Cluster - Operates through Monitoring and Reporting Mechanism (MRM), Child Protection Action Network (CPAN) in North East, Central, South East and West.
Gender Based Violence sub-cluster	UNFPA and Oxfam-GB	Part of the Protection Cluster; National level coordination meetings held on monthly basis but with plans for field operations pending.
WASH	UNICEF and Oxfam-GB	Cluster present in seven regions.
Inter-Cluster	OCHA	Through Humanitarian Regional Teams and present in all eight regions.

To ensure that the clusters are reaching out to support participation in humanitarian coordination and that the basic information products are provided to the humanitarian community, a strategy, a 3Ws and a report on progress and challenges were agreed upon and are being produced and periodically updated. In the fourth quarter of 2011, an ICCT Information Management Working Group was established with purpose of putting into the development of distinct humanitarian information and map products that narrate the story of the conflict, natural disasters, access to basic and humanitarian services. It is projected that more than forty core mapping products at the national and/or regional levels would be generated to support planning, decision-making and response activities together with related advocacy at all levels at a point in time and over time.

The Monthly Humanitarian Update and newly instituted four-monthly reporting on CAP indicators, both produced by OCHA in collaboration with the clusters, were used in 2011 as means for advocacy, fundraising and evaluation of the collective humanitarian response. The impact monitoring will be revised in 2012 through the production of a Humanitarian Dashboard. A sample of 2012 overview and sectoral dashboards are also included in this appeal, to be produced quarterly. In addition are the increased opportunities for regular dialogue with the humanitarian technical donors through a monthly forum established in the fourth quarter of 2010.

At varying degrees, the clusters work closely with the government ministries at national level, participating in their working groups and government representation estimated to be in half of the clusters. At the field level, the clusters, humanitarian work groups or HRTs work with the line ministries and local government in the provinces and, as necessary participate, in government-led fora. At the national level, all Cluster and Deputy Cluster Coordinators participate in an OCHA-led Inter-Cluster meeting which then feeds into the HCT. The government does not participate in the Inter-Cluster meetings at national level or HRTs except as needed. The Government at the national and regional levels is an active part of the IDP Task Force. OCHA is a partner of the ANDMA and a member of the National Disaster Management Committee (NDMC) as well as related fora.

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The situation in Afghanistan is compounded by violent conflict, recurrent natural hazards, poor governance, political instability and under-development. The ten-year conflict has continued to expand and intensify across the country giving rise to civilian casualties, population displacement, and disruption of basic services and of humanitarian and development projects. The targeting of civilians through assassinations and executions continued to grow in 2011 with increasing numbers of civilian deaths and injuries, as a result. In addition, 161,000 people were displaced by conflict from January to September 2011 alone, bringing the total estimated conflict displacement caseload to 450,000 IDPs. Vast populations remain affected by the conflict without redress due to their inability to move away from conflict zones. The identification of protection and assistance needs of these populations remain of concern as does the need for speedy delivery of assistance and protection interventions. In areas where there is little or no humanitarian access, the proportion of the population that is bereft of basic assistance and protection may be significantly larger, underlining the imperative to improve access.

Afghanistan is also highly prone and vulnerable to natural disasters from floods, epidemics, earthquakes, rock slides, sandstorms, avalanches, drought and periods of extreme low temperature, with an average of eight major natural disasters per year.³⁰ Over the past ten years, the ANDMA and IOM estimate 400,000 people are affected by other natural hazards each year. In 2011, an estimated 30,300 people have been displaced due natural disasters, according to IOM, while UNHCR records indicate the displacement of over 41,000 people by natural disasters since 2003. One of the most devastating regularly occurring large-scale natural disasters is drought. Since 2000, the country has experienced eight droughts, with the recent 2011-2012 drought impacting an estimated three million people who now need emergency assistance in the north, north-east and west of the country.

According to the World Risk Index (WRI), Afghanistan has the world's poorest adaptive capacity and the second-lowest coping capacity, topping the list of countries most vulnerable to disasters followed (in order) by Niger, Chad, Sierra Leone and Eritrea.³¹ The WRI data are based on four main factors: exposure to a natural hazard; susceptibility from existing economic, infrastructure, nutrition and housing conditions; capacity to cope, which looks at the state of governance, disaster preparedness and early warning systems, medical services, and social and material security levels; and adaptation strategies - implying the capacities and strategies which help communities address the expected negative consequences of natural hazards and climate change.

Negative coping strategies in Afghanistan, as with other countries in crisis, have a significant detrimental effect on the most vulnerable family members. Immediate coping strategies may include sale of productive assets, reduction of food diversity, buying food on credit, taking loans, labour migration to neighbouring countries and sharing accommodation or other resources. Some of these commonly used strategies, such as labour migration, has been constrained by insecurity while the ability of populations to rely on their neighbours for sharing/borrowing has also been stymied by loss of productive assets and lack of work opportunities coupled with the increasing needs due to food shortages. Potential GBV issues stemming from the lack of livelihoods include a possible increase in the incidences of early marriage and the sale of girls and boys, plus sexual exploitation. Additional child protection concerns are related to the lack of income-generating livelihood and livestock activities that boys usually undertake, which can increase school dropouts, street children, sexual exploitation and child labour. There is also a risk of increased cases of separation of families with the risk of creating situations of unaccompanied minors and single women- or elderly-headed families.

Almost three million recorded Afghan refugees remain in Iran and Pakistan, and return has significantly slowed during the last three years as return conditions are perceived as poor. Moreover,

³⁰ ECHO, Humanitarian Implementation Plan, The Afghan Crisis, 10 November 2010.

³¹ World Risk Report 2011, September 2011. Based on the WRI analysis taking into account social, political, economic and ecological factors, Afghanistan's lack of capacity to cope is shown at 93.4%; with its adaptation capacity 73.55% and vulnerability at 76.19%.

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an estimated 1,840,000 million refugee returnees have failed to reintegrate and their access to services, shelter, livelihood and protection are not in parity with their neighbours and host communities.

In the case of the on-going drought in 14 provinces in the north, north-east and west of Afghanistan, concern is noted by the humanitarian community that the coping mechanisms of people who chose not to relocate, while doubly impacted by conflict, may collapse and lead to their displacement and possible secondary displacement for current IDPs. Population movement to cities for safety, access to basic services, food availability and economic opportunity is an additional coping mechanism and a main contributing factor the current displaced populations due to conflict and natural disaster as well as people living in informal urban settlements. Other potential protection issues include pressure on host communities to share food water, and accommodation.

Overview of needs per cluster

The definition and identification of humanitarian needs in Afghanistan must be weighted by the country's progress toward achieving MDGs, the pursuit of which has been hindered by three decades of protracted violent conflict and recurrent environmental hazards and their effect on people, infrastructure and institutions of Government. Recent research indicates that important progress has been made towards reaching MDG targets in health, education and access to clean water, but Afghanistan is 'off track' in meeting Goal 1 to eradicate extreme poverty.³² See Table I below on the MDGs Annual Progress Report for 2008. Correspondingly, key humanitarian indicators have steadily deteriorated due to these factors and a combination of under-development and development failure.

Millennium Development Goals - Islamic Republic of Afghanistan Annual Progress Report 2008					
Goal	Indicator	Baseline	Latest	2015 *	2020 *
1	<u>Eradicate Extreme Poverty and Hunger</u> Percentage with income less than cost of basic necessities	33%	42%	24%	21%
	Percentage having less than 2100 kcal per day	30%	39%	11%	9%
2	<u>Achieve Universal Primary Education</u> Net enrolment ratio in primary education	54%	60%		100%
	Primary completion rate	25%	38%		100%
3	<u>Promote Gender Equality and Empower Women</u> Ratio of girls to boys in primary education	0.6	0.59		1
4	<u>Reduce Child Mortality Rates</u> U5 mortality rate per 1000 live births	257	191	115	76
	Percentage of one-year-olds immunized against measles	35%	68%	90%	100%
5	<u>Improve Maternal Health</u> Percentage of births attended by skilled personnel	6%	19.9%	50%	75%
	Fertility rate	6.3	7.2	4.4	3.1
6	<u>Combat HIV/AIDS, Malaria and Other Diseases</u> Percentage in malaria risk areas using effective measures	18%	20%	85%	95%
	Tuberculosis prevalence rates per 100,000	440	231	224	143
7	<u>Ensure Environmental Sustainability</u> Percentage with sustainable access to improved water source	23%	41.4%		61.5%
	Total slum population	2,458,024	4,500,000	1,543,639	
8	<u>Develop a Global Partnership for Development</u> Unemployment rate of people aged 15-24	26%	47%		0%

³² Global Humanitarian Assistance/Development Initiatives, Briefing Paper, Lydia Poole, "Afghanistan: Tracking Major Resource Flows, 2002-2010," January 2011, p 19.

Humanitarian needs for 2012 are focused on action and advocacy to support conflict and natural disaster-affected communities. Included among the target groups are IDPs, communities without access to basic services or where humanitarians have no access to operate, and IDP and refugee returnees. Additional advocacy needs focus on those acutely vulnerable due to lack of development. Table II below provides an overview of the needs in Afghanistan.

Protection concerns underlie the highest-priority humanitarian needs. Efforts are needed to identify and address interim protection and assistance concerns of IDPs and to search for solutions, preferably voluntary and sustainable return. Additional risks are due to the minority status of some populations, political and ethnic dynamics, and inaccessibility to humanitarian services due to insecurity. Children and Female heads of households are particularly vulnerable due to their exclusion from social and economic services and the lack of social protection measures. As such, priority needs and key indicators identified per cluster include the following.

Logistics Cluster needs stem from insecurity and armed conflict, which continue to severely constrain road travel for humanitarian workers between cities. Most travel is done by air, and to date there are limited domestic air carriers that operate in compliance with International Civil Aviation Organization (ICAO) standards. To ensure humanitarian workers get to locations where their intervention is required UNHAS plans to provide safe, efficient and reliable air transport service. Sometimes, emergencies happen in the remote villages where fixed-wing planes cannot land; therefore operations in such areas require a helicopter.

Coordination needs require more targeted humanitarian response and emergency preparedness given the significant operational challenges posed in Afghanistan and the large number of actors present in country. The HCT, led by the Humanitarian Coordinator, continuously seeks to provide civil-military and inter-cluster coordination, information management, contingency planning and preparedness, fund-raising, and advocacy. This is continually done to continue the promotion of compliance with and respect for the fundamental humanitarian principles of humanity, impartiality, and neutrality while building up credibility with key stakeholders to facilitate access, and enhance the quality and quantity of humanitarian action.

Education Cluster needs include: the protection of schools from insecurity and targeted or collateral attacks; teaching and learning materials for vulnerable populations; community-based classes for IDPs; boundary walls and gender-sensitive WASH facilities; and community mobilization and advocacy through influential leaders (mullahs, traditional leaders, etc.) on the importance of education for boys and girls.

Emergency Shelter and NFI Cluster needs include: the provision of shelter; household items and emergency response and preparedness as cross-cutting issues for populations affected by conflict, natural disaster, IDPs and IDP returnees. Additional concerns for refugee and IDP returnees are the lack of means for household items and shelter; and for natural disaster the lack of shelter and household items as well as existing preparedness and mitigation measures.

FSAC needs are drought-related response needs including, immediate food assistance, safety nets/cash transfers, alternatives to destructive coping mechanisms, provision of agriculture inputs and emergency livestock support. Non-drought-related needs include food assistance and livelihood support for people affected by other disasters.

Health Cluster needs are primarily related to difficulties accessing health care services due to conflict and insecurity, seasonal hazards or geographical access; emerging health needs; impacts of disasters and disease outbreaks; low coverage of BPHS and the essential package of hospital services (EPHS); low community awareness of health and hygiene; and women's and children's inequitable access to health care services/facilities. Among the key indicators for monitoring are whether available medical supplies will be enough to cover the immediate health needs of 1.8 million people in need (PIN).

Multi-Sector Response to Refugee Returnees: UNHCR projects that based on previous years as well as the operational context in hosting countries, up to 162,000 Afghan refugees will voluntarily repatriate in 2012, including 150,000 from Pakistan, 10,000 from Iran and 2,000 from other countries. It is

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assumed that the trend of return in 2011 and 2012 will remain similar to that of the previous year, i.e. 162,000 individuals (this includes 150,000 from Pakistan; 10,000 from Iran; and 2,000 from other countries). UNHCR will facilitate their voluntary return with the provision of assistance to cover their transportation costs and meet immediate returnee needs. Based on conclusions from the 2011 UNHCR survey, more than 43% (1.8 million returnees) have failed to reintegrate into their former communities, with particular challenges accessing basic services (health, education, water), access to land/shelter, income generation and continuing protection concerns. To address these needs, UNHCR with partners will pursue reintegration in select high-return areas and villages to address immediate humanitarian needs and provide a catalyst role with the Government to accelerate responsive development actors to engage in these sites. UNHCR will also work with the Government to address cross-border displacement to Afghanistan and support the nascent legislative framework and practice regarding asylum.

Nutrition Cluster needs require actions to: conduct nutrition surveillance and surveys to monitor the nutrition situation of vulnerable groups within the communities; improved information management, treatment of acute malnutrition cases that include children and pregnant and lactating women (PLWs) and scaling up of CMAM to improve coverage; promotion and strengthening of infant and young child feeding; strengthening supervision and monitoring systems; training of health workers and community members on CMAM; increasing community awareness on the links among malnutrition, gender, poor sanitation and poverty, and the implications on the health of the community; reinforcement of community screening and monitoring supervision systems; and identification of health staff for capacity-building on CMAM and nutrition surveillance.

Protection Cluster needs focus on internal displacement, protection of civilians, child protection, GBV response and prevention, and housing, land and property issues.

- For IDPs, growing insecurity results in more displacement, a lack of access to basic protection and poor availability of assistance due to limited access by humanitarian agencies. Access to land, livelihoods, education and health care also remain of considerable concern. Since mid-2010, the escalation of the conflict in all parts of the country is leading to prolonged stay in displacement, increased likelihood of secondary displacement, including in urban areas, and is hampering prospects of durable solution to their displacement. As a result of the conflict, according to UNHCR and DORR, an estimated 450,000 individuals are displaced as of September 2011; and an additional 30,300 individuals due to natural disaster.
- Protection of Civilians needs are linked to the civilian cost of the conflict, which continues to rise, with 1,462 civilian deaths reported in the first six months of 2011, an increase of 15% over the same period in 2010, according to UNAMA HR. Advocacy with ISAF is on-going in this regard. The impact of the conflict on the wider populations needs to be properly assessed.
- Child Protection needs include, capacity-building on child protection in emergencies (CPiE) for child protection (CP) organizations; establishment of rapid assessment tools for CP; and strengthening of CPiE sub-cluster coordination at the national level and sub national levels, where possible.
- For GBV response and prevention programming, the needs surround the absence of functional referral mechanisms for emergency response to GBV; access to a common data collection mechanism for GBV; mainstreaming GBV response and prevention programming into other sectors; and a lack of coordination.
- Landmines and UXO cause further protection concerns given their continued impact on Afghan communities and society. As of September 2011, there were 6,216 hazards remaining, affecting 602 sq. km and 1,980 communities throughout the country.³³ In the third quarter of 2011, 67 Afghans were injured or killed by landmines and other ERW, a significant decrease compared to the high point of a monthly average of 176 casualties in 2001.³⁴ Of the total mine / ERW victims, 81% were children.

³³ Data taken from IMSMA (national mine action database administered by MACCA) as of end of September 2011

³⁴ Ibid.

WASH Cluster needs include support to emergency and equitable water interventions with adequate quality and quantity (SPHERE standards) for drinking, cooking and hygiene purposes along with sanitation and hygiene, promotion in the communities and access to improved sanitation in the displacement situations during all seasons. 2012 WASH interventions are to be accompanied with awareness-raising on better hygiene practices, water quality monitoring, technical capacity-building, and promotion of operation and maintenance of WASH facilities. Cluster performance will be monitored and reported based on the number of people reached with WASH interventions and response to and control of outbreaks of WASH-related diseases (cholera and AWD).

Inter-relation of needs

The priority acute needs in Afghanistan are protection support for the population linked closely with the provision of basic services (health, nutrition, water, sanitation and access to education) plus access to and availability of food while addressing the absence of livelihoods opportunities.

Needs per cluster are specifically related a combination of health and WASH interventions, closely linked to food and nutrition activities. The availability of food assistance is required through direct distributions or cash transfers to provide populations access to markets, as well as the need for improved water accessibility and quality to prevent communicable disease outbreaks and expected increase in morbidities related to nutritional deficit. Disease control through surveillance and early warning, vaccinations, and emergency health services are key actions. Basic NFIs and shelter for the displaced are essential for survival, and will be coordinated with WASH, nutrition, food security and livelihoods interventions to ensure synergy. Overall protection of civilians, child protection and GBV response and prevention activities will continue to be mainstreamed in the humanitarian response given the on-going conflict and insecure environment that affects vulnerable communities in different pockets of the country.

Number and type of people in need

The HCT cites a total population figure of 30.5 million for Afghanistan in the 2012 appeal. This figure comprises Afghans both within and outside the country and is an increase of 14% from when the 2011 CAP was launched. Several sources of data were taken into consideration to determine this figure: 25 million (CSO, 2011-2012 estimates); 3.1 million (UNHCR 2011, registered Afghan refugees in Pakistan, Iran and other); 1.4 million (IOM 2011, undocumented Afghans in Iran); and 1.0 million (IOM 2011, undocumented Afghans in Pakistan).

The 2012 humanitarian appeal will focus primarily on six categories of communities in Afghanistan that include, conflict-induced IDPs, cross-border displaced, conflict-affected populations with no access to basic assistance, conflict-affected populations with no humanitarian access, conflict-induced IDP returnees, disaster-affected IDP returnees, refugee returnees, natural-disaster-induced IDPs, natural-disaster-affected general population and acutely vulnerable populations targeted by the MDGs. Interventions are focused on actions and advocacy to support conflict and natural disaster-affected communities; provision of initial return assistance to refugees and advocacy for the needs of chronically vulnerable groups resulting from lack of development assistance.

While the chronically vulnerable have been a major sub-set of the Afghan population included in past humanitarian appeals (2011, 2010, 2009) as well as appeals in response to droughts (2008, 2006, 2004) and earlier transitional assistance appeal (2003, 2002), the focus of humanitarian action in 2012 intends to support specific target groups.

The table below provides details on population categories and the disaggregated number of affected people being targeted for humanitarian actions in the 2012 CAP, as well as details on populations of concern—Afghan refugees and undocumented Afghans in Iran and Pakistan.

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Population categories and disaggregated number of affected populations					
More details on the numbers as well as other information can be found in that document and the associated Humanitarian Dashboard.					
NOTE1: The total population number referenced in the 2012 CAP Afghanistan is 30.5 million.					
This is based on a calculation of several sources of data: 25 million (CSO, 2011-12 estimation); 3.1 million (UNHCR 2011, registered Afghan refugees in Pakistan, Iran and other); 1.4 million (IOM 2011, undocumented Afghans in Iran); and one million (IOM 2011, undocumented Afghans in Pakistan).					
Strategic Objectives	Category of affected people	Type of Assistance in 2012	Number of affected people (individuals)		Data Sources
			Current Total	2012 Projection	
Objective 1	Conflict-induced– IDPs	Direct assistance and protection support	450,000	150,000	<u>Current Total:</u> UNHCR Afghanistan - Statistical Summary of Internal Displacement in Afghanistan, October 2011. <u>2012 Projection:</u> UNHCR Afghanistan; based a likely scenario of continued conflict while the transition process of handing over security from NATO/ISAF to the Afghan Government is underway.
	Cross-Border Displacement	Direct assistance and protection support	7,000	15,000	<u>Current Total:</u> UNHCR Afghanistan, October 2011; number of displacements in 2011. <u>2012 Projection:</u> UNHCR Afghanistan, October 2011; projection based on continued military operations and cross-border shelling from Pakistan; and further military operations in FATA region of Pakistan.
	Conflict-affected – no access to basic assistance	Direct assistance and protection support	5,400,000	5,400,000	2012 Projection: OCHA Afghanistan, October 2011, estimated based on education and health service proxies.
	Conflict-affected – no humanitarian access	Direct assistance and protection support	Number not available	Number not available	Not applicable
Objective 2	IDP returnees – conflict-affected	Initial return assistance and protection support	40,000	20,000	<u>Current Total:</u> UNHCR Afghanistan - Statistical Summary of Internal Displacement in Afghanistan, October 2011. <u>2012 Projection:</u> UNHCR Afghanistan; based a likely scenario of continued conflict while the transition process of handing over security from NATO/ISAF to the Afghan Government is underway.
	IDP returnees – natural disaster-affected	Initial return assistance and protection support	Number not available	Number not available	TBD by IOM Afghanistan

AFGHANISTAN CAP 2012

Strategic Objectives	Category of affected people	Type of Assistance in 2012	Number of affected Populations (individuals)		Data Sources
			Current Total	2012 Projection	
	Assisted Refugee returnees	Initial return assistance and protection support	4,600,000	162,000	<p><u>Current Total:</u> UNHCR Afghanistan, October 2011. Assisted refugee returnees over time indicate from 2002 to 2008 that 4.4 million people returned; and from 2009 to 2011 there were 200,000 returnees.</p> <p><u>2012 Projection:</u> UNHCR Afghanistan, October 2011. The projection is based on past trends, increasing number of returns from Iran and the expiration of the PoR in Pakistan at the end of 2012.</p>
Objective 3	Natural Disaster induced displacements	Direct assistance and protection support	30,300 (TBC)	70,000 (TBC)	<p><u>Current Total:</u> IOM Afghanistan, Natural Disaster Report, January – September 2011 (22,716) and an addition of 40,819 natural disaster induced IDPs recorded by UNHCR since 2003 with the projection for an additional 7,500 individuals to be displaced in the fourth quarter of the year.</p> <p><u>2012 Projection:</u> IOM Afghanistan, October 2011; based the estimated 71,035 people displaced due to natural disaster in 2011 plus an estimated 40,000 anticipated additional displacements due to drought.</p>
	Natural Disaster-affected – general population	Direct assistance and protection support	3,000,000	3,000,000	<p><u>Current Total and 2012 Projection:</u> EFSA, Phase I Report, WFP and FSAC partners, 21 September 2011 - drought-affected population of 2.8 million; and OCHA Afghanistan, October 2011 estimate of 200,000 people affected by other natural disasters over the course of the year, based on historical trends.</p>
Objective 4	Acutely vulnerable populations targeted by the MDGs	Advocacy	N/A	N/A	Target areas include those districts where development indicators and access to services at the MDG baseline or less and less than the national average.
Totals			13,527,300	8,817,000	(NB: Total numbers are draft and do not include all caseloads.)

3. NEEDS ANALYSIS

Populations of Concern: Afghan Refugees and undocumented Afghans in Iran and Pakistan			
Category of affected people	Type of Assistance in 2012	Number of affected Populations (individuals)	Comments
		Current Total	
Registered Afghan refugees in Pakistan, Iran and other	UNHCR and partners targeted refugee support outside the clusters	3,100,000	<u>Current Total:</u> UNHCR, October 2011.
Undocumented Afghans in Iran	IOM and partners	1,400,000	<u>Current Total:</u> IOM Afghanistan, October 2011
Undocumented Afghans in Pakistan	IOM and partners	1,000,000	<u>Current Total:</u> IOM Afghanistan, October 2011
Spontaneous returns of non-registered Afghans from Iran and Pakistan	IOM and partners	1,100,000	<u>Current Total:</u> IOM Afghanistan, October 2011
Estimate of Afghan refugee voluntary returns who have failed to reintegrate in their home communities	UNHCR and partners targeted refugee support outside the clusters	1,840,000	Current Total: UNHCR Snapshot Survey 2011 indicates continued need for reintegration assistance including improved access to basic services; shelter/improving access to land tenure, livelihood and protection.
Totals		8,440,000	

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

4.1 Scenarios

Key stakeholders in emergency relief at the national and regional levels elaborated a detailed most likely scenario for Afghanistan in 2012, as the basis for planning humanitarian responses. The most likely scenario is that the overall security situation will continue to deteriorate, worsening the safety, protection and access to services or livelihoods of civilian populations while further constraining safe humanitarian access. Triggers include continued conflict, insecurity, natural disasters, political unrest, transition, ISAF withdrawal and socio-economic impact.

The worst-case and best-case scenarios were also elaborated, the worst-case in order to inform contingency planning, and the best-case to define the conditions in which the HCT would scale back humanitarian action and funding requests if there are signs that the situation is improving.

MOST LIKELY SCENARIO

Core elements

Continued conflict characterized by expansion of insecurity to currently stable areas, disruption of supply chains, increasing numbers of conflict-induced displacements, increased localized conflicts, continued increase in military operations and use of sophisticated IEDs, increased civilian casualties, ambushes, and kidnapping, and continued decrease in humanitarian access. Continuation of the ISAF transition process, increased anti-ISAF or international military demonstrations and actions with suicide attacks, occurrence of natural disasters such as drought, floods, extreme weather conditions, and epidemic outbreaks, increased demands for humanitarian aid and the hampering of the implementation of development programmes across all sectors.

Potential triggers

- Natural hazards such as floods, droughts, earthquakes, avalanches and severe weather conditions affect multiple locations across the country
- Inadequate capacity of the government to respond to needs of the affected populations, and limited resilience capacities of the communities due to exhaustion of resilience and coping mechanisms, poverty and limited livelihood opportunities.
- Increasing insecurity involving increased use of sophisticated IEDs and landmines, localized conflicts, continued attacks on civilians including assassinations, executions and abductions.
- Continued increasing pockets of conflict-induced population displacements; secondary/tertiary displacements of refugees and IDPs, including further restrictions on reintegration for returning refugees. Limited or no access to basic services due to resource constraints and insecurity.
- Continued rise in food prices and decreased community purchasing power due to, hyperinflation and decreased livelihood opportunities.
- Decreased donor funding due to the transition process, and global economic situation.
- Decreased humanitarian space, due to increased insecurity and attacks on humanitarian workers.

Humanitarian implications

- Increased numbers of already vulnerable households affected by natural hazards such as floods, droughts, avalanches and severe weather resulting into increased demand for humanitarian aid that outmatch the response capacity of the government as well as further increase in negative coping mechanisms, and deterioration of resilience capacities of the affected communities to economic shocks.
- Increased pockets of conflict-induced internal population displacements including secondary displacements of refugees and IDPs, protracted displacements as well as increased difficulty for refugee reintegration.
- Increased civilian casualties and violations against the civilian population including women and children.

- Continued reliance on the humanitarian community to reverse negative indicators, due to limited to no access to basic services as a result of resource constraints and conflict/ insecurity.
- Restricted/ decreased humanitarian access resulting into decreased humanitarian operations.
- Food insecurity due to decreased food production, low purchasing power of the communities, loss of agricultural and other productive assets.

BEST-CASE SCENARIO

Core elements

- Political consolidation, characterized by, stable security environment, effective transition process with minimal and predictable population influx from neighbouring countries.

Potential triggers

- Effective and inclusive transition process with increased, inclusive government leadership
- Improved understanding and acceptance of the humanitarian imperative by all, resulting to increased humanitarian access
- Economic growth and equitable distribution of wealth
- Donor commitment to fund humanitarian programmes
- Improved preparedness by the humanitarian community with stronger linkages to recovery and development programmes
- No major disasters in the country with normal rains, precipitation and harvests.

Humanitarian Implications

- Improved security for civilians and international community
- Increased capacity of the government to provide basic services across the country
- Increased humanitarian access allowing for assessments to more effectively plan for and respond to emergency needs in a coordinated and timely manner
- Increased donor funding, allowing for improved response by humanitarian and development partners
- Reduced caseloads of displaced populations, due to reduced hazard activity, and conflicts and more coherent communities.

WORST-CASE SCENARIO

Core elements

- Political collapse characterized by loss of confidence in the government and international community, widespread demonstrations against the government, parallel power lines, increased local militias and localized conflicts, nationwide economic collapse, constricted humanitarian access and suspension of humanitarian programmes by some humanitarian partners, overwhelming conflict-induced IDP caseloads, and refugees, and an enormous increase in the number of chronically vulnerable people.

Potential triggers

- Increased, anti-government, ethnic and localized conflicts, assassination of prominent political figures, attacks on civilians and the international community including humanitarian workers.
- Widespread occurrence of natural disasters
- Transition fails to gain strong footing; total collapse and failure of government capacity and the economy.
- Extremely decreased or no donor funding for humanitarian as well as development programmes.

Humanitarian implications

- Humanitarian crisis beyond intervention capacity of both government and the humanitarian community
- Increased numbers of already vulnerable households affected by natural hazards such as floods, droughts, avalanches and severe weather.
- Widespread population displacement; secondary/tertiary displacements of refugees and IDP population, including difficulty for refugee reintegration.
- Increased attacks on civilians and humanitarian aid workers, including assassinations, executions and abductions resulting into very high numbers of civilian casualties.
- Countrywide militia groups, blocking movement even to humanitarian aid workers resulting into extremely limited to no humanitarian access.
- Food assistance pipeline breaks, and blockages of entry and outlet ports and borders.
- Hyperinflation, resulting into widespread famine and starvation.

4.2 The humanitarian strategy

Shifting the humanitarian strategy

The 2011 CAP Afghanistan focused on three strategic objectives, which included humanitarian aid and protection support to populations affected by conflict and natural disaster plus chronically vulnerable communities suffering from the consequences of under-development. The third objective focuses on the development of contingency planning for recognized hazards (with reference to Hyogo Framework Priority 5).

Given that Afghanistan humanitarian appeals over the last ten years combined humanitarian, recovery and developmental approaches, chronically vulnerable groups formed part of the appeal target groups since 2002. By the MYR of the 2011 CAP, however, the HCT reassessed the need for improved humanitarian targeting of conflict and natural disaster-affected communities, and resolved to exclude the general chronically vulnerable groups targeted under the MDGs as target beneficiaries of humanitarian aid in humanitarian appeals, unless they are affected by conflicts and or natural hazards. In the 2012 appeal, the chronically vulnerable caseload has been removed from the target groups to strengthen focus on the conflict and natural disaster-affected populations; however the 2012 CAP strategic objective 4 will focus on advocacy efforts with relevant actors on the need to address the needs of the chronically vulnerable.

2012 and beyond

In the absence of a consolidated or agreed peace and reconciliation process, and anticipating the ISAF withdrawal by 2014, the complex nature of the crisis in Afghanistan portends humanitarian operations through the next five years and possibly beyond. This is based on expectations for continuing conflict and recurring natural disasters coupled by under-development thus increasing humanitarian needs for at-risk communities. In addition to these risks are the ethnic and tribal conflicts in various parts of the country. The overall visionary goals of humanitarian action in Afghanistan focus on the conflict with advocacy for a positive and effective peace process; need for increased emergency preparedness and response with increased focus through advocacy (not action) on development orientation given the recurring environmental disasters; and improved linkages between humanitarian and development partners and planning processes.

Addressing the highest-priority needs

The HCT and clusters aim to ensure coverage of the highest-priority needs, addressing the interactions and root causes of needs while building up affected people's resiliency through better-targeted needs-based humanitarian actions plus improved linkages between humanitarian and development interventions. Prioritization of conflict and environmental hazards over the chronically vulnerable is the main focus of humanitarian response in 2012. Attaining this balance in Afghanistan, a dynamic and difficult operating environment, requires a sharpened focus on how to deal with humanitarian gaps arising from the balance between early recovery efforts and developmental responses. This will be addressed through strategic objective 4, to advocate protection support and appropriate development-linked interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas. The HCT will undertake advocacy on needs that humanitarians are addressing that are due to chronic under-development related to MDG indicators and to recurrent natural disasters requiring annual emergency response (whereas such disasters may have much less effect if improved prevention and mitigation efforts were implemented by development partners).

Needs addressed by Government and other actors

Coordinated humanitarian and preparedness assistance is of critical importance, given the significant challenges posed in Afghanistan and the large number of actors present in country. Multiple actors from various institutions and realms within the international community are involved to some degree in humanitarian and development operations. Government operations focus on response to natural disasters, which are fully supported by the HCT organizations to back the government's leadership in

these instances. By contrast, in conflict areas, areas with no basic services or where there is little to no humanitarian access, the engagement of the HCT includes UN humanitarian agencies and NGOs operating through the cluster approach as well as observers from the Red Cross/Crescent Society in the form of the ARCS, ICRC and International Federation of Red Cross and Red Crescent Societies (IFRC) and other international organizations. In addition, but separate to humanitarian operations, are the stabilization and counter-insurgency efforts of the ISAF through their PRTs to undertake development or humanitarian aid targeting the ‘hearts and minds’ of Afghans.

HCT initiatives to mitigate key challenges like access, security and capacity gaps

Issues of access and security will remain among the greatest challenges in addressing humanitarian needs in Afghanistan in 2012. Protracted conflicts and crises over thirty years and high levels of insecurity have combined with a rugged landscape, a severe climate and a chronically under-developed basic infrastructure to present the most challenging of access environments for humanitarians. The HCT strategy with regard to access challenges will aim to improve the detailed awareness of the situation, priorities and effectiveness of reporting. More detailed decision-making will be evidenced-based to ensure that humanitarian actors can move out safely to the field.

Humanitarian linkages with other programming in Afghanistan

The humanitarian strategy in Afghanistan requires strengthened dialogue and interaction with other programming tools in place and bilateral aid programmes. Among the other processes in place are the UN Integrated Strategic Framework (July 2011–December 2012), UN Development Assistance Framework (2010–2013), Government of the Islamic Republic of Afghanistan Poverty Reduction Strategy Paper (2010) prepared jointly with the World Bank (WB) and IMF; and the ISAF’s counter-insurgency activities.

Under the leadership of the Humanitarian Coordinator, OCHA in collaboration with the UN humanitarian agencies will participate in the relevant strategic planning mechanisms, policies and processes to ensure the humanitarian principles and priorities are reflected in the strategies/plans of non-humanitarian actors.

4.3 Strategic objectives and indicators for humanitarian action in 2012

The 2012 humanitarian action sharpens the focus on humanitarian preparedness and response with more targeted programming in the determination of affected populations. The aid community will present a portfolio of projects that intend to support conflict-and natural-disaster-affected communities inclusive of the general population, IDPs and IDP returnees. Four strategic objectives will inform humanitarian action in Afghanistan in the coming year.

Overview of Humanitarian Action in 2012		
S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including that delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)		
Indicator(s)	Target	Monitoring method
Number of inaccessible areas opened for humanitarian operations	8 of 8 regions	Inter-agency and cluster-specific monitoring, assessments, mapping and reporting.
Effective cluster coordination in place in accordance with agreed cluster ToRs.	National level and in 8 of 8 regions	Inter-agency and cluster-specific monitoring, assessments, mapping and reporting.

Indicator(s)	Target	Monitoring method
Number of Regions and Provinces with effective coordination mechanisms in place.	National level and in 8 of 8 regions More than 150 United Nations agencies, NGOs and donor entities in Afghanistan	Information management working group reports, and information products
Standardized information management system able to inform effective programming at both national and regional levels.		Information management working group reports, and information products
Number of medical evacuations done per month		Monitoring and reporting by the Logistics working group through the monthly and four monthly CAP impact monitoring reports.
Number of security evacuations done per month	More than 150 UN agencies, NGOs and donor entities in Afghanistan. 5,039,410 school-aged children in conflict and natural disaster areas as well as those in areas without access to education facilities.	Monitoring and reporting by the Logistics working group through the monthly and four monthly CAP impact monitoring reports. Education cluster and inter agency monitoring, assessments, mapping and reporting.
Percentage increase in enrollment of natural disaster/ conflict-affected children in school by gender;		
Percentage of schools with safe learning environments	5,039,410 school-aged children in conflict and natural disaster areas as well as those in areas without access to education facilities. 600,000 conflict-induced and 70,000 natural disaster IDPs.	Education cluster and inter agency monitoring, assessments, mapping and reporting. Assessment / reporting by the IDP task force.
Percentage of children out of school enrolled in catch-up/accelerated learning programmes disaggregated by age and gender;		
Number of natural disaster and conflict-induced displaced people/households supported with NFI packages in displacement areas.		
Percentage of natural disaster and conflict-affected annual household kilocalorie needs met from food aid by each target group	70,000 natural disaster-affected individuals	FSAC specific monitoring, assessments, mapping and reporting.
Percentage of households receiving other food assistance	2.8 million people assisted under food assistance programmes; food for work (FFW), (food for asset (FFA) and cash for work), cash transfers, etc.	FSAC specific monitoring, assessments, mapping and reporting.
Medicines and medical supplies to meet the needs of 280,000 people for three months are distributed to cover the health needs of conflict-affected communities.	280,000 conflict-affected individuals.	WHO through HMIS; supervision and monitoring and through Provincial Public Health Coordination mechanisms including rapid assessment in acute crisis situations.
At least eight temporary trauma first aid posts/ stabilization centres established in conflict active areas not covered by BPHS.	200 highly vulnerable communities living in conflict areas in Helmand, Zabul, Maidan, Wardak and Kandahar	
Number of children and pregnant and lactating women admitted to receive proper treatment.	167,641 (47,668 SAM +119,973 MAM) <5 and 90,781 pregnant/lactating women Female: 82,144 girls <5 years and 90,81	Nutrition cluster-specific monitoring, assessments, mapping and reporting.

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

Indicator(s)	Target	Monitoring method
	pregnant/lactating women; Male: 85,497 boys <5 years	
Number of children that received coordinated CPiE services through CPiE referral systems.	Conflict and natural disaster-affected children.	CPiE Sub-cluster assessment, mapping and reports
Number of regions with GBV referral systems in place	Conflict and natural disaster-affected population.	GBV Sub-cluster assessment, mapping and reports
PoC Strategy by the Protection Cluster developed and implemented	Humanitarian actors, donors, ISAF, ANA/ ANP	Protection and assistance monitoring by the Protection cluster and implementing partners; inter-agency and sector specific assessments, mapping and reports.
Number of capacity-building exercises conducted for GoA officials and other stakeholders on IDP issues.	GoA, other stakeholders involved in IDPs programmes	
Percentage of successful mine clearance operations in IDP areas after referral from national/regional Protection Cluster	Mine / ERW-affected areas.	
Number of IDPs/returnees and people in areas without access to basic assistance reached with WASH interventions.	1,536,318 (IDPs, Returnees, drought, flood, conflict related and population with no basic assistance.)	Inter-agency and WASH cluster-specific monitoring, assessments, mapping and reporting.
200,000 targeted with sanitation interventions and at least 50,000 reached with temporary latrines if in displacement	200,000 conflict and natural disaster-affected individuals.	

S.O. 2: Protection and initial return assistance to IDP and refugee returnees.

Indicator(s)	Target	Monitoring method
Number of refugee returnees and IDPs provided with initial return assistance	600,000 conflict-induced and 70,000 natural disaster IDPs and 162,000 refugee returnees	ES/NFI cluster assessment and monitoring reports
Percentage of successful mine clearance operations in return areas after referral from national/regional Protection Cluster	Mine / ERW-affected areas.	Mine Action Coordination Center of Afghanistan (MACCA) monthly reports through the Protection cluster.
Percentage of HH with improved agricultural productivity	500 000 farming HH assisted with agricultural inputs	ES/NFI cluster assessment, multi-sector assessments and monitoring reports
Percentage of HH livestock receive animal health	600,000 HH supported for livestock interventions	
15,000 assistance packages.	15,000 cross-border displaced	Four monthly CAP impact monitoring reports
Legal services provided to cross-border displaced, asylum-seekers and refugees	Up to 21,000 cross-border displaced	

S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural ‘disasters’ and advocacy for progress on implementation of Hyogo Framework Priorities 1-4

Indicator(s)	Target	Monitoring method
Quarterly review of contingency plans done; and contingency plans developed/ updated according to the evolving context;	National level and 8 of 8 regions	Inter-agency and cluster-specific monitoring, assessments, mapping and reporting.

Indicator(s)	Target	Monitoring method
Number of regions with pre-positioned stocks for emergency operations	8 of 8 regions	
Percentage of timely inter-agency responses to crises;	National level and 8 of 8 regions	
Percentage of schools with preparedness plans for humanitarians to respond to annual and seasonal natural disasters.	12,421 schools	Education cluster-specific monitoring, assessments, mapping and reporting.
Number of agencies/ government bodies at a national and regional level participating in preparedness planning process.	FSAC emergency preparedness plan developed and tested to feed into national preparedness planning	Early warning bulletins and food security reports to be regularly circulated
90% of outbreak alerts investigated and response initiated within 48 hours.	8 of 8 regions	WHO through HMIS; DEWs reports that will be regularly distributed to all stakeholders; supervision and monitoring and through Provincial Public Health Coordination mechanisms including rapid assessment in acute crisis situations.
Well-coordinated natural disaster related information and response with the ANDMA, other government actors and other clusters	Clusters at national and regional level, ANDMA and other government actors.	Tracking and compiling of outputs and outcomes, as well as their progress will be done through the fourth-monthly CAP reports. Information and indicators will be collected from the regional Protection Clusters, project implementation reports, protection monitoring reports, and several protection assessments.

S.O. 4: Advocate protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas.

Indicator(s)	Target	Monitoring method
Number of chronically vulnerable people achieving self-sufficiency and regularly accessing public services	Chronically vulnerable individuals in rural and urban areas.	Inter-agency and cluster-specific monitoring, assessments, mapping and reporting.
Eviction guidelines endorsed and implemented		
Relevant authorities agree on identifying potential durable solutions for families in informal settlements		

4.4 Criteria for selection and prioritization of projects

The Project Selection and Prioritization Criteria are recommended points to be considered per cluster in their review and determination of projects selected for the 2012 CAP Afghanistan.

Project Selection Criteria

- The project must present a clear target in specified operational areas and should not duplicate activities implemented by other organizations
- The implementing agency must have a recognized capacity to implement the project as determined by the cluster
- The appealing organization must be part of existing coordination structures (cluster/sector working group member) with the caveat that it is at the discretion of the cluster to include new organizations in the mechanism from that point forward
- The implementation of the project or part thereof must be feasible within the 12-month timeframe
- The project must be cost-effective in terms of the number of beneficiaries and the needs to which the project intends to respond
- Wherever possible, the cluster response plan shall include national NGOs and other national partners
- Projects should avoid repetition with last year's projects; where such repetition is unavoidable, the proposing organization should justify why the needs persist and the particular project is required for another year
- The project includes cross-cutting issues (gender, HIV/AIDS, protection, age) for both selection and prioritization purposes, unless absence is clearly justified

Prioritization Criteria

- Does the project remedy, mitigate or avert direct, imminent and serious physical harm or threats (violence, disease or deprivation) to affected people within a short time span? (If yes, two points)
- Is the project essential to enabling other projects to remedy, mitigate or avert direct, imminent and serious physical harm or threats to affected people within a short time span? (If yes, two points)
- Does the project build vulnerable people's resilience to harm or threats? (If yes, one point)
- Does the project build institutional and/or community capacity to remedy, mitigate, or avert direct and imminent physical harm or threats to affected people within a short time span? (If yes, one point);
- Is the project definitely feasible (assuming funding) by the proposing organization and planned partners, currently and in the most likely scenario? (If yes, two points)
- Are the needs that the project plans to address confirmed by evidence that is solid by reason of first-hand assessment on the ground or triangulation (multiple independent sources)? (If yes, two points) Or is part of the project activity to conduct needs assessment to better ascertain the situation?
- Does the project, where appropriate, include gender aspects (one point) and a component preventing or reducing the impact of GBV (one point)? (Maximum two points) – Suggested - 'Where appropriate, how well has the project identified and responded to the distinct needs of women, girls, boys and men (gender mainstreaming) or been designed to respond to the special needs of one gender/age group (targeted action)? (Points as per the Gender Marker; maximum two points)

4.5 Cluster response plans

4.5.1 Coordination

Summary of cluster response plan

Cluster lead agency	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Cluster member organizations	OCHA, UNDP, ACTED, SC, UNICEF, WFP, FAO, Afghan Aid, WHO, UNHCR, Nutrition, Micronutrient Initiative, NRC, UNICEF, TdH, UNFPA, Oxfam-GB, IMMAP
Number of projects	7
Cluster objectives	To support the Humanitarian Coordinator in ensuring effective coordination of the emergency response and integrated humanitarian action and protection for populations affected by conflict and natural disaster and those populations suffering the consequences of chronic vulnerability and under-development; and to strengthen national and province-level capacity for emergency preparedness and response.
Number of beneficiaries	Primary beneficiaries: UN agencies, international and national NGOs, donor country representatives and national government line ministries/departments. Secondary beneficiaries: Conflict and natural disaster-affected communities and those populations suffering the consequences of chronic vulnerability and under development.
Funds required	\$15,299,289
Funds required per priority level	Medium: \$16,011,091
Contact information	Aidan O'Leary - oleary@un.org Joseph Inganji - inganji@un.org Jessica Bowers - bowers@un.org

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

Coordinated humanitarian and preparedness assistance is of critical importance, given the significant challenges posed in Afghanistan and the large number of actors present in country. Multiple actors are engaged in this endeavour to promote timely and complementary assistance and preparedness efforts. In partnership with all organizations, HCT, led by the Humanitarian Coordinator, through OCHA seeks to provide civil-military and inter-cluster coordination, information management, contingency planning and preparedness, fundraising, and advocacy. This is done to continue the promotion of compliance with and respect for the fundamental humanitarian principles of humanity, impartiality, and neutrality while building up credibility with key stakeholders to facilitate access, and enhance the quality and quantity of humanitarian action.

The clusters, as the 'operational conversation,' assess that all humanitarian partners can identify the priorities, eliminate gaps and duplications and take some measure of how we are doing to in order to ensure that the community has a meaningful impact in the lives of the people who need humanitarian action. As progress has been made toward strengthening of the cluster approach at the national level and in some regions, additional focus is needed to support the regional coordination mechanisms provide timely and effective humanitarian action.

Risk analysis

While there have been significant advances in the roll out of the cluster leadership approach in Afghanistan, certain challenges require on-going attention in 2012. Foremost is attention to the need for continued strengthening of regular information flow between the regional and National level

clusters/coordination mechanisms, and the need to promote broad based analysis and collective needs identification within and between the clusters. High staff turnover both at the national and regional levels necessitates constant information dissemination on the purpose of the Humanitarian Reform and the operational practicalities of clusters. The strengthening of the information management working group and its linkage to the clusters also requires further attention in 2012. Response to emergencies have been done on ad hoc basis; coordinated mechanisms to prepare for and respond to emergencies within 48 hours remains a gap that will also require continued attention in 2012.

Meanwhile, Humanitarian space continued shrinking with more areas that were rated low risk moved to medium risk during 2012, further shrinking humanitarian access. There are also still major gaps in disaggregated data and overlaying of hazards to project visual impact. At the regional level, priority hazard districts are mapped regularly and review of contingency plans are frequently carried out and focus areas are brought to the attention of the HRTs; likewise updates of the regional and national cluster level 3Ws are carried out on quarterly basis.

Inter-relations of needs with other sectors

The humanitarian strategy in Afghanistan requires strengthened dialogue and interaction with other programming tools in place and bilateral aid programmes. Among the other processes in place are the UN Integrated Strategic Framework (July 2011–December 2012), UN Development Assistance Framework (2010–2013), Government of the Islamic Republic of Afghanistan Poverty Reduction Strategy Paper (2010) prepared jointly with WB and IMF; and the ISAF's counter-insurgency activities.

Under the leadership of the Humanitarian Coordinator, OCHA, in collaboration with the UN humanitarian agencies, will participate in the relevant strategic planning mechanisms, policies and processes to ensure the humanitarian principles and priorities are reflected in the strategies/plans of non-humanitarian actors.

B. Coverage of needs by actors not in the cluster or CAP

The Government of Afghanistan retains overall responsibility for assistance and protection of its own citizens and for ensuring the security and safety of humanitarian personnel and their equipment. From August 2008 to date, continual attention to increasing and improving coordination has been essential, given the more than 200 agencies operating in Afghanistan, including national and international NGOs, international organizations, the International Red Cross and Red Crescent Movement³⁵, United Nations agencies and programmes, in addition to government and bilateral programmes. The cluster leads have continued to work with all these organizations and relevant government entities to ensure strategic and operational coordination with support from OCHA. Coordination with the Government is facilitated through participation in governmental coordination mechanisms and inclusion of government entities in cluster coordination structures where possible. As the humanitarian community will in 2012 focus on better collaboration with development partners in addressing chronic vulnerability needs in the country, efforts to strengthen coordination through the Resident Coordinator's office have been initiated.

³⁵ Among the components of the Movement, the ICRC is not taking part in the cluster approach. Nevertheless, coordination between the ICRC and the UN will continue to the extent necessary to achieve efficient operational complementarities and a strengthened response for people affected by armed conflict and other situations of violence.

C. Objectives, outcomes, outputs, and indicators

CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)</p> <p>S.O. 2: Protection and initial return assistance to IDP and refugee returnees.</p> <p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural ‘disasters’ and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<p>1. To support the Humanitarian Coordinator in ensuring effective coordination of the emergency response and integrated humanitarian action and protection for populations affected by conflict and natural disaster.</p> <p>2. To increase advocacy for gender equity within the humanitarian response as well as needs for the acutely vulnerable.</p> <p>3. To strengthen national and province-level capacity for emergency preparedness and response.</p>	<ul style="list-style-type: none"> Support the implementation of the cluster leadership approach (humanitarian reform) to humanitarian response through strengthened in-country coordination of preparedness and response Improved coordination tools for humanitarian response Improved humanitarian advocacy capacity in support of policy through a consolidated information management capacity Comprehensive assessment information is available to clusters for all acute emergency situations; Predictability of rapid response to needs of the affected communities Strengthened gender perspective in acute emergency actions; Funding rapidly available for disaster response and key preparedness projects funded Up-to-date contingency plans for high disaster risks Early warning systems functioning at community level and inter-cluster level for high disaster risks. Communities in high-risk areas prepared for disasters 	<ul style="list-style-type: none"> Continued support to the implementation of the cluster leadership approach and improvement of OCHA’s coordination tools (CAP, Information Management Unit products, standardization of assessment formats, OCHA Afghanistan website as a repository for information, etc.), advocacy, and early warning Number of common inter-cluster risk analysis based on hazard, vulnerability and capacity assessments. Coordinating fully with other humanitarian actors involved in the emergency; Number of functioning coordination structures deployed to disaster areas within 48 hours of the disaster. Number of monitoring impact reports on emergency response produced and utility of the package distributed, and thus contributing to continuous learning and improvement of the response. 	<ul style="list-style-type: none"> Number of humanitarian partners participating at regions. Number of inaccessible areas opened for humanitarian operations. Number of regions with pre-positioned stocks for emergencies. Provision of monthly and four-monthly reporting by the clusters/sectors to the HC. Number of liaison meetings with ANDMA at national and regional level to support capacity. Monthly mapping of key priority hazard districts. Number of regular and ad hoc meetings held by the HCT. Number of follow-up actions on recommendations of the HCT. Number of strengthened clusters/sectors at the national level. Number of strengthened or rolled out clusters/sectors or work groups at the regional level. Number of national and regions with Inter-Agency Contingency Plans. Number of the CAP quarterly monitoring reports completed. Inclusive CAP and MYR processes completed in accordance with agreed timelines

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CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
		<ul style="list-style-type: none"> • Functioning coordination structures deployed to all disaster areas within 48 hours of disaster. 	<ul style="list-style-type: none"> • Continued improvement of field coordination with an additional focus on consolidation of information management capacity • Support to clusters and national counterparts to strengthen their response preparedness capacities for future emergency situations • Advocacy efforts for effective disaster preparedness action, including funding arrangements • Comprehensive mapping of high-risk areas. • Demonstrated respect for and adherence to humanitarian principles by humanitarians. 	<ul style="list-style-type: none"> • Number of monthly and ad hoc donor meetings. • Number of updated regional 3Ws.
<p>S.O. 4: Advocate for protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas.</p>	<p>4. To increase advocacy for the needs of the acutely vulnerable.</p>	<ul style="list-style-type: none"> • Strategic interface between national and international recovery/developmental efforts. • Improved programming and coordination amongst humanitarian and recovery/development actors and the GoA. • Comprehensive mapping of needs of the acutely vulnerable populations in high-risk areas. • Improved recovery/development advocacy in support of policy through a consolidated information management capacity. 	<ul style="list-style-type: none"> • Greater emphasis placed on development approaches and effects of disaster risks to reduce the root causes of vulnerability. • A common understanding built on the context in which both humanitarian and development actors operate as well as consensus on the strategy to minimize the vulnerabilities of the communities on the longer term as well as on the short term. • Adoption of a more pro-active instead of a re-active approach to planning. • Development actors take sufficient account of hazard/risk profile in planning and programming. • Better integration between relief and development. • Strengthened linkages with local authorities and development actors in affected areas. 	<ul style="list-style-type: none"> • Percentage of Chronic vulnerability needs of vulnerable populations addressed by development thematic practice areas and sectors. • Commitment from development actors to integrate programmes that address chronic vulnerability needs into all relevant development programmes for long term sustainability.

D. Cluster monitoring plan

Through documentation and dissemination of regional and national cluster/sector meetings, monthly humanitarian updates, HCT meeting minutes, and humanitarian donor support group summaries measure effective monitoring; a mid-year review takes stock of achievements and indicates possible adjustments in light of contextual changes will be held in June. The CAP quarterly monitoring report through the Humanitarian Dashboard will feeds informs the Annual Report, which provides a summary of humanitarian and coordination progress.

E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Countrywide	OCHA, UNDP, ACTED, SC, UNICEF, WFP, FAO, Afghanaid, WHO, UNHCR, Nutrition, Micronutrient Initiative, NRC, UNICEF, TdH, UNFPA, Oxfam-GB, IMMAP Observers: ICRC, IFRC, ARCS, MSF
Central Highlands	AKF, GP, SCA, HI, UNESCO-Japan, UNESCO/LIFE, UNICEF, ARZU, AAA, Helvetas, EAC, HSSP, NPO, ICMA, DHSA, DASH, KOR, OXFAM, BEST/GWO, KACSO,, NCA/GWO, IRD, IOM, CoAR, WFO, AKF, SCA, AADA, HSSP, NPO, CAWC, SHOHADA, UNICEF, WFP, WHO, CARE, Observers: ICRC, IFRC, ARCS
Central Region	AKF, GP, SCA, HI, UNESCO-Japan, UNESCO/LIFE, UNICEF, ARZU, AAA, Helvetas, EAC, HSSP, NPO, ICMA, DHSA, DASH, KOR, OXFAM, BEST/GWO, KKACSO, NCA/GWO, CARE, ASHIANA, YCDP, WAW, BRAC, ADA, DAI, CoAR, WADAN, CHA, MMRC-A, SAB, ABR, RDP, PHO, NGAO, CHA, ERVE, UNIFEM, AWRC, AFRANE, AWC, RET, IWAO, AWSDC, AOAD, JEN, AKF, HLP, FAO, ASAP, SPRO, MADERA, ROP, CHA, SPRO, PHO, WADAN, DACAAR, SCA, TEARFUND, NAC, SSSA, RCDC, WHH, FEWSNET, IBNSINA, MI, MEDAIR, HSSP, Solidarities, SHOHADA, ZOA Observers: ICRC, IFRC, ARCS
Eastern Region	ABRAR, SCA, UNICEF, WFP, ADA, AE&RO, IRC, NRC, IOM, ROP, AMI, Islamic Relief, RI, JICA, RDA, SWSS, DACAAR, SCA Observers: IFRC, ARCS
Northern Region	AWEC, CCA, GTZ, DETA, Johanniter, SC, UNICEF, ZCO, SCA, Actionaid, JDA, GP, SCA, NRC, IOM, ACF, GTZ, Helvetas, Solidarités, Tearfund, DWHH, FAO, WFP, BRAC, TBCRO, Afghanaid, UNHCR, MTDO, CoAR, IAM, INTERSOS, UNICEF, Mercy corps, Actionaid, NPO/RAA, ADEAO, CARE Observers: ICR, ARCS
North Eastern Region	ARCC, UNESCO, UNICEF, WFP, SCA, RRD, UND/APRP, NAC, RRD, Conter Nar, ADA/CBSG, KinderBerg, HA, AKF, Helvetas, Global Partnership, JACK, SCA, CONCERN, IOM, NAC, MEDAIR, Afghanaid, FAO, FOCUS, YPD, Mission East, Observers: ARCS
Southern Region	UNICEF, WFP, BRAC, SC, UNHCR, WHO, IOM, HAPA, MLSAMD, Mercy Malaysia, HI, AHDS, BRAC, FAO, AHDS, ANCC Observers : ICRC, ARCS
South East	SADAO, HAFO, SCA, AIL, DTC, SCA, UNICEF, BEST, APRCO, CoAR, WDAW, IOM, OI, SA, Mercy corps, ABFO, IBNSINA, IMC, WHO, HNI, DACAAR, CARE, GRSP, AVA, WADAN, CARE, PIN, BEA, ATO, APA, AWEC, BEA, TPO, Health net, ACTED, ICMA, CAF, HCW, APA, ICMA, AVA Observers: ARCS, ICRC, MSF
Western Region	AIL, HELP, BRAC, SDO, CHA, ARF, NCDO, HSCO, KACSO, GP, CRS, UNICEF, HI, JRS, Habitat, War Child UK, WFP, DACAAR, CVG, INTERSOS, WASSA, RSDO, NCO, WAWN, ARF, CESVI, IRC, UNHCR, IOM, SNI, UNODC, AHDA, CA, WDOA, PHDP, RAADA, HSCO, CVG, IDEO, CRDSA, HTI, IAM, MMO, VWO, AIL, CRDSA, RECOL, DACAAR, ARAA, CHA, IRS, BRA, WVI, HELP, UNESCO, STRAS, Afghanaid, VWO, CRS, ACF, IRD Observers: ICRC, ARCS

4.5.2 Education

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND and SAVE THE CHILDREN
Cluster member organizations	UNICEF, ALO, CARE International, CoAR, GAALO, HAWCA, HSDO, NRC, SC (ALCs), OECEB, OHW, WFP
Number of projects	10
Cluster objectives	<ul style="list-style-type: none"> Plan for and respond to the education and protection needs arising from conflict particularly the displaced and those without access to basic education assistance and population where <i>there is no education access</i>. Facilitate access to basic education for IDPs and returnees. Advocate for humanitarian response as well as respond to the emergency education needs of natural disaster affected school aged children and youth. Support schools to develop preparedness plans for humanitarians to respond to annual and seasonal natural disasters. Advocate for provision of and access to formal and informal education for chronically vulnerable girls and boys, women and men including those in informal and urban settlements.
Number of beneficiaries	72% (5,039,410) of students are enrolled in primary education 37% girls.
Funds required	\$18,208,484
Funds required per priority level	High: \$12,675,133 Medium: \$5,437,051 Low: \$96,300
Contact information	John Ekaju - jekaju@unicef.org Colin Alfred - colin.alfred@savethechildren.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need	Targeted beneficiaries
Conflict-affected – IDPs	600,000	72% (5,039,410) school-aged children
Cross-border displacement	22,000	
Conflict-affected – no access to basic assistance	5,400,000	
Conflict-affected – no humanitarian access	Number not available	
IDP returnees – conflict-affected	20,000	
IDP returnees – natural disaster-affected	Number not available	
Assisted refugee returnees	162,000	
Natural disaster-affected – IDPs	70,000 (TBC)	
Natural disaster-affected – general population	3,000,000	
Acutely vulnerable populations targeted by the MDGs	Not Applicable	
Totals	9,274,000 (note this does not include categories with un-established planning estimates)	5,039,410

A. Cluster needs analysis

The efforts by the MoE to stabilize education, led to a series of processes and eventual submission of Afghanistan's application to the Global Partnership of Education (GPE). Afghanistan was eventually admitted to the GPE in 2011 as the 44th member. The Grant application to GPE noted that much of the support to education in Afghanistan over the past decade has been in the emergency/humanitarian context, with a very heavy reliance on international and national NGOs as well as donor-managed projects (MOE, Danida, and UNICEF 2011). The situation analysis indicated that the demand for

education services is increasing. There are 7.3 million children enrolled in all types of education (General Education, Islamic Education, Technical and Vocational Education and Training (TVET) and Teacher Education). The general Education (Grades 1 to 12) has the largest enrolment 6,984,196. This includes government schools, private education, and community-based schools (CBSs). The data indicate that 72% (5,039,410) of students are enrolled in primary education, 44% of the schools are primary (grade 1 to 6), 30% are lower secondary (grade 1 to 9), and 26% are upper secondary (grade 1 to 12). The gender ratio nationally is 0.59 for General Education. There are 4,596,316 (63%) male students and 2,699,624 (37%) female students. Currently, General Education employs 162,418 teachers, 70% male and 30% female.

Despite the very positive indicators, the education needs remain acute because of the persistence of conflict, which has consistently undermined efforts to provide protection and security for children and schools. The attacks on Government service providers, e.g. teachers, and medical practitioners has not only deterred access to services but diminished the impact of these services. As such there are still over 4.2 million children out of school, 60% of them girls. 68% of the 186,864 teachers do not meet the minimum requirement (Grade 14) for a fully qualified teacher. The teacher pupil ratio is 1:34 (2010) and if permanent absent children return to school it will rise to over 50 to 60 pupils per teacher with pupil enrolments projected at 8.6 million in 2012. Additionally 50% of the 12,421 schools still lack buildings. These bleak figures are exacerbated by the humanitarian context.

Identification of priority needs, populations and locations based on key indicators

The seventeen most insecure provinces, in rural and remote areas with very few or no qualified female teachers (Grade 14), ranging from none at all in the targeted Districts of Badghis, Farah, Nimroz, Helmand, Kandahar, Ghor, Paktika, Daikundi to 25% (13) in Paktiya. The natural disaster prone provinces are also considered for response to natural disasters. The other Seventeen MoE designated priority insecure Provinces: Badghis, Farah, Ghazni, Ghor, Helmand, Khost, Kandahar, Kunar, Laghman, Logar, Nimroz, Nuristan, Paktia, Paktika, Uruzgan, Wardak, Zabul will be targeted for conflict induced interventions. The other 17 provinces will be targeted to respond to the effects of natural disasters and conflict.

The underlying causes of the current conflict in Afghanistan are a combination of three sets of factors; outcomes of conflicts spanning the last 35 years, contextual factors (Afghanistan's geopolitical relevance in the region, vulnerability to natural disasters, multi-ethnic population and social stratification – at least in recent history – between a minority urban elite and a largely conservative rural population), and certain drivers specific to the present cycle of conflict, including weak governance and under-development; exclusion and political marginalization; and the international community's military engagement in Afghanistan (MoE GPE 2011). The immediate causes are targeting of education by non-state actors, and other external actors who are endangering children, schools and teachers and their families, thereby further disrupting the provision of education services. This has reinforced poverty and social degradation for the victims of conflict and natural disasters.

There are a number of challenges and constraints that will be experienced due to access constraints as a result of the increasing insecurity that is further shrinking humanitarian space. In the education sector, the challenges will mostly affect the 17 priority provinces marked as insecure. The CAP projects recognizes that, and the delivery of education in the insecure, remote rural areas in particular, will be undertaken, where necessary, alternative delivery modes for those faced by both conflicts and natural disasters will be used. To counter traditional obstacles to girls' education, a major drive will be made to focus on ALCs, CBE and recruit female teachers. There is an additional challenge of weak technical capacity especially at the sub national levels; support will be provided to strengthen management systems at central and decentralized levels in order to sustain the delivery of programmes.

Risk analysis

There are various risks associated with the interventions, notably, the risk that the projects might not achieve their anticipated results for a variety of reasons including slow implementation or access and security issues. There is also the risk of a weak response from the donors for education projects,

which calls for actors to seek creative ways for reaching their target audiences, especially vulnerable children and women. MoE and stakeholders identified specific major risk areas. The risks associated with access and security should not be under-rated. The most significant mitigation strategy for the CAP will be the engagement with influential people and groups, such as religious leaders and elders to secure their support for education programmes in the insecure areas. The success of these initiatives will give grounds for confidence that the strategy of community participation and ownership and engagement that underpins the CAP Programme will allow for its successful implementation, in spite of security and cultural constraints.

Inter-relations of needs with other sectors

The Education Cluster has interrelations with the other clusters especially the Protection, nutrition and health. The recent passing of Security Council Resolution 1998 on further enhanced protection from attacks on schools and hospitals is one key point of convergence for the clusters. The protection, education, health and nutrition clusters are the focal points, while the GoA Directorate of Human Rights and Women's Affairs in the Ministry of Foreign Affairs and the Government Steering Committee on Children and Armed Conflict (of which, MoE is a member) can be the convergence point for increasing enrolment. The other points of convergence are school feeding, through the food and nutrition cluster.

B. Coverage of needs by actors not in the cluster or CAP

MoE's National Education Strategy Paper (NESP) one and two, the Education Interim Plan, and the Global Partnership Education (GPE) are the key strategies of MoE to support the recovery and rehabilitation of education in Afghanistan. The Local Education Group (LEG) in Afghanistan working in close coordination with the Human Resources Development Board (HRDB), are working outside the CAP to coordinate other donor programmes for early recovery and reconstruction. NGOs are encouraged to participate in the implementation of government priorities in this collective effort. The civil society organizations are encouraged and are actively engaged at the community level education interventions to support the education sector.

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly:</p> <ul style="list-style-type: none"> the displaced those without access to basic assistance (including those delivered by the Government) populations where there is no humanitarian access 	<p>1. Plan for and respond to the education and protection needs arising from conflict particularly the displaced and those without access to basic education assistance and population where there is no education access.</p>	<ul style="list-style-type: none"> Education Clusters and national actors Respond to the basic education and Protection needs of school aged children affected by conflict and natural disasters 	<ul style="list-style-type: none"> Increased access to education and retention in school for children and youth affected by conflict Provision of basic education materials to conflict-affected schools and children 	<ul style="list-style-type: none"> Number of children reached Number of school reached
<p>S.O. 2: Protection and initial return assistance to IDP and refugee returnees.</p>	<p>1. Facilitate access to basic education for IDPs and returnees.</p>	<ul style="list-style-type: none"> Shared knowledge and information facilitates effective Education Cluster action 	<ul style="list-style-type: none"> Increased access to education and retention in school for IDP and refugee returnee children as well as youth affected by conflict Provision of basic education materials to IDP and refugee returnee children and youth 	<ul style="list-style-type: none"> Number of IDP and refugee school aged children and youth reached
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<p>1. Advocate for humanitarian response as well as respond to the emergency education needs of natural disaster-affected school aged children and youth 2. Support schools to develop preparedness plans for humanitarians to respond to annual and seasonal natural disasters.</p>	<ul style="list-style-type: none"> Emergency education needs of natural disaster-affected school aged children and youth addressed All programme areas covered and have up-to-date contingency plans 	<ul style="list-style-type: none"> Increased access to education and retention in school for natural disaster - affected school aged children and youth Contingency plans developed and update 	<ul style="list-style-type: none"> Number of natural disaster school aged children and youth reached Number of contingency plans developed and updated
<p>S.O. 4: Advocate protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas.</p>	<p>1. Advocate provision of and access to formal and informal education for chronically vulnerable girls and boys, women and men including those in informal and urban settlements</p>	<ul style="list-style-type: none"> Education Cluster advocate's for education as an essential part of humanitarian development continuum 	<ul style="list-style-type: none"> Improved access to formal and informal education for the chronically vulnerable girls and boys, women and men, including those in informal and urban settlements 	<ul style="list-style-type: none"> Number of chronically vulnerable girls and boys, women and men, including those in informal and urban settlements that have access to formal and informal education

D. Cluster monitoring plan

The Education cluster will develop a monitoring and evaluation framework and ensure accountability to conflict and disaster-affected populations. This will be achieved through a results-based framework that informs the work of Education Clusters at the national and the sub-national levels through using the cluster networks which will improve reporting and accountability to affected populations, humanitarian leadership, donors and cluster partners. The national level will link the sub national with the Regional and the global level, global cluster activities in line with the strategic plan, recommendations from the 2010 co-lead review and main findings from the Cluster Approach.

Sub-National Level	National Level
<p>Outputs Sub national-level monitoring and evaluation frameworks developed and used, based on INEE Minimum Standards and addressing accountabilities to affected communities</p>	<p>Outputs National level cluster performance and impact is monitored and evaluated to inform planning and priorities</p>
<p>Activities Act. 1. Adapt the national level results based framework to monitor education outcomes and performance at the national levels. Act. 2. Carry out quarterly evaluations of select district or provincial-level clusters interventions and use findings to improve practice</p>	<p>Activities Act. 1. Develop and adopt a results based framework to monitor education outcomes and performance against the Education Cluster strategic plan. Act. 2. Cluster leads take forward recommendations from the provincial and sub-national levels covering both performance and results, and use the findings to inform the next strategic planning process Act. 3. Review and update the portfolio of projects in the CAP to reflect evolving needs, new actors inside and outside the CAP.</p>

E. Table of proposed coverage per site

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

4.5.3 Emergency Shelter and NFI

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	UNHCR, IOM, CARE, NRC, SC, <i>Solidarités</i> , IFRC, IRC
Number of projects	23
Cluster objectives	<ul style="list-style-type: none"> • Respond to the priority humanitarian needs of conflict and natural disaster induced IDPs. • Enhance speed of response to emergencies. • Support initial return of IDPs and refugees. • Undertake efforts to better understand the situation of the chronically vulnerable population in the country. • Advocate for provision of assistance to the chronically vulnerable populations by the mandated actors.
Number of beneficiaries	690,000
Funds required	\$27,626,271
Funds required per priority level	High: \$25,057,440 Medium: \$2,208,831 Low: \$360,000
Contact information	Kleva Riza - rizak@unhcr.org Ivan Davalos - ldavalos@iom.int

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need	Targeted beneficiaries
Conflict-affected – IDPs	600,000	600,000
Conflict-affected – no access to basic assistance	5,400,000	To be based on need
Conflict-affected – no humanitarian access	Not available	To be based on number accessible
IDP returnees – conflict-affected	20,000	20,000
IDP returnees – natural disaster-affected	Number not available	To be based on need
Assisted refugee returnees	162,000	None (category to be covered under multi-sector)
Natural disaster-affected – IDPs	70,000 (TBC)	70,000 (TBC)
Natural disaster-affected – general population	3,000,000	None
Acutely vulnerable populations targeted by the MDGs	Not applicable	Not applicable
Totals	9,274,000 (note this does not include categories with un-established planning estimates)	690,000 (note this does not include categories with un-established planning estimates)

A. Cluster needs analysis

Identification of priority needs, populations and locations based on key indicators

The protracted and escalating conflict, on-going since 2001, has been further exacerbated by regular natural disasters with increasingly harmful impacts on an already vulnerable population. As a result of the conflict, according to UNHCR and GoA MoRR, an estimated 450,000 individuals are displaced in Afghanistan as of August 2011. This includes some 150,000 newly-displaced people due to conflict in

the first eight months of 2011; representing a 65% increase as compared to the same period in 2010. The majority of them are in the South, West and East. Some IDPs are living in makeshift informal settlements while others are accommodated in host families, straining local communities and families already meager coping mechanisms. The escalation of conflict has further led to a shrinking of humanitarian access in some provinces and districts. Vulnerable people are not capable of accessing basic humanitarian aid due to insecurity. Women and children are usually the most vulnerable group that is largely affected by the conflict. Efforts are needed to promote durable solutions for the displaced, including preferably return to places of origin to bring an end to their displacement. The planning figure for 2012 is 150,000 individuals, newly displaced as a result of conflict.

The effects of the on-going conflict have, however, increased the demand for humanitarian aid. UNHCR managed and will continue to ensure the coordination of the Shelter and NFIs cluster to draw on other agencies' inputs to boost emergency humanitarian response to internal displacement. In the recent past the cluster participants' resources appeared to be rather scarce that limited the scope of their response.

Beneficiaries of Emergency Shelter and NFIs cluster are IDPs affected by armed conflict or natural disasters and populations identified as particularly vulnerable. The priority beneficiaries of the cluster for the year 2012 are those extremely vulnerable families/individuals among these population groups, including single female-headed households or single females, elderly or disabled women and men and unaccompanied girls and boys. These extremely vulnerable families/individuals will be identified and their distinct shelter and NFI needs determined through field surveys (when and where access is permitted) that use participatory assessment techniques and incorporate age, gender and diversity considerations.

The Emergency Shelter and NFIs cluster assists these vulnerable groups by providing emergency shelter assistance in the form of tents, plastic sheets and basic household supplies. Shelter assistance provided to vulnerable returnee families includes one- or two-room permanent shelter once shelter beneficiary criteria and selection guidelines are met.³⁶ Solutions on protracted IDPs who cannot return to their places of origin will need to be explored and this relies heavily on the involvement of the Government and its willingness to come up with long term solutions. IDPs that are recently displaced require shelter and immediate NFI assistance to assist with their daily life, such as blankets for warmth and to cover the bare ground, plastic sheeting to protect from the elements and jerry cans to assist in the collection of water. The Shelter Cluster is developing recommendations as to a standard kit of NFI items that should be provided to displaced people.

The shelter cluster is committed to responding to the needs of up to 150,000 new conflict-induced IDPs during 2012. In addition, and for those 450,000 people already displaced efforts are needed to monitor their protection needs and, where possible, pursue durable solution, preferably return. Return assistance would include support to adequate housing and domestic items. Moreover, during the time of their displacement, up to 25% of the displaced are estimated to require transitional/emergency shelter assistance. The cluster members will work with the line ministries, in particular the MoRR, ANDMA/PDMC to respond to new displacement. Shelter cluster participants have considerable challenges to ensure immediate and longer-term access to all newly-displaced. Efforts are made to work with communities to access IDPs, pursue security guarantees and develop longer-term relationships to facilitate regular monitoring capacity and interface with the displaced.

Risk analysis

Concerns remain about IDP group flows within conflict zones which are not accessible to the humanitarian community and/ or the Government as well as displacements to mixed urban habitations. Newly displaced populations have critical challenges with regard to accommodation and while some

³⁶ Guidelines include providing shelter to those who either own land and/or have rights to use on the land where they are accommodated. The beneficiary selection committees include male and female members from the village shuras, representatives from the local authorities (line ministries) and NGOs providing shelter support in the regions.

manage to cohabit with family and friends, all do not have this facility especially when displaced to urban areas.

Further, the additional mixed nature of many population flows also remains in need of due attention with the absence of urban planning and slum dweller assistance programmes in Afghanistan further complicating the situation. The shelter cluster participants regularly discuss these issues and wish to issue recommendations to development actors to more sustainably address chronic problems. Shelter cluster members are concerned about securing adequate funds to properly address the needs of the displaced, including for higher-cost shelter interventions. Shelter cluster members regularly review shelter criteria and strengthen as necessary to assist partners in identifying the most vulnerable to respond to funding shortages.

Inter-relations of needs with other sectors

The shelter cluster will work closely with the other clusters and actively participate in inter-cluster coordination mechanisms. When possible joint assessments will be carried out in the field in order to ensure needs of beneficiaries for different services and assistance are met at the best level possible. Though this was a practice in the past years there is space for further improvement and better cooperation. When access to certain areas is not possible for any of the cluster members, UNHCR and IOM will advocate with agencies such as ICRC and IFRC, as well as government authorities to provide assistance to these beneficiary groups. Self-sufficiency activities linked to the Early Recovery Network especially for returning IDPs and protracted IDPs, from various sectors such as protection, food security, livelihood, water and sanitation, health, education including skills training and income opportunities will be very important in assisting the beneficiaries to find a long term solution. Failing to provide a comprehensive assistance package, vulnerability, dependency and displacement might continue and humanitarian aid would become ineffective.

B. Coverage of needs by actors not in the cluster or CAP

The MoRR (Ministry for Refugees and Repatriation) plays an important role in terms of identifying durable solutions for the IDPs. Specifically it will need to support the reintegration of returning IDPs who might have issues related to land and property. ICRC and IFRC play an important role in reaching IDP population and providing assistance. Little information has been available to the cluster in the past on their assistance project; however the cluster will put more efforts toward better coordination and cooperation with these agencies.

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly;</p> <ul style="list-style-type: none"> the displaced those without access to basic assistance (including those delivered by the Government) populations where there is no humanitarian access (with other assistance or support, including from Government) 	<p>1. Respond to the needs of conflict-induced IDPs</p> <p>2. Enhance speed of response to emergencies</p>	<ul style="list-style-type: none"> Shelter and NFIs provided. Emergency stocks pre-positioned in relevant field locations. 	<ul style="list-style-type: none"> ES/NFI emergency needs of IDPs/ IDP returnees addressed. More effective and timely response to emergencies 	<ul style="list-style-type: none"> Number of conflict-induced IDPs and IDP returnees assisted. Number of locations with prepositioned emergency stocks
<p>S.O. 2: Protection and initial return assistance to IDP and refugee returnees.</p>	<p>1. Support initial return of IDPs and refugees.</p>	<ul style="list-style-type: none"> Provide basic shelter support Provide core emergency NFIs. 	<ul style="list-style-type: none"> Basic initial return assistance provided to returning IDPs and refugees 	<ul style="list-style-type: none"> Number of returning IDP and refugee families assisted with NFIs.
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<p>1. Respond to priority needs of natural disaster-affected population</p> <p>2. Enhance speed of response to emergencies.</p>	<ul style="list-style-type: none"> Provide emergency shelter assistance and NFI kits. Pre-position emergency stocks in strategic locations throughout the country. Develop and regularly update inter-agency preparedness and contingency plans. 	<ul style="list-style-type: none"> ES/NFI emergency needs of natural disaster induced IDPs/ addressed More effective and timely response to natural disaster emergencies 	<ul style="list-style-type: none"> Number of natural disaster induced IDPs assisted. Number of locations with prepositioned natural disaster response ES/NFI kits
<p>S.O. 4: Advocate protection support and appropriate development interventions to acutely vulnerable populations targeted by the Millenium Development Goals, whether in rural or urban areas</p>	<p>1. Undertake efforts to better understand the situation of the chronically vulnerable population in the country</p> <p>2. Advocate for provision of assistance to the chronically vulnerable populations by the mandated actors.</p>	<ul style="list-style-type: none"> Carry out assessments in order to identify acutely vulnerable population groups. Advocate mobilization of resources to respond to identified and agreed upon ES and NFIs needs of the chronically vulnerable population. 	<ul style="list-style-type: none"> Baseline data are available for the chronically vulnerable population in the country. Improved response from donors and mandated actors to programming that target the chronically vulnerable populations. 	<ul style="list-style-type: none"> Number of joint assessments carried out by cluster members. Level of commitment, and funding secured as well as number of projects implemented that target the chronically vulnerable populations.

D. Cluster monitoring plan

Progress and compliance with the projects presented in the CAP will be provided in the four-monthly CAP reports. Information on implementation in general and outputs in particular will be collected from partners both in the field and Kabul level. The projects under the CAP will be reviewed during the MYR process. New projects can be added at the time. In the event new emergency situations emerge, which were not envisaged at the time of compiling of the CAP, the cluster coordinator and the selection committee will review and decide on potential new projects.

E. Table of proposed coverage per site

The Shelter and NFI Cluster is rolled out in the whole of Afghanistan and its response covers all the regions.

SITE / AREA	ORGANIZATIONS
North and North-eastern regions (Balkh, Samangan, Jawzjan, Sari Pul, Faryab, Kunduz, Baghlan, Takhar, Badakhshan provinces)	UNHCR, IOM, OCHA, UNICEF, WFP, NRC, ACBAR, ACTED, ADEO, Mercy Corps, SC, NPO, ZOA, ACT, SHA, AGDO, MRDOAW, SRP, DHS, ActionAid, Tearfund, CARE; also ICRC
Southern region (Helmand, Kandahar, Uruzgan and Zabol provinces)	IOM, WHO, WFP, UNICEF, HAPA, ANDMA, DoRR
South-eastern region (Ghazni, Paktya, Paktika, Khost provinces)	IMC, BRAC, Health Net TPO, ACTD, WADEN, ARCS,
Eastern region (Kunar, Laghman, Nangarhar, Nuristan provinces)	UNICEF, UNHABITAT, UNOPS, UNDP, UNOCHA, NRC, IRC, SCI, ACBAR, ICRC, TdH, CHF, Governor's Office (Nangarhar)
Western region (Badghis, Farah, Ghor, Herat and Nimroz provinces)	The shelter cluster is not yet fully operational in the west. Efforts are being made to strengthen coordination in 2011 and will continue in 2012.
Central region (Ghazni, Kabul, Kapisa, Logar, Panjsher, Parwan and Wardak provinces)	UNICEF, SHA, NRDOAW, ZOA, NRC, ZCO, SCF, ACTED, CARE, ADEO, AA, IRC, ACRU, APA, UMCOOR, CARE, SARS, ABR, ADA, HAPA, NRC, REURE, APWSPA, AGHCO, CCA, UNHCR, IOM
Central Highlands region (Bamyan, Daykundi, Behsoud I&II districts of Maidan Wardak and Lal wa sarjangale district of Ghor provinces.)	IOM, OCHA, CCA, UNICEF, UNAMA, CoAR, Helvetas, ICRC, SCI, AA, OXFOM, ACF, Solidarity, CRS, and MADERA.

4.5.4 Emergency Telecommunications

Summary of cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME
Cluster member organizations	UN agencies and NGOs
Number of projects	3
Cluster objectives	<ul style="list-style-type: none"> • Integration of the new digital communications system for UN agencies and NGOs in Kabul and major provinces. • Operational trainings for users, and maintenance training to technical staff of humanitarian agencies working in Afghanistan. • Obtaining HF frequencies license, this will include common and agency-specific frequencies. • Implementation of GPS Tracking system.
Number of beneficiaries	Over 6,000 humanitarian workforce who deliver aid to affected people.
Funds required	\$748,955
Funds required per priority level	Medium: \$748,955
Contact information	Mirwais Shinwary - Mirwias.Shinwary@wfp.org Kalim Sadat - Kalim.Sada@wfp.org

A. Cluster needs analysis

The current VHF security telecommunications system upon which the humanitarian community throughout Afghanistan relies is subject to extensive interference, jamming and irregularities. Unlicensed radio frequencies are another concern as only half of the over 30 required VHF frequencies used by the humanitarian community are licensed; and for HF frequencies there are over 50 in use, of which only four are licensed, overburdening the system, for which between 20 and 30 are required based on the level of communications. In addition, there is currently no common VHF and HF channel system for the humanitarian community.

Among the requirements to improve humanitarian emergency telecommunications in Afghanistan are the integration of the new country-wide digital communications system being deployed by UNAMA may compliment the current analog VHF system, licensing the HF and VHF frequencies used by the community and implementation of standard call signs, sell-calls, VHF and HF channels in the country. One of the options to replace the current VHF system would be the roll-out of a digital communications system in Afghanistan. The digital communications system is being studied and evaluated by ETC members, UNAMA and manufactures.

Risk analysis

The humanitarian community is currently using the analogue VHF Security Telecommunications System, which is subject to various interfacing problems and this has decreased the ability to coordinate among organizations and strengthening security staff understanding. To mitigate the risks connected to the current system, the ETC is investigating the opportunity to move to a digital security telecommunications system that would address the current operational gaps. The Emergency Telecommunication Cluster is currently identifying the best solution available in the market.

Inter-relations of needs with other sectors

To deliver humanitarian aid to affected populations, the humanitarian workers need secure and reliable communication systems within the office and while on field missions. If the communication system is not secure and does not work properly, the security unit will not be able to approve field missions, as a result humanitarian aid delivery will be directly affected; likewise, staff safety will be compromised.

B. Coverage of needs by actors not in the Cluster or CAP

The Ministry of Communication's intervention is required in the provision of licensed frequencies and following the standard UN tax exemption procedure while dealing with UN information technology (IT) and telecommunications equipment during the customs clearance process.

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly:</p> <ul style="list-style-type: none"> - the displaced - those without access to basic assistance (including those delivered by the Government) - populations where there is no humanitarian access (with other assistance or support, including from Government) and; <p>S.O. 3 Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural ‘disasters’ and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<ol style="list-style-type: none"> 1. Integration of the new digital communications system for UN agencies and NGOs in Kabul and major provinces 2. Provision of operational trainings to the users, and maintenance training to technical staff of humanitarian agencies working in Afghanistan 3. Obtaining HF frequencies license, this will include common and agency specific frequencies 4. Integration of GPS in HF radios 	<ul style="list-style-type: none"> • A new digital and secure telecommunication system for UN and NGOs • Reduction of interference in telecommunication systems of Humanitarian agencies • Replacement of all old analogue radios with digital ones • Proper use of the new system with reduced communication • Timely technical support to staff by help desk staff • Licensed communication system used by UN agencies • GPS implemented with tracking system 	<ul style="list-style-type: none"> • Improved agency field coordination • New and stable system • Trainings on radio operations • Training and capacity-building of adequate numbers of technical staff on system maintenance 	<ul style="list-style-type: none"> • A new and secure system telecommunication system installed • Radio operators trained to properly track the staff and missions • Number of technical staff trained on maintenance of the new system • Number of staff given operational training on the new system • Licensed HF frequencies

D. Cluster monitoring plan

Monitoring will be done through the ETC coordination meetings; field visits and assessments, reports from cluster members and monthly CAP impact monitoring reports. The Emergency Telecommunications Cluster will also review and update its portfolio of projects in the CAP to reflect evolving needs, new actors inside and outside the CAP, and changes in the division of labour within the Cluster every three months, at the most.

E. Proposed cluster coverage site

All field locations where the humanitarian community operates.

4.5.5 Food Security and Agriculture

Summary of cluster response plan

Cluster lead agency	FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS and WORLD FOOD PROGRAMME
Deputy lead	AFGHAN AID
Cluster member organizations	Action Aid A, <i>Action Contre la Faim</i> , ADA, ANDMA, ARECA, CARE International in Afghanistan, Caritas Germany, CORDA, UNIDO, USAID, AMRAN, <i>DWHH</i> , <i>Solidarités</i> , DACAAR, Oxfam Novib, Tearfund, CARE International, MADERA, Oxfam GB, ACTED, CONCERN, AREA, CIDA, CRS, CWS - Pakistan/Afghanistan, CONCERN, CWS-PA, DACAAR, ECHO, EU, FEWSNET, FOCUS, ICRC, IRC, ME, MEDAIR, MHI, RRAA, <i>Solidarités</i> , SC, WB, DFID-UK, USAID, ZOA, BRAC, CORDAID, ZOA, IMMAP, RI, SIDA, PIN, ACBAR, INTERSOS, SHRDO, Johanniter, CEVSI, Chr. Aid.
Number of projects	33
Cluster objectives	Overall objective: to protect household food security of targeted populations affected by natural disaster and conflict. <ul style="list-style-type: none"> To assist acutely food-insecure groups through the provision of food and/or cash/vouchers. To save and protect the livelihoods of households impacted by natural disaster and conflict. To reinforce national capacities in responding to disaster.
Number of beneficiaries	3,104,106 people
Funds required	\$123,427,218
Funds required per priority level	High: \$108,274,164 Medium: \$14,803,054 Low: \$350,000
Contact information	emma.conlan@fao.org William.Affif@wfp.org marjolaine.martingreentree@fao.org nhutchings@afghanaid.org.uk

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
Conflict Affected – IDPs	49,000	51,000	100,000	39,200	40,800	80,000
IDP returns - conflict affected	18,253	18,998	37,250	18,253	18,253	37,250
IDP returns - natural disaster affected	Number not available			To be based on need		
Assisted Refugee returnees	79,380	82,620	162,000	63,504	66,096	129,600
Natural Disaster Affected – IDPs	28,420	29,580	58,000	28,420	29,580	58,000
Natural Disaster Affected – general population	1,596,152	1,661,302	3,257,454	1,372,000	1,428,000	2,800,000
Totals (less advocacy)	1,771,205	1,843,500	3,614,704	1,521,377	1,582,729	3,104,850
Acutely vulnerable populations targeted by the MDGs (Advocacy target)						8,990,000 ³⁷

³⁷ 31% of population chronically food-insecure

A. Cluster needs analysis

The key drivers of acute food insecurity in Afghanistan include increased armed conflict, insecurity and displacement, as well as repeated cycles of natural disasters such as droughts and flash floods. Degradation of natural resources, poor infrastructure, weak governance, insufficient social services and reduced access to humanitarian aid are compounding factors that increase community susceptibility to hazards and shocks. In 2011, prevailing dry conditions in the northern and central provinces of the country have seriously impacted on the food security levels and livelihoods production of already vulnerable households. In summer 2011, FSAC partners completed an EFSA using the EFSA methodology elaborated by WFP to gain a comprehensive understanding of the lack of rains on affected populations. The assessment was conducted in two phases with the preliminary report used to inform the 2011 CAP revision and a consolidated report to follow in November.³⁸

Northern, north-east, central highlands and north-west regions

Due to below-average snow cover, insufficient rains and losses of ground water the national cereal production deficit in 2011/12 was forecast to be approximately 1.9 million MT. Most of the shortfall has occurred in rain fed areas in northern Afghanistan including the provinces of Badakshan, Badghis, Baghlan, Balkh, Bamyan, Daykundi, Faryab, Ghor, Hirat, Jawzjan, Kunduz, Samangan, Sar-e-Pul and Takhar. Although most of the cereal deficit may be covered through the private sector, vulnerable groups and the poorest will be acutely impacted by the resultant increased market prices. The loss of pasture and the significant reduction in agricultural labour opportunities have further eroded coping capacities and significantly increased the acute food insecurity of households who have no access to irrigated land and limited livestock assets. Economic migration, typically undertaken by male heads of households and other able-bodied male relatives, increases the number of households headed by women, unsupported households headed by elderly and disabled people who, with reduced remittances, are rendered more vulnerable. Water resources for livestock are estimated to be insufficient in 18 districts in and around the drought-affected area. Results from EFSA show that of the drought-affected population (2,863,000 people), 2,630,500 are severely food-insecure while an additional 232,500 people are moderately food-insecure. Of these, 80% are households that rely on agriculture for a livelihood.

South, eastern, south-eastern and central regions

Conflict in these regions will continue to increase vulnerability to food insecurity by limiting production and reducing access to markets, while also limiting humanitarian community access. A recent UNHCR/World Bank review of IDPs in urban areas found that the levels of food insecurity amongst urban IDPs is approximately four times more prevalent than food insecurity experienced by the urban poor.³⁹ Baseline food insecurity levels are between 20–30% for these regions.⁴⁰ Apart from human induced conflict, the southern region is also prone to natural hazards. Droughts and seasonal flooding have been a key and highest natural hazards faced by the population in the region.

Humanitarian access has remained problematic for a greater part of the Eastern Region⁴¹ as a result of insecurity caused by the on-going armed conflict. The Eastern Region faces cross-border displacement from Pakistan as well as displacement caused by tribal conflicts. Paktiya and Laghman top with 35% followed by Khost 30% population food-insecure⁴². Many parts of the Central Region⁴³, particularly those in remote areas, face food shortage and thus, depend on relief food or communal coping mechanisms. Logar province tops with 31% population as food-insecure, followed by Wardak with 23% population as food-insecure.⁴⁴

³⁸ The second round was conducted by the NGO partners and the data was not available for analysis during the first phase of EFSA report

³⁹ UNHCR and World Bank, (2011) Research Study on IDPs in Urban Environments.

⁴⁰ NRVA 2007-08.

⁴¹ Eastern region represents Nangarhar, Kunar, Laghman, Nuristan, Khost, Paktia, Paktika.

⁴² NRVA 2007-08

⁴³ Central region includes: Bamyan, Kabul, Daikundi, Ghazni, Logar, Wardak, Parwan, Kapisa and Panjshir.

⁴⁴ NRVA 2007-08

Access to timely information remains a challenge to gaining a comprehensive national analysis of the impact of natural disasters and conflict on food security in Afghanistan. This is due to the insecure environment in many provinces, and the compromised government capacity for assessment. In addition, assessments at the household- and community-level do not always allow for accurate sex- and age-disaggregated data or a more robust gender analysis and, therefore, can preclude more focused targeting on certain vulnerable groups, such as female-headed households, unaccompanied children, old people and unsupported people with disabilities.

Identification of priority needs, populations and locations based on key indicators

To avert an impending acute humanitarian emergency for over three million vulnerable adult women and men, children and elderly people affected by conflict and/or natural disasters across the country, the following strategic response priorities have been identified under FSAC:

- a. Immediate life-saving interventions to assist acutely food-insecure groups affected by natural disaster and conflict.
 - Provide emergency food assistance through general food distribution (GFD) to population which has been adversely affected by natural disaster and conflict.
- b. Responses to save/protect the livelihoods of households impacted by natural disaster and conflict, such as:
 - Implement FFAs, cash vouchers or cash for assets, income-generating interventions with activities such as construction, rehabilitation and maintenance of rural infrastructure and related to agricultural productivity.
 - Distribute agriculture inputs (seeds, animal fodder) to respond to the immediate effects of natural disaster on agricultural production and resulting economic access to food security;
 - Restocking and provision of livestock and fodder coupled with provision of vaccination to control animal disease
- c. Reinforced national capacities in preparing and responding to disasters
 - Updating and testing of the Inter-agency and National Emergency Preparedness planning and increased Food Security Monitoring.

The FSAC CAP response will continue to focus on meeting the needs of the most drought-affected households. The 2,630,500 people who are experiencing severe drought induced food insecurity will require food assistance to cover the gap until next harvest in June/September 2012. The size of the food ration and the length of assistance will vary as a function of household food insecurity and location. Households with moderate levels of food insecurity will benefit from targeted interventions preferably cash-based as food is available from production within the region. Agricultural activities include the distribution of emergency animal feed, animal health surveillance system, improvement of water for livestock and if conditions are favourable, restocking once the winter is over. In order to prevent another failed harvest and the continuation of acute food insecurity for those households, seeds will have to be distributed or included in cash-based interventions. Diversified on-farm and off-farm livelihoods will also need to be broadened and strengthened so as to increase vulnerable households' resilience to future shocks.

Rural livelihoods assessments will provide a more accurate analysis of food security vulnerability across the country, and a foundation for developing and monitoring appropriate humanitarian response and strengthening emergency preparedness. FSAC partners will be encouraged to involve women in needs assessments, to collect and share sex- and age-disaggregated data with other FSAC partners. In addition, agriculture activities, including cash-for-assets, off-farm livelihoods support and the distribution of seeds which must include the different needs and capacities of women and men. As part of Objective 3, the FSAC will advocate for enhanced national Disaster Risk Reduction mechanisms to address the chronic nature of natural disasters.

Risk analysis

Long term forecasts currently indicate winter precipitation will be below normal, which could negatively affect the 2011/12 farming season and availability of fodder for animal production. Equally, there is a high risk of floods during the spring and summer 2012 that is likely to negatively impact the vulnerable population. On-going monitoring of climatic conditions will be conducted through the FSAC's Early Warning Information Working Group to clearly inform FSAC contingency response planning from the onset.

Inter-relations of needs with other sectors

The FSAC coordinated interventions have linkages with other cluster responses. Steps have already been taken to link food assistance, cash-based and agriculture support activities with the Nutrition Cluster response to ensure that adequate household dietary intake and food consumption levels are met in targeted households. The FSAC will coordinate with the WASH Cluster to support water for herders that livelihoods are impacted by natural disaster and conflict. In addition, the FSAC will work with the Protection Cluster to ensure that the protection is integrated throughout its response.

B. Coverage of needs by actors not in the cluster or CAP

In addition to proposed humanitarian response under this CAP, a number of other actors should be considered in response to affected populations. These include the Government's response to vulnerable populations (including the planned response to the 2011 drought in affected areas), ICRC, IFRC and other actors. The FSAC will closely liaise with both government and other agencies to ensure a coordinated response to humanitarian needs.

Chronic food insecurity in Afghanistan remains high, with many of these households reliant on agriculture for their livelihood and remaining vulnerable to natural disasters as well as economic and political shock. Baseline information indicates that 31% of the Afghan population is food-insecure, while 37% of the population is borderline food-insecure⁴⁵. Some 24% of the food-insecure or borderline food-insecure live in urban areas, 39% in rural areas, and 47% among the Kuchi (nomads). These populations are currently not identified as target groups in the CAP, however, should be considered as target groups for assistance under national CAP Objective 4. The overall cluster objective is to protect household food security of vulnerable populations affected by natural disaster and conflict.

⁴⁵ National Risks and Vulnerability Assessment (NRVA) 2007-08, Govt of Afghanistan

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Corresponding targets and baseline
<p>S.O. 1: Plan for and respond to the humanitarian and protection needs arising from armed conflict. This includes: the displaced; those without access to basic and humanitarian aid; and populations where there is no humanitarian access; and;</p> <p>S.O. 2: Protection and initial return assistance to IDP and refugee returnees.</p>	<p>1. Assist acutely food-insecure groups through the provision of food and/or cash/vouchers</p>	<ul style="list-style-type: none"> • Adequate food consumption over assistance period for targeted emergency-affected households. • Targeted communities have increased economic access to food 	<ul style="list-style-type: none"> • 70,000 people assisted under emergency food aid distribution programme • 2.8 million people assisted under food assistance programmes; FFW, (FFA and cash for work), cash transfers, etc. 	<ul style="list-style-type: none"> • Percentage of HHs receiving food aid • Percentage of HHs receiving other food assistance • Percentage of HHs receiving cash assistance • Percentage of HHs according to food consumption score (< 21 and 21-34, 35+) • Percentage of HHs according to coping strategy index
	<p>2. Save and Protect livelihoods of HHs impacted by natural disaster and conflict</p>	<ul style="list-style-type: none"> • Disaster and conflict-affected HHs have restored production capacity • Rural HHs affected by conflict, natural disasters and shocks are able to maintain their livelihood assets and strengthened coping mechanisms 	<ul style="list-style-type: none"> • 60 000 farming HH assisted with agricultural inputs • 60,000 HH supported by livestock interventions 	<ul style="list-style-type: none"> • Percentage of HH with improved agricultural productivity • Percentage of HH receiving animal feed/seeds • Percentage of HH livestock receive animal health • Percentage of HHs according to coping strategy index
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of HFA 1-4.</p>	<p>3. Reinforce national capacities in responding to disasters.</p>	<ul style="list-style-type: none"> • Emergency preparedness planning undertaken, early warning reinforced and response mechanism strengthened • Assessments implemented to improve targeting and improve knowledge of rural livelihoods, coping mechanisms and needs. 	<ul style="list-style-type: none"> • FSAC emergency preparedness plan developed and tested to feed into national preparedness planning • Early warning bulletins and food security reports regularly circulated 	<ul style="list-style-type: none"> • Number of agencies/ government bodies at a national and regional level participating in preparedness planning process. • Number of 2013 CAP projects referencing agreed assessment data.

D. Cluster monitoring plan

The FSAC will put in place a cluster-level monitoring system to measure progress quarterly against its log frame. The development of this monitoring system will be conducted in line with the FSAC work plan and will be:

- 1) Enriched by the use of Integrated Food Security Phase Classification (IPC) products.
- 2) Guided by the Response Analysis Framework (RAF).

IPC summarizes situation analysis, the first stage of the analysis-response continuum, and will provide a strengthened foundation for response analysis and sound decision-making linking information to action. RAF, combined with market studies, is the other key tool that will help in refining the appropriate and feasible options to address food insecurity of target populations identified for the CAP mid-year review.

E. Table of proposed coverage per site

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

4.5.6 Health

Summary of cluster response plan

Cluster lead agency	WORLD HEALTH ORGANISATION
Cluster member organizations	AADA, ActionAid, AHDS, AHTP, AIL, AMI, ARCS, BDN, CAF, CORDAID, DAACAR, DWHH, EMERGENCY, GCMU, MoPH, HealthNet, HEWAD, HHI, HHSP, IbnSina, IMC, IRD, Johanniter, LSO, MSH, MDM, MEDAIR, MERLIN, Mercy Malaysia, MERCA, Move, MSC, RRAA, OTCD, SAF, SCA, SC US, SERVE, Shuhada, UNICEF, UNFPA, UNHCR, SHRDO
Number of projects	23
Cluster objectives	Prepare for and respond to humanitarian health needs of communities affected by armed conflict including IDPs, people living in conflict areas where there is no humanitarian access or coverage by essential health care services. Provide emergency health care services to IDPs and advocate for sustainable long-term solutions (integration into BPHS). Promptly and effectively respond to the humanitarian health needs of populations affected by natural disasters (through the implementation of Hyogo Framework Priority 5).
Number of beneficiaries	Total population targeted: 1.8 million
Funds required	\$15,202,354
Funds required per priority level	High: \$12,508,526 Medium: \$1,673,427 Low: \$1,020,401
Contact information	Maria Luiza Galer - galem@afg.emro.who.int

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need	Targeted beneficiaries
Conflict-affected – IDPs	600,000	415,000
Cross-border displacement	15,000	0
Conflict-affected – no access to basic assistance	5,400,000	250,000
Conflict-affected – no humanitarian access	Number not available	0
IDP returnees – conflict-affected	20,000	0
IDP returnees – natural disaster-affected	Number not available	0
Assisted Refugee returnees	162,000	0
Natural disaster-affected – IDPs	70,000	55,000
Natural disaster-affected – general population (including potential IDPs)	3,000,000	600,000
Acutely vulnerable populations targeted by the MDGs	Not applicable	428,000
Totals	9,267,000 (note this does not include categories with un-established planning estimates)	1,748,000

A. Cluster needs analysis

Afghanistan continues to have some of the worst health indicators in the world, with a maternal mortality rate of 1400/100,000 live births and an infant mortality rate of 119/1000 live births. The coverage rate for fully immunized children is about 40%, and infectious diseases remain the major cause of mortality (more than 50%).⁴⁶

⁴⁶ World Bank/World Health Organization/United Nations Children's Fund, (Child Mortality Report 2011)

Health system structure

The Basic Package of Health Services (BPHS) is the foundation of the health care system in Afghanistan. Except for three provinces (Kapisa, Panjsher and Parwan), health services are sub-contracted by the MoPH to NGOs.

Health Information Management

The country has a functioning health management information system (HMIS) that collects health data on a monthly basis from all health facilities, and from various surveillance systems for malaria, TB, polio, leishmaniasis, measles, etc., besides the Diseases Early Warning System (DEWS). DEWS collects data on 15 epidemic-prone communicable diseases from around 275 reporting sites (health facility level) across the country.

Access to health services

The PHC facilities planned by the MoPH include 104 mobile teams, 473 sub-centres, 807 basic health centres (BHCs), and around 388 community health centres, as well as 66 district hospitals and 58 secondary and tertiary level health facilities. Around two million people have no access to the outside world during the long winter (four to six months), and only 30-50% of population in conflict-affected provinces have access to basic PHC services. Due to insecurity, health facilities are closed; movement of patients, especially women, children and health care workers, continues to be restricted by checkpoints and blockages on the roads; and implementation of vertical programmes is suspended.

Reproductive and Maternal Health Services

Standardized reproductive health packages are integrated into BPHS and EPHS. However their implementation continues to be hampered by the insufficient availability of qualified female health staff. In Afghanistan there are about 4800 community midwives (CMWs) for 28 million people instead of the 8,000 that are needed to meet WHO standards. About 25% of women living within two hours' walking distance of health facilities use skilled birth attendants, while this percentage drops to 2% for women living within six hours or more of health facilities. The need for a male escort (Mahram) restricts their mobility and doubles their out-of-pocket expenditures. Currently, only 1.4% of women are delivered by Caesarean section, less than one third of the expected 5% (WHO standards). There is an acute shortage of female obstetricians, and only around 29 provincial hospitals have blood banks.

Health Sector national capacity for disaster management and response

Preparedness and response to health emergencies largely depend on external support, funded entirely by humanitarian donors (ECHO, OFDA, CIDA, Central Emergency Response Fund (CERF) etc). At present, very little progress has been made in integrating EPR into BPHS, and even then the process is weak and inconsistent, lacks standardization, and depends on donor priorities. The process needs to be completed through developing national guidelines and standards, building the capacity of all stakeholders, and increasing the capacities of high-risk provinces/districts to deal with mass casualties.

Identification of priority needs, populations and locations based on key indicators

Addressing humanitarian health needs of people affected by natural disasters

The 2011 drought that affected 2.6 million people in 14 provinces resulted in an increase in cases of malnutrition and disease outbreaks, and a general increase in morbidity is expected. Floods and landslides are recurring natural disasters. The western region and the central belt are at high risk for floods, while areas in the south-west and northern provinces such as Hirat, Ghor, Uruzgan, Jawzjan, Balkh and Faryab can be severely affected by both floods and drought. In such situations, the risk of large disease outbreaks, especially AWD, is high and could leave between 100,000 and 200,000 people in need of humanitarian support to ensure access to essential health services. In 2011, there was a 28% increase in the number of confirmed epidemics (295) and a two-fold increase in the number of people affected compared to 2010. The health cluster plans to address the humanitarian health

needs of about 600,000 people affected by natural disasters and their impacts, including epidemics and internal displacement in Balkh, Samangan, Takhar, Sari Pul, Ghor, Faryab, Faryab, Nangarhar, Samandan, Bamyān, Daikundi and Ghor.

Addressing humanitarian health needs of people affected by conflict

People in conflict-torn districts, particularly in the southern and eastern provinces, have limited access to essential health services (access ranges between 30 and 50%). Due to road insecurity and/or transport costs, the affected populations have great difficulties reaching functioning health facilities, and this gravely affects women, children, the elderly and people living with disabilities and chronic medical problems.

About 250,000 people living in conflict areas of Kandahar, Helmand, Wardak, Badghis, Kunar, Nangarhar, Logar, and Ghazni are in need of immediate humanitarian actions, alongside with 415,000 protracted and new conflict-induced IDPs and host communities not covered by the BPHS.

Risk analysis

Many factors pose additional health risks to the targeted population: severe winters, possible military operations, low immunization coverage rates, increased rates of malnutrition, and lack of access to safe drinking water and sanitation.

Inter-relations of needs with other sectors

Within the framework of an integrated response strategy, the inter-relation and synergies between health and other sectors should be carefully considered. The health status of a population is influenced by many determinants including access to safe drinking water and proper sanitation, balanced nutrition, shelter, education and literacy, and protection (e.g. against GBV). AWD outbreaks cannot be controlled without ensuring access to safe drinking water and improved sanitation and food hygiene practices. Malnutrition is a risk factor for severe communicable diseases; conversely, communicable diseases such as measles, pertussis, diarrhoea and TB can cause malnutrition in weakened children. To the extent possible, the health, nutrition and WASH clusters are harmonizing the targeted population.

B. Coverage of needs by actors not in the cluster or CAP

ICRC is running a trauma hospital in Kandahar that attends to war injuries referred mainly from southern provinces. In Kunduz, *Médecins sans frontières* (Doctors Without Borders/MSF) has recently established a specialized trauma hospital for the treatment of war victims.

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets
<p>S.O. 1: Plan for and respond to the humanitarian and protection needs arising from armed conflict. This includes: the displaced; those without access to basic and humanitarian aid; and populations where there is no humanitarian access.</p>	<p>1. Prepare for and respond to humanitarian health needs of communities affected by armed conflict including IDPs, people living in conflict areas where there is no humanitarian access or coverage by essential health service.</p>	<ul style="list-style-type: none"> Medicines and medical supplies to cover the health needs of 665,000 people (including conflict-induced IDPs/refugees) for three months are distributed to health facilities in conflict-affected communities 	<ul style="list-style-type: none"> The immediate health needs of 665,000 people affected by conflict (including IDPs) have access to life saving services including referral of emergency obstetrical cases
		<ul style="list-style-type: none"> One health facility/max 15,000 IDPs in need of humanitarian support (uncovered by BPHS) 	
		<ul style="list-style-type: none"> At least 28 temporary trauma first aid posts/SC established in conflict active areas (and IDPs camps) not covered by BPHS in Helmand, Zabul, Maidan Wardak, Badghis, Logar, Nangarhar, Ghazni, and Kandahar 	Same as the left column
<p>S.O. 2: Protection and initial return assistance to IDPs and refugee returnees</p>	<p>1. Provide emergency health services to IDPs and advocate for sustainable long term solutions (integration into BPHS)</p>	<ul style="list-style-type: none"> Temporary mobile teams and static clinics established in informal settlements not covered by public health system 	<ul style="list-style-type: none"> At least 55,000 people living in informal settlements have access to essential integrated PHC and referral services (Bamyan and Kabul)
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of HFA 1-4.</p>	<p>1. Promptly and effectively respond to the humanitarian health needs of populations affected by natural disasters through the implementation of Hyogo Framework Priority 5</p>	<ul style="list-style-type: none"> Medicines and medical supplies to cover the health needs of 600,000 people for three months are distributed 	Same as left column
		<ul style="list-style-type: none"> 90% of outbreak alerts are investigated and response initiated within 48 hours of notification 	Same as left column
		<ul style="list-style-type: none"> Regional and national contingency plans for floods, AWD outbreaks, drought and conflict are updated as needed 	<ul style="list-style-type: none"> Health sector is prepared to respond to the most probable hazards

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

The implementation strategy includes a gender-sensitive approach. All health teams providing services to disaster-affected communities (mobile teams, temporary static clinics, treatment centres, etc.) will include at least one qualified female staff member; the privacy of female patients will be taken into account when setting up any temporary health facility (standards of health cluster); health data collected will be disaggregated by gender; and the emergency kits include medicines and supplies for reproductive health (support of UNFPA and UNICEF).

D. Cluster monitoring plan

The health cluster monitoring systems include following mechanisms to measure the progress of implementation against agreed indicators:

- Regular updates of 3Ws matrix and mapping of population coverage by health services
- Risk assessments at district/community levels will be finalized in 2012
- Health management information systems (HMIS)
- DEWS reports compiled, situation analysis and epidemiological profile mapping regularly distributed to all stakeholders
- Supervision and monitoring conducted by WHO and MoPH staff. In insecure, inaccessible areas the WHO network of polio focal points will be involved in monitoring activities. When necessary, additional staff selected from within targeted communities will be recruited
- Provincial public health coordination mechanisms, including rapid assessment in acute crisis situations.

E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Central Highlands	IMC, DHSA, WHO, UNICEF, AKF, HNTPO, ICRC (Orthopedic), AADA, HELVETAS, LEPCO, GRSP, NPO, BDN, CAWC, SHOHADA, HSSP
Central Region	WHO, MERLIN, UNFPA, IFRC, BDN, SC-UK, ARS-P/A, IBNSINA, IMC, ARCS, UNICEF, SC, HNTPO, SHOHADA, AIL, HAS, NPO/RRAA, SAF, AWSE, EHBA, Kabul University of Medicine, MEDAIR, AKHS
Eastern Region	BRAC, AMI, WHO, WFP, UNICEF, ABRAR, IMC, IRC, HNTPO, CWC, IR, PMS, SERVE, JICA, IFRC, ARCS
Northern Region	TBCRO, UNICEF, WHO, WFP, ACTD, SCA, ZCO
North Eastern Region	ACTD, SC, MERLIN, WFP, ARCS, ARCS, UNICEF, SCA, HA, AKF, BRAC, HELVESTAS, WHO
Southern Region	WHO, UNICEF, WFP, ARCS, BRAC, AHDS, HI,
South East	ABFO, IBNSINA, MSF, HNTPO,
Western Region	HTI, IAM, IFRC, MMO, VVO, WVI, WHO, UNODC, AFGA, BRAC, UNICEF, HI, SN, BDN, ARCS, ICRC, WFP, NPO/RRAA, APDO, AIL, DAC, CA, BRA, IRC

4.5.7 Logistics

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS HUMANITARIAN AIR SERVICES
Cluster member organizations	WFP
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> • Provision of safe, efficient passenger air services to more than 150 United Nations agencies, NGOs and donor entities in Afghanistan. • Carry out timely medical and security evacuations when requested/as required. • Continue transporting light cargo such as medical supplies or medical samples.
Number of beneficiaries	24,000 passengers per year and ten MT of light cargo
Funds required	\$21,970,768 (Cost recovery ticket sales expected to generate 30% \$6.59 million, while donor contributions to bridge gap of 70% \$15.38 million)
Funds required per priority level	Medium: \$21,970,768
Contact information	Jared Komwono - jared.komwono@wfp.org Kennedy Ooro - kennedy.ooro@wfp.org

A. Cluster needs analysis

In 2011 insecurity and armed conflict continued to severely constrain road travel for humanitarian workers between cities. Most travel is done by air, and to date there are limited domestic air carriers that operate in compliance with ICAO standards. To ensure humanitarian workers get to locations that their intervention is required UNHAS plans to provide safe, efficient and reliable air transport service.

The UNHAS fleet will also provide capacity for rapid staff relocation/evacuation in case of sudden security deterioration in the already precarious situation. Medical facilities are also inadequate in the regional cities and humanitarian workers requiring medical care must be evacuated to Kabul. UNHAS fleet will comprise two Dash-8 aircraft each with 37 seats capacity and possible addition of B-200 Kingair aircraft to cover additional regional airports if the security situation allows. It is planned that this fleet will fly 2,160 hours transport 24,000 passengers and freight ten MTs of light cargo. The main locations that will be served will be Kabul, Jalalabad, Herat, Bamyan, Kandahar, Kunduz, Faizabad, Maimana, Mazar-e-sharif and Farah. Additional destinations targeted to be opened include Taloqay, Chachcharan and Nilli.

Identification of priority needs, populations and locations based on key indicators

UNHAS fleet will comprise two Dash-8 aircraft each with 37 seats capacity and possible addition of B-200 Kingair aircraft to cover additional regional airports if the security situation allows. It is planned that this fleet will fly 2,160 hours transport 24,000 passengers and freight ten MTs of light cargo. The main locations that will be served will be Kabul, Jalalabad, Herat, Bamian, Kandahar, Kunduz, Faizabad, Maimana, Mazar-e-sharif and Farah. Additional destinations targeted to be opened include Taloqay, Chachcharan and Nilli.

Risk analysis

Reliable fuel supply that meets aviation standards, secure landing runways, properly regulated airspace are the main challenges to providing safe and efficient air transport. To mitigate UNHAS will perform daily quality tests on fuel supplied and regular laboratory tests on the fuel. UNHAS will coordinate with United Nations Department of Safety and Security (UNDSS) and other local authorities to ensure flights are performed in a secure environment. To improve the aviation environment UNHAS will work with ICAO, Ministry of Transport and Civil Aviation (MoTCA) and other players in the industry.

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

Inter-relations of needs with other sectors

Facilitation of implementation of humanitarian projects across all sectors through provision of safe humanitarian air transport to humanitarian actors that require the service

B. Coverage of needs by actors not in the cluster or CAP

Complementary to the services provided by UNHAS are air transport services provided by UNAMA and ICRC. Within Afghanistan, regional commercial flights and international military flights are used by humanitarians as a last resort.

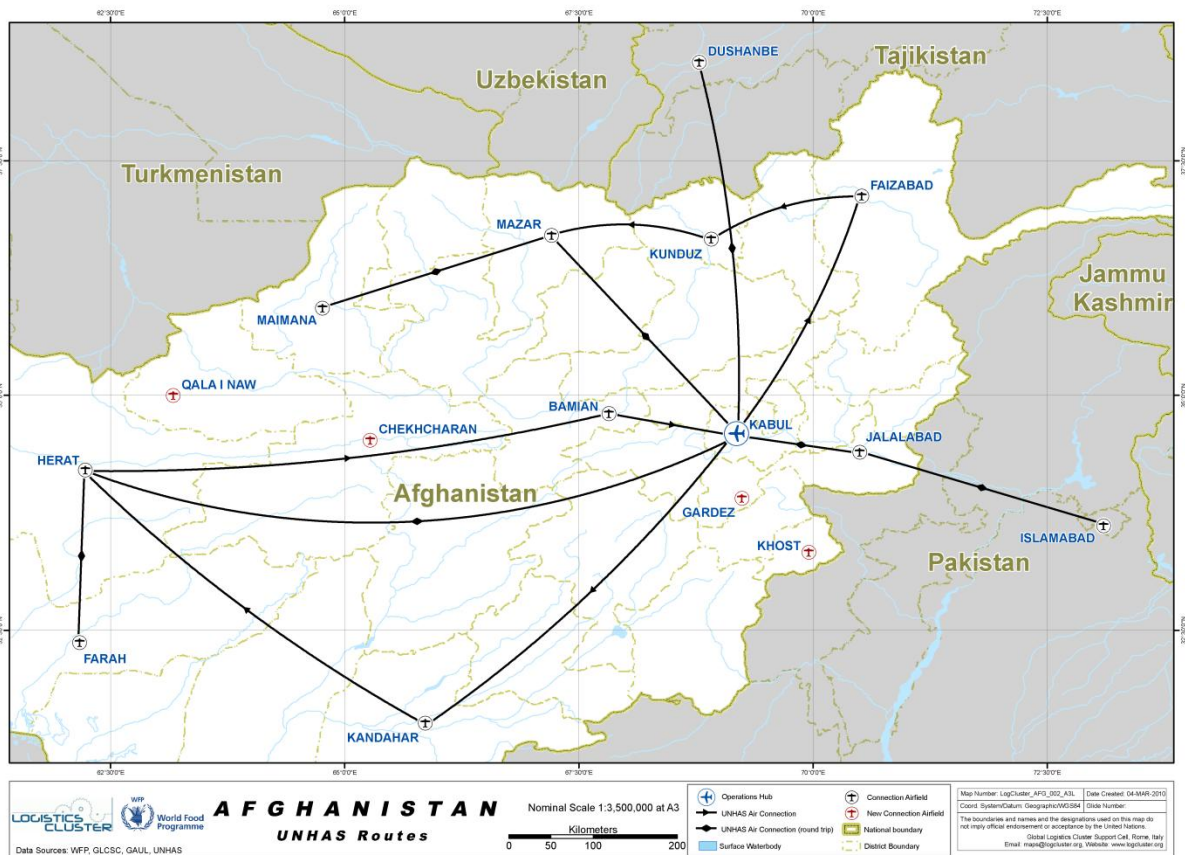
C. Objectives, outcomes, outputs, and indicators

(See matrix on next page.)

D. Cluster monitoring plan

The logistics working group will provide a detailed monitoring report to the humanitarian community every three months. The working group will also continue holding coordination meetings as and when required.

E. Map of proposed coverage



Matrix of objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)</p> <p>S.O. 2: Protection and initial return assistance to IDP and refugee returnees.</p> <p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<p>1. Provision of safe, efficient passenger air services to more than 150 United Nations agencies, NGOs and donor entities in Afghanistan</p> <p>1. Carry out timely medical and security evacuations when requested/as required</p> <p>1. Continue transporting light cargo such as medical supplies or medical samples</p>	<ul style="list-style-type: none"> • Safe, reliable and efficient passenger air transport service. 	<ul style="list-style-type: none"> • 2,160 hours flown • 24,000 passengers moved • Ten MTs of light cargo moved. 	<ul style="list-style-type: none"> • 2,000 passengers moved per month • 180 hours flown per month • 0.83 MT of light cargo moved per month • Number of medical evacuations done per month • Number of security evacuations done per month • Minimum 12 locations flown to per month

4.5.8 Multi-Sector Response to Refugee Returnees

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	UNHCR
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> • Facilitate the voluntary repatriation of Afghan refugees to Afghanistan; • Provide initial assistance to returning refugees. • Provide capacity-building to Government counterparts to assume the lead for voluntary repatriation and initial return assistance. • Provide basic urgent initial protection and assistance to asylum seekers and refugees in Afghanistan.
Number of beneficiaries	Returning refugees (162,000 people), most vulnerable returnees who require initial return assistance (1.8 million people), cross-border displaced (21,000 people) and asylum seekers (some 50). Total beneficiaries: more than two million people
Funds required	\$122,248,551
Funds required per priority level	High: \$122,248,551
Contact information	Kleva Riza - rizak@unhcr.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need	Targeted beneficiaries
Asylum seekers and refugees	50	50
Cross-border Displaced	7,000	7,000
Projected cross-border displaced in 2012	15,000	15,000
Returning refugees who failed to reintegrate	1,840,000	1,840,000
Returning refugees in 2012	162,000	162,000
Totals	2,024,050	2,024,050

A. Cluster needs analysis

Identification of priority needs, populations and locations based on key indicators

Since 2002 over 5.7 million Afghans have returned to their homeland (4.6 million with the assistance of UNHCR and relevant governments), which represents about one quarter of the estimated population of Afghanistan. UNHCR projects that the number of refugees seeking to voluntarily repatriate from neighbouring countries in 2012 will be up to 162,000 refugees. UNHCR priorities for returning refugees are to facilitate their spontaneous and voluntary return through support to cover transport and address initial reintegration needs.

The main destination provinces for returning refugees is Kabul, Nangahar, Kunduz, Baghlan and Kandahar, with nearly one-third returning to the central region of Afghanistan. Returning refugees have significant initial return needs upon return to their home communities, including shelter, access to basic services, protection and livelihood support. A recent community-based snapshot survey conducted by UNHCR in 2011 identified that up to 40% of the 4.6 million UNHCR-assisted returning refugees have not had their initial return assistance needs met. These people are marginalized, and up to 16% have been subsequently displaced as they try to meet their needs and those of their family members. Many are at-risk for returning to their countries of asylum to meet their basic needs. UNHCR's priority is to ensure that returning refugee conditions are at parity with the local community, especially in terms of basic services, protection and access to livelihood support.

Through this humanitarian appeal and action plan, UNHCR plans to provide up to 20,000 with basic one or two room shelters, up to 150,000 returnees with access to water, provide up to 60,000 families with livelihood support, up to one million returnees with legal aid support and through household and community interventions access for up to 200,000 children to basic primary education. These targets are among the key indicators that UNHCR will report on a monthly and quarterly basis.

A number of foreign nationals have arrived to Afghanistan, seeking protection from sectarian violence, interethnic strife, and the consequences of conflict and military operations. UNHCR considers the protection of these groups arriving from neighbouring countries, as part of its core mandate and will provide protection and assistance as required. UNHCR will in coordination with other agencies provide initial response through NFIs, emergency shelter as needed, as well as monitor and address their protection needs.

Risk analysis

Challenges for voluntary repatriation and providing initial return assistance are numerous. Neighbouring countries' governments as well as countries further afield have signaled asylum fatigue, and UNHCR's role is to ensure that refugees are able to make a free and informed choice, and confirm the voluntary nature of the return. The number of refugees wishing to voluntarily repatriate was low during 2011, in part due to concerns about return conditions and insecurity. Initial return assistance is provided to vulnerable households and communities, and to assess and discuss with returning refugees requires humanitarian space for UNHCR to engage with local actors and stakeholders. Though initial return assistance is limited, even small inputs in communities can be contentious among community members, returnees and neighbouring communities. UNHCR is concerned about the risk of subsequent displacement if return needs are not met, often to urban centres or economic migration to neighbouring and other countries that then further drains upon refugee-hosting countries.

Inter-relationships of needs with other sectors

UNHCR is striving to engage other UN agencies and relevant GoA ministries to take into account high-return areas in their policy and planning for basic humanitarian and return assistance, especially to address the challenges related to basic services, such as water, universal basic education and health care. UNHCR is also through its mandate seeking to play a catalytic role to ensure development planning addresses the needs of returning refugees.

B. Coverage of needs by actors not in the cluster or CAP

Advocacy efforts with other ministries for example the Ministry of Rural Rehabilitation and Development (MoRRD) will be strengthened in order to draw on their resources and expertise to better serve the initial needs of returning refugees. Other very important actors would be agencies such as World Bank, JICA, Afghan MoE, Ministry of Refugee and Repatriation (MoRR), Ministry of Public Health (MoPH) and MoLSADM.

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Multi-sectoral Objective	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly:</p> <ul style="list-style-type: none"> the displaced those without access to basic assistance (including those delivered by the Government) populations where there is no humanitarian access (with other assistance or support, including from Government) 	<p>1. Provide protection monitoring, identify protection and assistance needs to cross-border displaced as well as provide an immediate response to cross-border displacement.</p>	<ul style="list-style-type: none"> Cross-border Displaced are identified, their needs are assessed and addressed. Medium and long term protection needs are monitored and addressed, with an effort to promote durable solutions. 	<ul style="list-style-type: none"> Up to 15,000 cross-border displaced receive an immediate response to their displacement. Up to 7,000 have the medium and long term protection needs addressed. Refugees and asylum-seekers in Afghanistan are provided with protection in Afghanistan and pursuit for their durable solutions. 	<ul style="list-style-type: none"> 15,000 immediate assistance packages provided Legal services provided to cross-border displaced, asylum-seekers and refugees.
<p>S.O. 2: Protection and return assistance to IDP and refugee returnees.</p>	<p>1. Facilitate voluntary repatriation of refugees to Afghanistan in safety and dignity, confirming the voluntary nature of the return. 2. Initial return assistance is provided to refugees through household and community-based interventions to ensure that their return is sustainable.</p>	<ul style="list-style-type: none"> Returnees provided with cash grant and receive social, mine awareness, legal and health counseling upon return to Afghanistan Initial return assistance is provided to returning refugees, including household assistance, including to the most vulnerable households (shelter, livelihood) and to returnee communities (water, access to health and education) Afghan government counter parts capacitated to manage voluntary repatriation and initial return assistance 	<ul style="list-style-type: none"> 162,000 will be registered in voluntary repatriation centres, receive a voluntary repatriation support grant and be provided with social, legal and de-mining counseling. 	<ul style="list-style-type: none"> Up to 20,000 returning refugee families will be provided with shelter. Up to 150,000 returnees and families in return villages will have access to water. Initial limited livelihood support will be provided for up to 60,000 families.

D. Cluster monitoring plan

Progress and compliance with the project presented in the CAP will be provided in the four-monthly CAP reports. UNHCR works closely with operational and implementing partners to support voluntary repatriation and provide initial assistance to returning refugees. Information on implementation in general, outputs and indicators in particular will be collected and analysed, especially in relation to provision of legal services, provision of shelter, number of water points and families in the catchment area and livelihood support. Achievements compared to objectives set will be evaluated by independent monitoring partners to ensure proper implementation, effectiveness and impact of activities. The project will be reviewed during the MYR process. New projects can be added at the time.

4.5.9 Nutrition

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	AADA, ACF, ACTD, AHDS, Action Aid, Basics, BDN, BRAC, CAF, CHA, CORAID, ECHO, FAO, FEWS NET, HNI, IbnSina, IMC, MEDAIR, MERLIN, MI, MoPH, Move, Oxfam Novib, SAF, SAVE THE CHILDREN, SCA, SHRDO, TdH, Tearfund, UNICEF, USAID, UNDP, WFP, WHO
Number of projects	12
Cluster objectives	To alleviate the impact of disasters and shocks affecting the nutritional status of children and pregnant/lactating women in Afghanistan including IDPs); <ul style="list-style-type: none"> acutely malnourished children and pregnant and lactating women receive proper and timely treatment. strengthening capacity of nutrition partners to deliver quality and sustainable nutrition services. continuous monitoring of the nutritional situation of the country for decision-makers and stakeholders to take timely and appropriate action.
Number of beneficiaries	167,641 (47,668 SAM and 119,973 MAM) <five and 90,781 pregnant/lactating women Female: 82,144 girls < five years + 90,81 pregnant/lactating women Male: 85,497 boys <five years
Funds required	\$50,060,806
Funds required per priority level	High: \$49,658,571 Medium: \$402,235
Contact information	bhassan@unicef.org ishinwari@micronutrient.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries (acutely malnourished <five +PLW)				
	female	male	total	boys	girls	Total <five acutely malnourished	PLW	total
Drought-affected - population	1,288,700	1,341,300	2,630,000	52,954	50,878	103,832 (SAM)	44,184	148,016
Conflicted*-affected - general populations	1,469,118	1,529,082	2,998,200	27,436	26,083	53,519 (SAM)	37,777	91,296
Flood-affected	98,000	102,000	200,000	2,999	2,881	5,880 (SAM)	5,040	10,920
IDPs	73,500	76,500	150,000	2,249	2,161	4,410 (SAM)	3,780	8,190
Totals	2,929,318	3,048,882	5,978,200	85,638	82,003	167,641 (47,668 SAM)	90,781	258,422

*Conflict-affected population - Only 50% of <five and PLW used for the beneficiary calculations.

Focus

The nutrition cluster strategy is centred on the prevention of malnutrition amongst vulnerable groups and offering therapeutic care for individuals suffering from acute malnutrition. Children and pregnant and lactating women are the primary target group, as they are considered the first to show signs of malnutrition in a crisis and the other groups e.g. the elderly, older children etc are considered if and when the situation indicates they require nutrition support. In 2012, the primary objective of the Nutrition

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

A. Cluster needs analysis

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

There is no one single quarter of the year that does not have cases of water shortages due to inadequate availability as well as contaminated of water sources. Water constraints play a big role in the increase of AWD which is reported in many parts of the country, especially in the drought/ dryness prone provinces. Additionally the impact of the increase in conflict across the country is also a contributing factor in the deterioration of the nutrition status of children U5 years of age and pregnant/lactating women in particular. Overall as the food security, health, stability and socio-economic situation deteriorates, it is assumed that malnutrition levels in the most-affected provinces increase.

Based on the most recent nutrition surveys conducted by *Action Contre la Faim* (Action Against Hunger/ ACF) and Oxfam Novib in the country, indicate that the nutrition situation shows a varied picture with relatively stable conditions in the non-drought and non-conflict-affected areas, while the less conflict-affected provinces in the Eastern Region recorded global acute malnutrition (GAM) rates ranging between 8.5% – 5.3% and SAM rates between 1.5 – 0.5 %; Some provinces in the Central Region had a range of 4.9% GAM rates and 0.9% SAM rates. Higher levels of acute malnutrition were reported in the drought and conflict-affected provinces in the Northern and Northeast and Central regions, where (GAM ranging from 10.4% to 17% GAM rates were recorded and SAM ranging from 2% to 5.6% SAM rates. The only conflict-affected province surveyed was Paktia where the results are above the WHO threshold. The community-based sentinel site data also indicated higher rates of acute malnutrition ranging from 13% to 40% and high AWD in the selected districts located in the drought-affected provinces. Increase in numbers of cases admitted for both outpatient therapeutic program (OTP) and SFP was noticed across the provinces although the highest were recorded in the drought and conflict-affected provinces of Faryab, Saripul, Kunuz, Balkh, Badakhshan and Paktia. Cumulatively, from January to September, the OTP admitted more than 31,385 U5 children, which is almost twice the total number of severely acutely malnourished children admitted in the whole of 2010 (16,950). A dramatic increase of coverage in the number of districts and sites implementing both OTP and SFP took place in 2011. In addition, the number of districts implementing CMAM increased from 62 in 2010 to 119 in 2011 and the number of provinces submitting SFP reports increased from three in 2010 to eight in 2011. A total of 423 sites are presently servicing outpatient therapeutic programs. This was partially attributed to Oxfam Novib's initiation of the CMAM in the northern region provinces of Balkh, Saripul, Faryab and expansion of CMAM coverage in Paktia.

The cluster remains very concern over the possible nutritional situation in the Southern region due to lack of information as well as the intensity of conflict and related impacts. In view of this, the cluster will implement response activities similar to those planned for drought-affected provinces in areas in the south, and south-east and in IDP situations.

No preferential feeding practices have been noted in Afghanistan. While girls and women eat after men and boys, there is no evidence to indicate this has a negative impact on the nutrition status of women and girls. On the contrary, some surveys indicate boys may suffer higher levels of malnutrition compared to girls; anecdotal discussions attribute this to physiological differences between Afghan girls' and boys' in relation to freedom of and restricted movements with boys being exposed more to diseases as they have more freedom to move and play outside the home.

In terms of exclusive breastfeeding, it is generally understood that it is mothers of the new mother, mothers-in-law and fathers that have the decision-making role on whether a new mother will breast-feed, when she will start and how long she will continue. In the 2012 CAP, the cluster emphasized the need for inclusion of all dynamics that needs to be taken into account in all CAP projects to address breastfeeding among new mothers. Additionally, nutrition cluster partners will give special

consideration to family and community members and/or groups that play a role in caring practices of children and mothers during community sensitization, mobilization and trainings to increase their awareness on child health and nutrition issues.

Priority needs

The cluster will focus on evidence-based measures to identify, treat and prevent malnutrition, which will include:

- Expansion of the Nutrition Surveillance System that uses a combination of existing routine mechanisms and the newly established community-based sentinel sites which is more cost effective and conducts monitoring and reporting through the national health workers including CHWs whose purpose is to assess changes in the nutrition situation and give alerts to enable timely responses if the situation deteriorates. This is to be done by building the capacity of BPHS implementers.
- Nutrition surveillance systems that will assess changes in the nutrition situation and give alerts to enable timely responses if the situation deteriorates. This is to be done by building the capacity of BPHS implementers.
- Enhancing preventive measures such as IYCF strategy through integration in on-going nutrition programmes like CMAM including WFP support for children and pregnant / lactating women in the treatment of MAM; scaling up preventive measures at the community level and tackling micronutrient deficiencies.
- Treating cases of malnutrition, while making efforts to address its underlying causes; through the implementation of integrated activities and close collaboration with health, WASH, and food/livelihood security clusters.
- Capacity-building of partners on delivery of nutrition emergency preparedness and response during emergencies. A ToT on Nutrition in Emergencies will be conducted and the trainees will have the primary responsibility to train more national BPHS implementers to improve service delivery during emergencies of integrated CMAM that takes prevention into account and nutrition surveillance that monitors the nutrition situation.

Risk analysis

Being a country with an on-going protracted conflict, Afghanistan has very limited response capacity, and coping strategy due to recurrent shocks exacerbating food insecurity problems and that of other shocks. Using the most recent surveys conducted in drought and conflict-affected provinces as an example that rate of acute malnutrition is almost doubled when compared to the 2004 NNS like Saripul and Paktia, several possible malnutrition aggravating factors were identified; additionally, malnutrition rates were above the WHO threshold for example the Paktia nutrition survey report indicates a 17% GAM and 5.6% SAM which is above the WHO indicative GAM threshold of 15%. The increasing numbers of children admitted to therapeutic feeding programs also indicate rising trends, meanwhile, predictions that the 2011 drought impacts may worsen during the winter and predicted less rains in 2012 are negative indicators for the cluster.

Inter-relations of needs with other sectors

The nutrition cluster is working very closely with FASC cluster and follows up very closely recommendations made by FSAC in relation to areas identified as severely food-insecure. The cluster is working on strengthening linkages with FSA on the possibility of including some food security indicators in the nutrition cluster surveillance systems to facilitate a holistic understanding of some of the causes of the rising acute malnutrition. The cluster also works jointly with WASH and Health clusters on increasing the community's ability to reduce health risks. In 2011, Health and Nutrition clusters jointly conducted a DRR workshop to improve partners' understanding on how to build resilience on emergencies, save lives and improve livelihoods.

C. Objectives, outcomes, outputs, and indicators

The strategic goal of the cluster is to alleviate the impact of disasters and shocks affecting the nutrition status of children, pregnant and lactating women in Afghanistan including IDPs.

2012 Strategic Priorities	Cluster Objectives	Outcomes with corresponding targets	Indicators with corresponding targets and baseline
Overall Objective: To alleviate the impact of disasters and shocks affecting the nutritional status of children and pregnant/lactating women in Afghanistan, including the IDPs.			
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)</p>	<p>1. Acutely malnourished children and pregnant and lactating women receive proper and timely treatment</p>	<ul style="list-style-type: none"> • Identification of acutely malnourished children and acutely malnourished pregnant/lactating mothers on timely manner. • Quality CMAM services that follow Afghanistan CMAM guidelines implemented • All sites of CMAM programme meets Sphere standard programme performance 	<ul style="list-style-type: none"> • Number of children and number of pregnant lactating women admitted to receive proper treatment. • Percentage of sites following the guidelines. • Percentage of sites that are in line with Sphere standard
<p>S.O. 2: Protection and return assistance to IDP and refugee returnees</p>	<p>2. Strengthening capacity of nutrition partners to deliver quality and sustainable nutrition services</p>	<ul style="list-style-type: none"> • CMAM implementers are trained on how to identify, diagnose and treat acutely malnourished children and pregnant/lactating women. • Health workers in CMAM sites receive training on proper IYCF during emergencies. 	<ul style="list-style-type: none"> • Number of trainings held on CMAM. • Number of type of participants trained • Number of participants trained on proper IYCF during emergencies. • Number of participants trained on proper IYCF during emergencies
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<p>3. Continuous monitoring of the nutrition situation of the country for decision makers and stakeholders to take timely and appropriate action.</p>	<ul style="list-style-type: none"> • Nutrition surveillance systems expanded and functional. • Nutrition surveys conducted when need arises. • Nutrition indicators incorporated in the DEWS. • Nutrition Cluster Fact sheets produced on monthly bases. • At least 12 Nutrition cluster coordination meetings held 	<ul style="list-style-type: none"> • Number of new sentinel sites added • Number of surveys conducted • Number of DEWS sites submitting reports • Number of fact sheets produced. • Number of meetings held

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

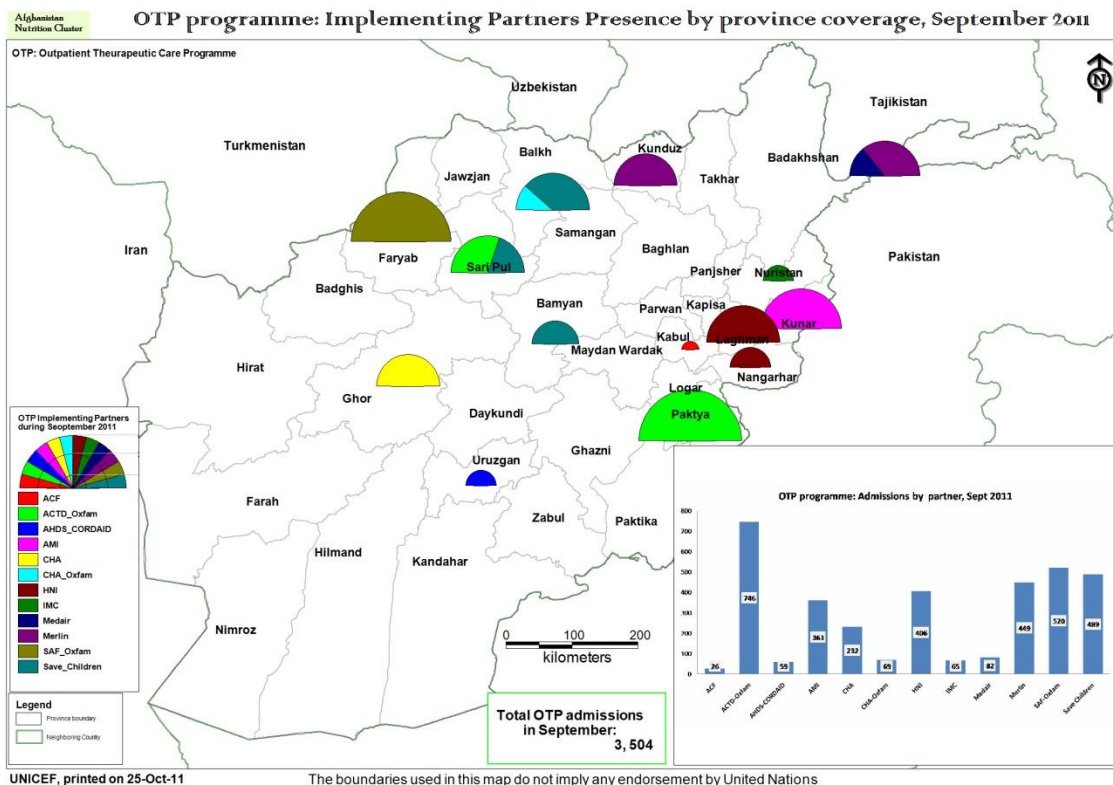
D. Cluster monitoring plan

The Nutrition cluster will use the following strategy to monitor programmes and the nutrition situation of the communities at large:

1. 3Ws with emphasis on the emergency nutrition responses implemented in provinces and districts. These will be updated on quarterly basis.
2. Admission and performance indicators of CMAM programmes will be monitored on monthly basis and the analysed data will be shared with cluster members, presented on the monthly Nutrition Cluster meetings, Facts sheets and reports as required.
3. The newly established Nutrition surveillance mechanisms in the vulnerable districts will be maintained and expanded to include flood and conflict-affected areas and under-served.
4. The newly developed rapid nutrition assessment tool will be finalized and used to conduct assessments in situations where comprehensive nutrition surveys is not possible.
5. Capacity-building of BPHS implementers on nutrition assessment both surveillance and surveys to scale up monitoring system.
6. Planned KAP assessments by several of the BPHS implementers if conducted will inform the cluster on areas of interventions that need strengthening.
7. Continued monitoring of gender issues to ensure the rights of boys; girls and women are respected and emphasis will also be placed on cultural practices that affect the nutrition status of women and children.

E. Map of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Countrywide	AADA, ACF, ACTD, AHDS, AfghanAid, Basics, BDN, BRAC, CAF, CHA,CIDA, CORDAID, ECHO, FAO, FEWS NET, HNI, IbnaSina, IMC, Kinderberg. MEDAIR, MERLIN, MI, MoPH, MOVE, OCHA, OXFAM NOVIB, SAF, SAVE THE CHILDREN, SCA, SHRDO, SHDP, TdH, TearFund, UNICEF, USAID, UNDP, WFP, WHO



4.5.10 Protection

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Co-lead	NORWEGIAN REFUGEE COUNCIL
Cluster member organizations	NRC, UNAMA/OHCHR, UNAMA CP, OCHA, UNIFEM, UNICEF, WFP, UNDP, UNFPA, WHO, SC, Tearfund, OXFAM, CIC, CARE, Amifrance, Trocaire, DACAAR, ACBAR, MACCA, ZOA, IRC, IOM, OSI, ActionAid, AIHRC, HAGAR, RI, HRW, ACTED, ADA, EMDH, SERVE, HI, ASDHA, DRC, TdH.
Number of projects	10
Cluster objectives	To enable the protection of civilian populations with humanitarian needs.
Number of beneficiaries	9,267,000 ⁴⁷
Funds required	\$16,160,651
Funds required per priority level	High: \$14,993,575 Medium: \$1,167,076
Contact information	Sumbul Rizvi - rizvi@unhcr.org Daniel Tyler - daniel.tyler@afg.nrc.no

Categories and disaggregated numbers of affected population and beneficiaries

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

A. Cluster needs analysis

Identification of priority needs, populations and locations based on key indicators

As a result of the conflict, according to UNHCR and DORR, an estimated 450,000 individuals -were displaced as of September 2011. These figures do not include IDPs scattered in urban and semi-urban areas as well as locations where UNHCR or DoRRs do not have access. Notably, 2011 saw a sharp increase of new conflict-induced displacements. The total number of newly-displaced people in the first nine months of 2011 (161,000 people) has surpassed that of 2010 (102,658 people), which constitutes a 65% increase as compared to the same period in 2010. In addition natural disaster

⁴⁷ This does not include categories with un-established planning estimates, i.e. conflict-affected – no humanitarian access, IDP returnees – natural disaster-affected, acutely vulnerable populations targeted by the MDGs

induced displacements continue to result in flight of people to safety. An estimated 70,000 people are displaced as of September 2011 due to natural disasters (UNHCR and IOM sources).

Profiling and monitoring of IDPs now represents one of the greatest challenges for the humanitarian community in Afghanistan. Speedy information on new displacements in places of conflict, verification of data including disaggregation of data is often impossible owing to the fluidity of IDP movements and pervasive insecurity in areas where displacement is occurring. Owing to this growing insecurity, IDPs suffer from a lack of access to basic protection and poor availability of assistance due to lack of access by humanitarian agencies. Access to land, livelihoods, education and health care also remain of considerable concern. Since mid-2010, the escalation of the conflict in all parts of the country is leading to prolonged stay in displacement, increased likelihood of secondary displacement, including in urban areas, and is hampering prospects of durable solution to their displacement.

The civilian cost of the conflict continues to rise with 1,462 civilian deaths reported in the first six months of 2011, an increase of 15% over the same period in 2010, according to UNAMA HR. This is attributed to increased and widespread use of IEDs, more complex suicide attacks, increased targeted killings, more ground fighting, and a rise in civilian deaths from air-strikes.⁴⁸ 80% of all civilian deaths in the first half of 2011 were attributed to AGEs - 28% higher than in mid-2010; 14% were attributed to Pro-Government Forces (PGF) including both international military forces and the Afghan National Security Forces (ANSF), which was 9% lower than in mid-2010, and 6% of civilian deaths were un-attributed.⁴⁹ May 2011 was the deadliest month for civilians ever recorded and the trend continued through June and July when, for the first time in three consecutive months, 1,000 civilian deaths were recorded.⁵⁰ Conflict-related violence is increasingly harming civilian communities with the escalation of deaths and injuries throughout Afghanistan.⁵¹

The conflict continues to have a devastating impact on chronically vulnerable groups of the population, particularly women and children. The spill over impact of the conflict on civilian populations remains of great concern⁵². The armed conflict has further compounded widespread GBV and discrimination against Afghan women, girls and boys, both in and outside the home. The breakdown of the rule of law resulted in impunity for perpetrators of violence against women and children. Increased insecurity and restrictions reinforced by AGEs on women's movements and employment (in areas under their control) significantly restrict their access to health and legal services; it also makes it increasingly difficult to consult with women and girls on their distinct humanitarian and protection needs and to provide equitable opportunities for women and girls to participate in assistance activities. Widows and female heads of households struggle to meet their basic needs and girls attending school continue to face threats from AGEs. Both lack of knowledge of national legislation as well as the weak legal justice system and absence of any referral mechanisms to health, legal and psycho-social assistance for gender based violence survivors create an environment where female abuse is reinforced in customary law without any consequences to the perpetrators. IDP and returnee women constitute the most vulnerable groups due to disparities in rights, limited access to resource, restricted autonomy and inadequate access to health, education and the justice system. Sexual violence against children is vastly under-reported and concealed in Afghan society, though reports indicate that sexual violence against both boys and girls is pervasive. The overall level of violence against women in Afghanistan is more than 87%. The level of physical violence varies, from 30.7% (UNWomen) to 52.4% (GRR); psychological violence from 30.1% (UNWomen) to 73.9%

⁴⁸ Recording of civilian deaths and injuries is undertaken by the Human Rights Unit of the UN Mission in Afghanistan (UNAMA HR). See UNAMA Mid-Year Report on Protection of Civilians. reliefweb.int/sites/reliefweb.int/files/resources/Full_report_118.pdf

⁴⁹ Not included in these numbers are a substantial number of civilian deaths and injuries caused by ANP during crowd control.

⁵⁰ 356 civilians killed in May, 360 in June and 316 in July as reported by UNAMA HR.

⁵¹ UNAMA documented 2,144 injuries in the first half of 2011 for a total of 3,606 civilian casualties (1,462 deaths and 2,144 injuries), a 10% increase compared to the first six months of 2010.

⁵² Please see Protection Cluster Protection Overviews on the Southern Region- February 2011 and the North and North Eastern Regions (May 2011) all available on the OCHA website – Protection cluster page.

(GRR); sexual violence from 17.2% (GRR) to 25.2% (UNWomen); and multiple forms of violence from 14% (UNWomen) to 62% (GRR).⁵³

CPIE needs continue to be substantial in Afghanistan for IDPs, returnees and other vulnerable population of concerns. From January to June 2011, a total of 1175 children were killed and injured due to conflict related violence (specifically 369 were killed and 806 injured).⁵⁴ Of that number a total of 215 child casualties of the conflict were attributed to PGF, representing 18% of the total.⁵⁵ There is a deep concern that during the reporting period a total of at least 119 children were victims of air strikes by PGF.⁵⁶ Evidence has shown that armed groups are recruiting children into their ranks. Of particular concern is underage recruitments by armed groups (Anti-Government Element (AGE) and militia) and armed forces (including Afghanistan Local Police (ALP)), detention of children allegedly associated with armed groups, sexual violence committed by parties to the conflict, and torture, killing and maiming of children.⁵⁷ Of concern is also the high number of reported incidents related to access to education: the UN Monitoring and Reporting Mechanism Country Task Force on Children and Armed on Children in Armed Conflict verified a total of 40 incidents with the highest concentration in Central and North Regions.

A further protection concern remains the continued impact, on Afghan communities and society, of landmines and UXO. As of September 2011, there were 6,216 hazards remaining, affecting 602 sq. km and 1,980 communities throughout the country.⁵⁸ In the third quarter of 2011, 67 Afghans were injured or killed by landmines and other ERW, representing a significant decrease compared to the high point of a monthly average of 176 casualties in 2001.⁵⁹ Of the total mine / ERW victims, 81% were children. It should also be noted that 85% of the overall casualties were caused by ERW/UXO.⁶⁰ In the third quarter of 2011 implementers cleared 70 communities; clearing or canceling 324 minefields and 76 battle areas and destroying 7,793 anti-personnel (AP) mines, 265 anti-tank mines, 45 abandoned IEDs and 182,663 ERWs.⁶¹ The use of IEDs is a particular concern to MACCA as pressure plate-activated IEDs are technically considered to be AP mines under the definitions of the Ottawa convention to ban the use of AP landmines. Currently, MACCA implementers only clear IEDs in areas that have been cleared of insurgents. Continued insecurity impacts clearance and hence directly impacts the protection of civilians, including the ability of IDPs to return quickly and in safety. The mine action programme for Afghanistan is sufficiently funded to respond to protection emergencies in 2012.

Risk analysis

2011 has seen the conflict spread across the country and affect previous peaceful areas in the East, North and Central Regions, putting increasing numbers of Afghan women, girls, boys and men at risk of potential death, injury, mutilation, persecution, arbitrary arrest, displacement, landmine contamination, loss and destruction of property, loss of livelihood and lack of freedom of movement and access to health centres and schools.

Of great concern is the growing presence of armed opposition groups (AOGs) since 2010, which not only gives rise to increasing number of related protection concerns for civilian populations, but also severely hampers access by the humanitarian community to respond to those in need. The planting of IEDs by AGEs remains prevalent in Afghanistan, a predominantly rural country where the great

⁵³ See Global Rights Report, http://www.globalrights.org/site/DocServer/final_DVR_JUNE_16.pdf?docID=9803, 2008

⁵⁴ Monitoring and Reporting Mechanism UN-led Country Task Force Database, data as of 14 August 2011

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Data taken from IMSMA (national mine action database administered by MACCA) as of end of September 2011

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Ibid.

majority of the population live three to four hours away from healthcare facilities⁶² and, together with road checkpoints, present a critical hurdle for any civilians to access BHCs in a timely manner in emergencies.

The increased presence and coverage of militia (Arbakai) and ALP in Badghis, Herat, Baghlan, Daykundi, Farah, Faryab, Helmand and Kandahar has flagged a number of protection concerns owing to the fact that they have often been poorly vetted, ill-trained and unsupervised. Reportedly, ALP units have allegedly committed abuses at the village level, including murder, theft, harassment, extortion, illegal taxation, bribery and intimidation of local communities. The scale of these is reportedly far wider than current reports indicates, as many local communities are wary of reporting public complaints against the ALP due to inherent risks attached to this.

Challenges faced by protection actors are a mixture of impeded humanitarian access, lack of available data and reporting (especially on GBV) and insufficient funding. Burning issues like multi-sectoral coordinated response to GBV, integration of comprehensive referral mechanism for GBV victims and data collection that is in line with ethical and confidentiality principles require urgent attention of donors and humanitarian actors. Sensitivity and cultural resistance in addressing GBV make the work of GBV Sub-Cluster very challenging and requires high level commitment from all actors and stakeholders.

Deficiency in technical capacity is often an important challenge in delivering CPiE responses by Child Protection (CP) agencies and the government of Afghanistan. The current lack of capacity of the Afghanistan CPiE Sub-cluster makes improving the quality of preparedness and response by child protection agencies even more challenging.

Limitation of movement and activities due to security issues led to delays in undertaking planned activities including identification of IDPs and protection concerns of affected populations. In 2011, the spread of insecurity has affected humanitarian access hindering active participation of local NGOs that in the past enjoyed greater access and could have better knowledge of local needs. The deteriorated security situation is also leading to prolonged stay in displacement including secondary displacement which alter the basic humanitarian needs and require re-assessment of the assistance policy of humanitarian actors. Moreover, overall funding for NGOs is lacking and adversely affecting their ability to respond to the protection and assistance needs of IDPs, which remain acute. Equally crucial is the lack of national, provincial, district data collection mechanism of different forms of violations including on GBV and trends analysis for further tailoring response projects.

Inter-relations of needs with other sectors

Protection actors and projects are not stand alone, and work closely with the other organizations providing material assistance to populations affected by conflict and natural disasters. As protection entails all activities aimed at ensuring individuals' have access to protection, the Protection Cluster works closely with key clusters including WASH, NFI/Shelter, Education, Nutrition, Food Security as well as key line Ministries to ensure Afghan civilians have access to basic rights. The APC provides the other Clusters, donors and the humanitarian community with protection-related data, trends and information in close conjunction with OCHA. With a view to assisting overall Inter-Cluster protection mainstreaming efforts and promoting a common understanding of context-relevant protection standards, APC is committed to organize a Mainstreaming workshop for Cluster leads shortly.

The APC and specifically the GBV Sub-Cluster provided full support in integration of the IASC Gender Marker in CAP 2012 projects, which is a tool for tracking/measuring performance on the integration of gender equity and GBV R&P. Seventeen capacity promoters trained previously on GBV issues within GBV SC framework will ensure sensitization of all other clusters on gender and GBV.

⁶² See: IRIN, Afghanistan: The worst place to be a mother Part of the problem, said the Health Ministry's Norughli, was that 85% of the population live three to four hours away from healthcare facilities and 35% either live too far from a healthcare center or do not have access to such a facility at all.
<http://www.irinnews.org/report.aspx?reportid=93202>

B. Coverage of needs by actors not in the cluster or CAP

Protection of civilians is the primary responsibility of the GoA across Ministries including Ministries of Interior and Defence. Ministry of Return and Repatriation plays a crucial role in managing issues relating to IDPs and Refugee Returnees and their Reintegration. On land issues, efforts to engage with key line Ministries and Municipalities are made and constant dialogue is kept with Government officials to try and find durable solutions to displaced and affected populations. The PC also works closely with the ISAF including advocacy on mitigating the impact of the conflict on civilian populations. This relationship is showing some dividends.

C. Objectives, outcomes, outputs, and indicators

In order to address issues of prevention and reduction of harm to Afghan civilians, APC will continue in 2012 to steer Protection of Civilian Advocacy with a view to enhance understanding of the varied impact of the conflict on civilians and advocate for the respect for IHL with critical stakeholders. The APC will continue providing recommendations to the Security Council Expert Group on Protection of Civilians (SCEG) in the context of discussions held on the renewal of the UNAMA and ISAF mandates and will also pursue its dialogue with ISAF in order to raise humanitarian perspectives related to the conduct of military operations. In addition to a series of protection updates, APC will also work on a 2012 Afghanistan protection of civilian strategy.

Specific attention will be paid to data tracking and management of internal displacement, including facilitation of durable solutions including local integration and voluntary returns. The regional operationalization of this range of activities in collaboration with the line Ministry is intended to ensure the speedy identification, protection and assistance response to IDPs. Tracking of prolonged caseloads is another challenge and will require concerted efforts from sub national PCs and IDP TFs.

CPiE preparedness and response has been undermined for several reasons including deficiency in donor support. The programmes implemented by humanitarian agencies are development in nature, despite the recognized need for CPiE preparedness and response. The establishment of CPiE Sub-cluster in 2011 laid the foundation for Child Protection agencies to collectively identify and initiate actions toward addressing CPiE needs. Capacity-building for child Protection agencies, Child Protection Assessment and Coordination has been identified as priority areas for 2012.

Establishment of the GBV SC in June 2010 laid the foundation for consolidating efforts in co-ordinating GBV responses in the country. The need to establish effective referral systems and a coordinated approach to speedily address individual cases of GBV in the field is more acute now with the steady increase of women and child casualties and the spread of conflict and insecurity. Indications of heightened violence against women and girls in transition provinces are emerging and require immediate attention. In this regard the GBV SC highlighted priority areas for 2012 such as the establishment of comprehensive referral path ways and response mechanisms for GBV survivors, national, provincial, district disaggregated data collection of different forms of GBV and trend analysis for further tailoring response projects and strengthening the capacity of GBV SC member organizations and overall service providers to address the critical forms of GBV.

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly:</p> <ul style="list-style-type: none"> • the displaced • those without access to basic assistance (including those delivered by the Government) • populations where there is no humanitarian access (with other assistance or support, including from Government) 	<p>1. Reduced civilian casualties and improved protection environment</p>	<ul style="list-style-type: none"> • Increased responsibility by the state and non-state actors including IM on PoC • Direct action to minimize civilian casualties • Safe protection environment for all civilians 	<ul style="list-style-type: none"> • Recognition amongst Humanitarian actors and donors on the spillover impact of the conflict beyond deaths and injuries through Protection Cluster Overviews, updates and briefings • Advocacy with ISAF and ANA/ ANP on specific protection issues to mitigate harm to civilians 	<ul style="list-style-type: none"> • PoC strategy by the Protection Cluster developed and implemented • Number of trainings provided • Number of ISAF meetings attended and presentations made on civcas issues • Number of reports provided on violations • Feedback to the SCEG on POC as required • Monthly Feedback to the HCT on Protection of Civilians
	<p>2. Enhanced IDP protection through host communities, Government, other clusters, AGEs and Protection Cluster members</p> <ul style="list-style-type: none"> • IDP population is profiled • Population tracking mechanism is established • Access is improved through better information, assessment and delivery networks 	<ul style="list-style-type: none"> • Increased access to humanitarian aid and protection • Increased awareness amongst stakeholders on IDP protection • Improved preparedness and response capacity for humanitarian aid • IDPs' protection and assistance needs are better known and addressed • Enable speedy identification of IDPs • Enable speedy response mechanisms 	<ul style="list-style-type: none"> • UXO, mines and ERWs are cleared in places of displacement • Referral system for assistance are in place • Increased capacity the GoA officials for monitoring, tracking, reporting and addressing the needs of affected populations, • Specific attention and programmes are in place for vulnerable individuals (UAM, GBV cases, elderly, single-headed households, etc.) • Coordination mechanisms are more inclusive with local NGOs 	<ul style="list-style-type: none"> • Number of capacity-building exercises conducted for GoA officials and other stakeholders on IDP issue • Number of IDP coordination mechanisms active sub nationally • Percentage of successful mine clearance operations in IDP areas • Percentage of progress by MA implementing partners toward achieving 1390/ 1391 Integrated Operational Framework • Number of regional Mine Clearance Emergency Response Units (ERUs) and areas covered.

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
			<ul style="list-style-type: none"> • Role of Government in protection of civilians' enunciated and humanitarian action undertaken to support that for IDP protection and response. 	<ul style="list-style-type: none"> • National coverage of the Population Movement Tracking Mechanism • Updated IDP profile/ snapshot available at early 2012. • IDP protection tools prepared/ harmonized and widely disseminated
	<p>3. Enhance CPiE preparedness and Response to Support populations with critical humanitarian needs</p>	<ul style="list-style-type: none"> • CP organizations have increased capacity on CPiE and have mainstreamed CPiE component into their regular programming • CPiE rapid assessment carried out in targeted vulnerable locations in five provinces • CPiE coordination and linkages established at national and sub-nationally. • Strengthened or initiated referral systems 	<ul style="list-style-type: none"> • Increase technical contribution and active participation of CP agencies in CPiE activities and coordination • Disaggregated data on child protection in Emergencies • Effective functioning of CP network/coordination at national and sub-national level and referral systems • Increased number of children affected by conflict or natural disasters to be identified, assessed, referred to and provided assistance 	<ul style="list-style-type: none"> • Number of CP agencies have increased capacity on CPiE • Number of agencies have mainstreamed CPiE activity into their regular programme • Number of locations per region have completed CP assessment • Number of regions have sub-cluster functional • Number of children received coordinated service through referral system
	<p>4. Enhance prevention of Gender based violence and Response to GBV survivors as part of Afghan civilians' protection and assistance humanitarian responses</p>	<ul style="list-style-type: none"> • Development of referral model to address GBV role and integration of coordinated response to GBV in piloted provinces. • GBV SC organizations have increased capacity on GBV Coordination and linkages established at national and regional level with actors working on GBV prevention and response. 	<ul style="list-style-type: none"> • Referral Model for Afghanistan identified and established in selected by GBV SC locations • Increased capacity of GBV prevention and response actors • Strong linkages established with GBV networks and APC in regions; • Functioning GBV IMS in identified by GBV SC piloting locations 	<ul style="list-style-type: none"> • Number of GBV assessment and report conducted • Number of regions with referral systems in place

4. THE 2012 COMMON HUMANITARIAN ACTION PLAN

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
			<ul style="list-style-type: none"> Partnership and Coordination among GBV SC strengthened and coordinated in efficient manner 	
		<ul style="list-style-type: none"> GBV data collection mechanism strengthened in line with confidentiality and ethical principles. Strengthened response to GBV within other clusters and sub-clusters. Strengthen Partnership and Coordination among members of GBV SC support and contribute to implementation of Afghanistan Protection Cluster 		
<p>S.O. 2: Protection and initial return assistance to IDP and refugee returnees.</p>	<p>1. Protection needs of IDP returnees are monitored, referred and addressed. Return is voluntary, safe and in dignity. Exploration of other possible durable solutions for IDPs undertaken in specific situations where voluntary return is not possible and stay in displacement is unfeasible.</p>	<ul style="list-style-type: none"> Durable solutions are advocated for with the relevant authorities Increased awareness amongst stakeholders on IDP protection Improved preparedness and response capacity for humanitarian aid 	<ul style="list-style-type: none"> UXO, mines and ERWs are cleared in places of origin to facilitate speedy and voluntary return Referral system for assistance are in place Increased capacity the three GoA officials for monitoring, tracking, reporting and addressing the needs of affected populations, Specific attention and programmes are in place for vulnerable individuals (UAM, GBV cases, elderly, Single-headed households, etc.) 	<ul style="list-style-type: none"> Number of IDPs who managed to achieve durable solution Number of capacity-building exercises conducted for GoA officials on return issue Percentage of successful mine clearance operations in return areas after referral from national/regional Protection Cluster Percentage of progress by MA implementing partners toward achieving 1390/ 1391 Integrated Operational Framework Number of regional Mine Clearance Emergency Response Units (ERU) and areas covered.

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
				<ul style="list-style-type: none"> • National coverage of the Population Movement Tracking Mechanism enabled for tracking returns. • Updated IDP profile/ snapshot available at early 2012 including on returns
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4.</p>	<ol style="list-style-type: none"> 1. Coordination of effective protection response to population affected and displaced by natural disasters 2. Strengthened capacity of the GoA to report, monitor and address the protection needs of affected populations 3. Foster Early Recovery mainstreaming in the humanitarian response 	<ul style="list-style-type: none"> • Protection needs of populations affected by natural disaster induced displacement are all identified and reported. • Population movement of people uprooted by natural disaster is tracked and reported in a timely manner • Improved preparedness and response capacity for protection issues of those affected • Foster Early Recovery mainstreaming in the humanitarian response 	<ul style="list-style-type: none"> • Increased capacity of the GoA officials for monitoring, tracking, reporting and addressing the needs of affected populations, • Strengthened natural disaster IDP database and relevant collecting/ reporting tool in the regions and at national level 	<ul style="list-style-type: none"> • Number of training and capacity-building activities for the GoA officials on monitoring, tracking, reporting and addressing the needs • Regularly updated database and provision of monthly reports • 3. Well coordination natural disaster related information and response with the ANDMA, other government actors and other clusters
<p>S.O. 4: Advocate for protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas.</p>	<ol style="list-style-type: none"> 1. Relevant government authorities are informed about the humanitarian and protection needs of the informal urban settlers 2. Advocacy for long term and durable solutions for urban settlers 3. Support is provided to families evicted from the informal settlements 	<ul style="list-style-type: none"> • Relevant authorities support humanitarian aid to families in informal settlements • Relevant authorities agree on identifying potential durable solutions for families in informal settlements • Evicted families are provided with relocation alternatives or support to voluntary return to places of origin 	<ul style="list-style-type: none"> • Eviction guidelines are endorsed and implemented • Informal Settlement overview undertaken and protection analysis available 	<ul style="list-style-type: none"> • Existence of and implementation of an approved eviction guidelines. • Informal settlement overview report

D. Cluster monitoring plan

Tracking and compiling of outputs and outcomes, as well as their progress will be done through the four monthly CAP reports. Information and indicators will be collected from the regional Protection Clusters, project implementation reports, protection monitoring reports, and several protection assessments. If and when new urgent protection gaps are assessed and require amending existing CAP projects to meet and address the needs, APC Coordinator along with APC Task Force and Sub-Cluster (APC TF/SC) coordinators will work together with the organization to review, amend and re-validate the project. In addition, the 2012 CAP MYR will provide an opportunity for APC coordinator and APC TF/SC coordinators to review the existing projects and approve new ones on the basis of the regional needs assessment.

E. Proposed coverage per site

The Protection Cluster is rolled out in the whole country and covers all regions. Protection activities are coordinated throughout Afghanistan. Regional Protection Cluster focal point maintains close contact with all protection agencies and coordinates the identification and response to protection issues. IDP Task Forces are also rolled throughout the country and report all new conflict-induced / natural-disaster-induced displacements and coordinate the humanitarian response to uprooted populations. A GBV regional sub-cluster is established in the Eastern region and CPiE sub-cluster function in the Western and Eastern regions.

4.5.11 Water, Sanitation and Hygiene

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	DACAAR, Oxfam-GB, UNICEF, ACF, <i>Solidarités</i> , Caritas Germany, SCA, JEN, Medair, ZOA, Tearfund, Helvetas, OCHA, WFP, UNDP, ME, NCA, NRC, IRC, ACTED, SC, UMCOR, AREA, BERO, CoAR, CRS, PIN, RI, Drop, ADRA, AKF, MRRD, WSPA, ActionAid, CAF, IOM, AKFA, RCDC, AKDN, MoPH, Oxfam Novib
Number of projects	22
Cluster objectives	Preparedness and effective response to emergency WASH needs of 1,529,693 women, men, boys and girls in armed conflict, IDPs and returnees, population with no basic and humanitarian access, and those affected by annual /seasonal disasters. Advocate for appropriate and sustainable WASH interventions based on lessons for acutely vulnerable population MDGs 2/7 targets
Number of beneficiaries	Total: 1,536,318 (IDPs, Returnees, drought, flood, conflict related and population with no basic assistance.) including Children(boys and girls): 916,304; Women: 304,101; Men: 315,913
Funds required	\$26,187,287
Funds required per priority level	High: \$20,177,065 Medium: \$5,801,342 Low: \$208,880
Contact information	Samay Saquib - ssaquib@unicef.org ; lgarg@oxfam.org.uk

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need	Targeted beneficiaries		
		female	male	total
Conflict-induced – IDPs	600,000			
Cross-border displacement	15,000			
Conflict-affected – no access to basic assistance	5,400,000			
Conflict-affected – no humanitarian access	Number not available	167,991	174,848	342,839
IDP returnees – conflict-affected	20,000			
IDP returnees – natural disaster-affected	Number not available			
Assisted refugee returnees	162,000			
Natural disaster-affected – IDPs	70,000	34,300	35,700	70,000
Natural disaster-affected – general population	3,000,000	550,505	572,974	1,123,479
Acutely vulnerable populations MDG-targeted	Number not available			
Totals	9,267,000 (note this does not include categories with un-established planning estimates)	752,796	783,522	1,536,318

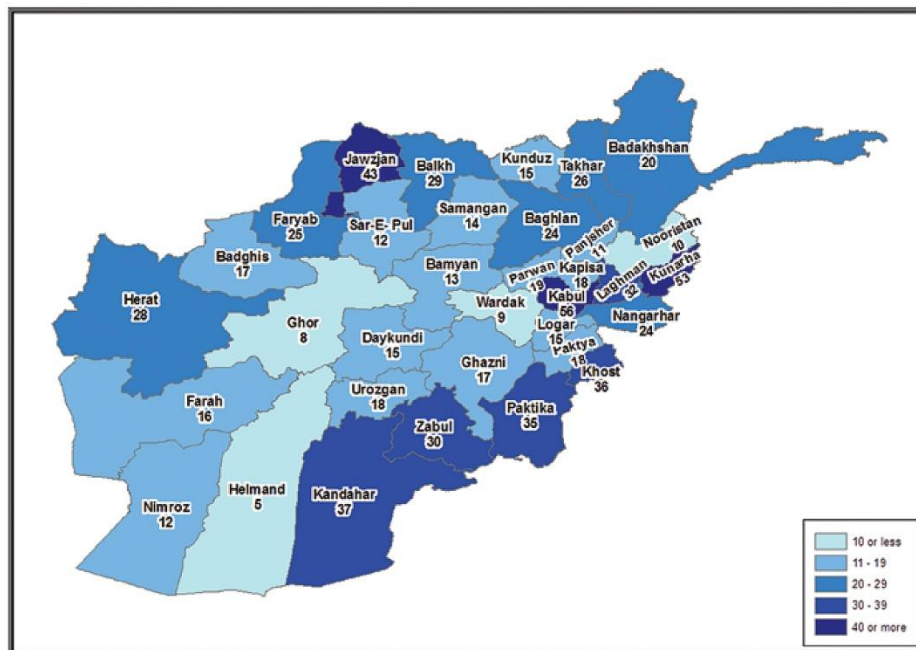
A. Cluster needs analysis

Identification of priority needs, populations and locations based on key indicators

In 2011, nearly one million people were faced with serious shortages of safe drinking water, unsafe excreta disposal and poor hygiene that resulted to increase in disease outbreaks, water inaccessibility and risk for displacement. The combination of untimely snow and inadequate rainfall resulted to the lowering of the ground water table and inadequate availability of surface water; as a result the few functional water points were over utilized, increasing broke down and required urgent rehabilitation

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works. Surveys in Western region indicated up to 49% of water sources were damaged or contaminated, while 24% dried up (IRC July 2011). The EFSA⁶³, indicated an estimated 60% decline in the ground water table in the 14 drought-affected provinces. NRVA 2008 indicates a national water coverage of 27.2% and 5.1% sanitation coverage. It is worth noting that other sources like JMP (WHO/UNICEF joint Monitoring Programme) and Micro-Indicator Cluster Survey (MICS) (in the pipeline), however reflect better coverage of both categories. The map below shows the percentage of total population with access to safe drinking water, by province:⁶⁴



The JMP-2008 indicates water coverage is at 48% (78% urban and 39% rural), which means 52% of the total population use unimproved water sources. Additionally, it further indicates that 37% improved sanitation coverage (60% urban and 30% rural), while, 16% of the population practice open defecation and 47% use unimproved sanitation facilities. The EFSA also notes, water quality deterioration and poor sanitation conditions due to the resultant water shortages caused by the reduction of ground-water tables and the subsequent storage of surface water for longer periods, as well as the use of the same water source by large numbers of households. It further put forth recommendations for improving access to portable water and rehabilitation of water sources.

In 2011, safe drinking water was supplemented by water tankering and the rehabilitation of non-functioning schemes targeting an estimated one million people that had acute water needs. In addition, wells and other water sources were chlorinated, WASH, together with health and nutrition Clusters reached more than 3,000 people affected by AWD and suspected cholera cases. In order to have some of the long termed needs of the affected population addressed as part of efforts to reduce their exposure to further risks associated with natural disasters such as drought; in 2012 the WASH cluster will continue with advocacy efforts with development partners to implement longer-term interventions, DRR, water shade management and rehabilitation of community and strategic water sources.

In 2012, the cluster will also undertake preparedness and response measures based on needs all over the country, priority will however be given to 18 provinces prone to drought and dryness that include, Uruzgan, Nuristan, Khost Badghis, Faryab, Jawzjan, Saripul, Balkh, Samangan, Baghlan, Kunduz, Takhar, Laghman, Nimroze, Paktika, Bamyan, Daikundi and Ghor.); these provinces were also identified by the regional WASH clusters as those with acute needs for WASH interventions.

⁶³ The Afghanistan EFSA 1 and 2 was conducted in mid-2011 by the FSA Cluster and confirmed that 2.86 million people had been severely affected by the 2011 drought.

⁶⁴ NRVA – 2007-2008.

Meeting women's and girls' needs for privacy and dignity constitute part of the Cluster partners' response plans; activities will focus on women, girls, boys and men roles and responsibilities surrounding water collection, storage, treatment and use, as well as sanitation and hygiene activities in line with the SPHERE standards. Cluster will also focus on building women's staff capacity for humanitarian assessments and response management in WASH.

Risk analysis

Summer scarcity of water is a common event in the drought prone areas. Winter supply is mainly represented by surface water (i.e. irrigation canals and streams) springs, or shallow wells, improved or unimproved. Many of the traditional winter sources tend to dry during the summer, for prolonged periods that last until the onset of winter rains and snowfall. Traditional coping strategies normally include shifting from surface water to groundwater, and purchase of trucked water provided by water vendors. Salinity of ground water is a common problem in the north, north-western and other central provinces. Drought and reduction of water level in wells exacerbates the salinity problem. Priority issues of concern related to access to water for human consumption are the decreasing water table, inadequate to no availability of surface water and the frequent break downs of water-points (non-functionality reaches up to 70% according to observations and local government reports). Linked to this, responses require increased repairs, operations and maintenance capacity across the country. This must be accompanied by increased water quality monitoring and testing to ensure the water points are viable for rehabilitation. Conflict and natural disasters such as floods, land and rock slides, wind and sand storms, drought, pandemics, earthquakes, and avalanches, will most likely continue in the coming years and their humanitarian consequences will continue to impact on WASH programming

Inter-relations of needs with other sectors

MoPH reports and NRVA (2007), indicate diarrhoea as the cause of 30% of childhood illnesses and a major killer of children U5. Addressing this concern will require joint interventions by WASH, Health and Nutrition clusters in close collaboration with line Ministries. Water quality monitoring and testing is another area that requires collaboration between health and WASH Clusters particularly in the diseases out break areas. The cluster WASH will in close collaboration with ES & NFIs and Protection clusters address WASH related needs of IDPs and returnees by providing safe drinking water and emergency latrine construction as required.

Hygiene education interventions are planned jointly with MoPH and the health cluster for targeted communities in consultation with the education cluster and MOE. WASH and Health Clusters will continue with the joint implementation of chlorination of water sources and distribution of bios and filters for household water treatment.

B. Coverage of needs by actors not in the cluster or CAP

Teachers, facilitator and community health workers trained in the past with the support of WASH Cluster Partners will provide training and spread hygiene messages in communities, health centres and schools. These resources can be also involved in chlorination of water sources.

National Solidarities Programme supported by WB and other donors aims at responding to longer WASH needs of communities affected by the prolonged drought and seasonal floods and permanently increasing the reliance of communities to periodic and acute water scarcity. ANDMA has funds, supplies / manpower resources with overall coordination functions in emergency situations.

It is also recognized that some actors are supporting WASH interventions outside the CAP process. The WASH cluster will map out these interventions in the 2012 3Ws.

C. Objectives, outcomes, outputs, and indicators

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets
<p>S.O. 1: Plan for and response to the humanitarian aid and protection needs rising from armed conflict particularly</p> <ul style="list-style-type: none"> -The displaced -Those without access to basic assistance (including those delivered by the Government) 	<p>1. Support emergency WASH interventions with equal access and reasonable reach for women, men, boys and girls in armed conflict, the displaced and population without access to basic assistance</p>	<ul style="list-style-type: none"> • Use of a sufficient quantity of potable/safe water • Use of adequate sanitation facilities in camps if any • People adopt safe hygiene practices 	<ul style="list-style-type: none"> • Number. of WPs and systems, • Volume of water transported and distributed • Latrines promoted or constructed • Hygiene education sessions held, • Hygiene material distributed • Number of Mechanics / care takers trained • Number .of water samples monitored and tested • Number of WASH Systems rehabilitated. and chlorinated 	<ul style="list-style-type: none"> • Number of IDPs/returnees and people in areas without access to basic assistance reached with WASH interventions. Targets: 200,000 (50,000) reached with temporary latrines if in displacement
<p>S.O.2: Protection and initial return assistance to IDPs and refugee returnees</p>	<p>1. Support initial WASH assistance to IDPS and refugee returnees</p>	<ul style="list-style-type: none"> • Use a sufficient quantity of safe/potable water • Use of adequate sanitation facilities • People adopt safe hygiene practices 	<ul style="list-style-type: none"> • Emergency WASH supplies distributed • (hygiene kit, jerry cans, etc • Volume of water provided. • Hygiene and sanitation promoted • Sanitation facilities provided? 	<ul style="list-style-type: none"> • Number of people benefitted from safe drinking water and sanitation promotion(Targets: 212,839 Hygiene education)
<p>S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural disasters and advocacy for progress on implementation of Hyogo framework priorities 1 – 4</p>	<p>1. Prepare and respond to emergency WASH needs of women, men, boys and girls in need arising from annual and seasonal natural 'disasters'</p>	<ul style="list-style-type: none"> • Use a sufficient quantity of safe/potable water • Use of adequate/improved sanitation • People adopt safe hygiene practices 	<ul style="list-style-type: none"> • Number of water points and systems constructed, • Number of latrines promoted • Hygiene education sessions held • Hygiene material distributed • Mechanics and pump care takers trained 	<ul style="list-style-type: none"> • Number of people benefitted from minimum 15 liter of safe drinking water and sanitation promotion and hygiene promotion activities • Target: 1,123,479 • Number of families adapt improved hygiene practices

2012 CAP Strategic Objectives	Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets
<p>S.O. 4: Advocate for protection support and appropriate development interventions to acutely vulnerable population targeted by the MDG whether in rural and urban areas</p>	<p>1. Promote DRR strategies and advocate inclusion of DRR intervention with development and humanitarian actors</p>	<ul style="list-style-type: none"> Lessons are learnt regarding DRR strategies in WASH sector and make recommendations for strengthening DRR in long-term and humanitarian programming 	<ul style="list-style-type: none"> Number of samples tested and corrective actions taken when necessary. Lessons are learnt regarding DRR strategies in WASH sector and make recommendations for strengthening DRR in long-term and humanitarian programming 	<ul style="list-style-type: none"> Target: 1,123,479 With Health and Nutrition clusters number of outbreaks controlled/responded Water sources/quality monitored, tested and disinfected Target: 5,000 Number of WASH cluster members documented lessons from their field and shared with WASH cluster. A consolidated document is prepared and shared with all

Key Strategies:

- SPHERE standards adapted by the WASH Cluster in Afghanistan and guideline will be the base for all WASH interventions.
- Rehabilitation of existing damaged water supply systems is given top priority.
- Subsidy for water trucking is considered only for life saving or to prevent displacement and diseases outbreaks after documented and verified. No rentals of trucks on a flat rate better provide subsidies directly to the community that will pay per delivery on a quantity base.
- On water quality turbidity, salinity and free chlorine are the priority parametres. Bacteriological quality test prioritized in areas with reported outbreaks
- Priority is to maintain the environment free from faeces. Long term behavioural change activities (i.e. CLTS, CATS, etc.) require long period to yield results and they are for long term funding. In case of displacement into IDP camps, the construction of temporary toilets is required.
- For better impact the number of messages given to the communities must be kept to a minimum.
- Promotion of hand washing with soap is a high priority and should be prioritized. Is making soap available – at least in IDP camps – part of this strategy?
- Longer-term interventions are welcomed if longer term funding is available from donors.

D. Cluster monitoring plan

The Cluster partners will agree on a simple 3Ws matrix, and commit to contribute timely and faithfully. WASH Cluster Partners are responsible for the output monitoring of the activities they implement directly, or support financially. They are accountable to their beneficiaries and their donors. Information management capacity will be developed for gathering information from a multitude of potential sources and assist in processing this information. Reviews and regular meetings will be held and monthly WASH Clusters (national and regional) monitoring visits will be organized in the field. The Cluster Lead will prepare monthly reports and submit these to OCHA for the preparation of the monthly report based on the data from the Partners.

To ensure the gender mainstreaming, WASH Cluster Projects will be designed and implemented based on consultations with women and girls, as well as men and boys.

E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Central	UNICEF, Solidarités, UNHCR
South East	UNICEF, UNHCR
Central Highlands	Mediar, UNICEF, UNHCR, LSO, OXFAM-GB
North	Tearfund, UNICEF,, AKDN, ACF, Solidarités, OXFAM, ACTED, UNHCR, OXFAM Novib, NRDOAW,PIN, OXFAM-GB
East	SHPOUL, UNICEF, UNHCR
West	UNICEF, ACF, UNHCR, Afghanaid,
North East	Medair, CoAR, AKDN, UNICEF, UNHCR, OXFAM GB
South	NERU,OHA,UNICEF, ACTD, UNHCR

4.6 Logical framework of humanitarian action plan

Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
<p>S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)</p>	<p>Number of conflict-affected schools and school aged children and youth reached with emergency education interventions</p>	<p>Education</p>	<p>Plan for and respond to the Education and Protection needs arising from conflict, particularly, that of; IDPs, those without access to basic Education assistance and communities that have no access to Education.</p>
	<p>Number of beneficiaries assisted.</p>	<p>ES and NFIs</p>	<p>Respond to the immediate needs of conflict-induced displaced people.</p>
	<p>New and secure system installed and Coordination amongst agencies improved</p>	<p>ETC</p>	<p>Provision of Motorola digital tetra system to the humanitarian community</p>
	<p>Radio operators trained to properly track staff and missions, and technical staff trained on the maintenance of the new system</p>		<p>Provision of operational training to the users and maintenance training to the technical staff of humanitarian agencies working in Afghanistan</p>
	<p>A legal communication system used by UN agencies</p>		<p>Obtain HF frequencies license (this includes common and agency specific frequencies).</p>
	<p>Percentage of HHs receiving food aid</p>		<p>FSAC</p>
	<p>Percentage of HHs receiving other food assistance</p>		
	<p>Percentage of HHs receiving cash assistance</p>		
	<p>Percentage of HHs according to food consumption score (< 21 and 21-34, 35+)</p>		
	<p>Percentage of HHs according to coping strategy index</p>	<p>Save/protect the livelihoods of HHs impacted by conflict</p>	
	<p>Percentage of HHs with improved agricultural productivity</p>		
	<p>Percentage of HHs receiving animal feed/seeds</p>		
	<p>Percentage of HHs livestock receive animal health</p>		
	<p>Percentage of HHs according to coping strategy index</p>	<p>Health</p>	<p>Prepare for and respond to humanitarian health needs of communities affected by armed conflict including IDPs, people living in conflict areas where there is no humanitarian access or coverage by essential health service.</p>
	<p>The immediate health needs of 280,000 people affected by conflict are covered (including IDPs)</p>		
	<p>At least 200,000 people in highly vulnerable communities living in conflict active areas have access to life saving services, including referral of obstetrical emergency cases</p>	<p>Logistics</p>	<p>Provision of safe, efficient passenger air services to more than 150 United Nations agencies, NGOs and donor entities in Afghanistan</p>
<p>2,000 passengers moved per month/</p>			
<p>180 hours flown per month</p>			

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Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)	Minimum 12 locations flown to per month	Logistics	Carry out timely medical and security evacuations when requested/as required Continue transporting light cargo such as medical supplies or medical samples.
	Number of medical/ security evacuations done per month		
	0.83 MT of light cargo moved per month		
	Cross-border Displaced identified, their needs assessed and addressed	Multi-Sector	Provide Protection monitoring, identify protection and assistance needs of the cross-border displaced, as well as, respond to their immediate humanitarian needs
	Medium and long term Protection needs of refugees and the cross-border displaced are monitored and addressed, through efforts to promote durable solutions.		
	Number of children and number of pregnant lactating admitted to receive proper treatment.	Nutrition	Acutely malnourished children and pregnant and lactating women receive proper and timely treatment Strengthen capacity of nutrition partners to deliver quality and sustainable nutrition services
	Percentage of sites following CMAM guidelines.		
	Percentage of sites that submit monthly reports, in line with the Sphere standard		
	Number of trainings held on CMAM/ number and type of participants trained		
	Number of trainings and number of participants trained on proper IYCF during emergencies.		
	Number of trainings and number of participants trained on proper IYCF during emergencies		
	PoC Strategy by the Protection Cluster developed and implemented		
	Number of trainings provided	Protection	Reduce civilian casualties and improve the Protection environment Enhance IDP protection through host communities, Government, other clusters, AGEs and Protection Cluster members
	Number of ISAF meetings attended and presentations made on civcas issues		
	Number of reports provided on violations		
	Feedback to the SCEG on POC as required		
	Monthly Feedback to the HCT on Protection of Civilians		
	Number of capacity-building exercises conducted for GoA officials and other stakeholders on IDP issue		
	Number of IDP coordination mechanisms active sub nationally		
	Number of successful mine clearance operations in IDP areas		
Percentage of progress by MA implementing partners towards achieving 1390/ 1391 Integrated Operational Framework			
Number of regional Mine Clearance Emergency Response Units (ERU) and areas covered.			

Strategic Objective	Key indicators with targets	Corresponding cluster objectives			
S.O. 1: Plan for and respond to the humanitarian aid and protection needs arising from armed conflict, particularly: the displaced; those without access to basic assistance (including those delivered by the Government); and populations where there is no humanitarian access (with other assistance or support, including from Government)	National coverage of the Population Movement Tracking Mechanism	Protection	Enhance CPIE preparedness and Response to Support populations with critical humanitarian needs		
	Updated IDP profile/ snapshot available at early 2012.				
	IDP Protection tools prepared/ harmonized and widely disseminated				
	Number of Child Protection agencies have increased capacity on CPIE				
	Number of agencies that have mainstreamed CPIE activities in their regular programme				
	Number of locations per region have completed CP assessment				
	Number of regions with functional Child Protection sub-cluster				
	Number of children received through the coordinated referral service system				
	Number of GBV assessments conducted and report produced			Enhance prevention of Gender Based Violence and Response to GBV survivors as part of Afghan humanitarian civilian' protection and assistance responses	
	Number of regions with functional referral systems				
	Number of IDPs and people in areas without access to basic assistance reached with WASH interventions.			WASH	Support emergency WASH interventions with equal access and reasonable reach for women, men, boys and girls in armed conflict, the displaced and population without access to basic assistance
	200,000 targeted and at least 50,000 reached with temporary latrines if in displacement				
S.O. 2: Protection and initial return assistance to IDP and refugee returnees.	Number of IDP and refugee returnee school aged children and youth reached with emergency education interventions	Education	Facilitate access to education for IDPs and refugee returnees		
	Number of emergency shelters constructed.	ES and NFIs	Provide initial ES and NFI support to IDPs and refugee returnees.		
	Number of families assisted with NFIs.				
	At least 30,000 IDPs have access to essential integrated PHC and referral services	Health	Provide emergency health services to IDPs and advocate for sustainable long term solutions (integration into BPHS)		
	Refugee returnees provided with cash grants and receive social, mine awareness, legal and health counseling upon return to Afghanistan	Multi-Sector	Facilitate voluntary repatriation of refugees to Afghanistan in safety and dignity, confirming the voluntary nature of the return.		
	Initial return assistance provided to returning refugees, including household assistance, shelter and, livelihood support to the most vulnerable households, as well as water, access to health and education to the returnee communities			Initial return assistance is provided to refugees through household and community-based interventions to ensure that their return is sustainable	
	Afghan government counter parts capacitated to manage voluntary repatriation and initial return assistance				

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Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
S.O. 2: Protection and initial return assistance to IDP and refugee returnees.	Number of IDPs who managed to achieve durable solution	Protection	Protection needs of IDP returnees are monitored, referred to and addressed Return is voluntary, safe and in dignity Exploration of other possible durable solutions for IDPs undertaken in specific situations where voluntary return is not possible and stay in displacement is unfeasible.
	Number of capacity-building exercises conducted for GoA officials on return issues		
	Percentage of successful mine clearance operations in return areas after referral from national/regional Protection Cluster		
	Percentage of progress made by MA implementing partners towards achieving 1390/ 1391 Integrated Operational Framework		
	Number of regional Mine Clearance Emergency Response Units (ERU) and areas covered.		
S.O. 2: Protection and initial return assistance to IDP and refugee returnees.	National coverage of the Population Movement Tracking Mechanism enabled for tracking returns.	WASH	Support initial WASH assistance to IDPS and refugee returnees
	Updated IDP profile/ snapshot available by early 2012 including on returns		
	Number of beneficiaries of safe drinking water and sanitation promotion support.		
S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4	Increased access to education and retention in school for natural disaster-affected school aged children and youth	Education	Advocate for humanitarian response as well as respond to the emergency education needs of natural disaster-affected school aged children and youth. Support schools to develop preparedness plans for humanitarians to respond to annual and seasonal natural disasters
	Number of natural disaster-affected school aged children and youth reached		
	Number of families that received timely ES and NFI support	ES and NFIs	Enhance speed and efficiency of response to emergencies.
	Number of locations with pre-positioned emergency shelter and NFI stocks		
	Percentage of HHs receiving food aid	FSAC	Support acutely food-insecure natural disaster-affected groups through the provision of food and/or cash/vouchers Save/protect the livelihoods of HHs impacted by natural disasters. Reinforce national capacities in responding to disasters.
	Percentage of HHs receiving other food assistance		
	Percentage of HHs receiving cash assistance		
	Percentage of HHs according to food consumption score (< 21 and 21-34, 35+)		
	Percentage of HHs according to coping strategy index		
	Percentage of HHs with improved agricultural productivity		
	Percentage of HHs receiving animal feed/seeds		
	Percentage of HHs livestock receive animal health		
	Percentage of HHs according to coping strategy index		
	Number of agencies/ government bodies at national and regional level participating in the preparedness planning process.		

Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
S.O. 3: Prepare for and respond to the protection and humanitarian needs arising from annual and seasonal natural 'disasters' and advocacy for progress on implementation of Hyogo Framework Priorities 1-4	Number of 2013 CAP projects referencing agreed assessment data.	FSAC	
	Health sector is prepared to respond to the most probable hazards.	Health	Timely and effectively respond to the humanitarian health needs of populations affected by natural disasters through the implementation of Hyogo Framework Priority five
	Number of times 3Ws updated.	Nutrition	Continuous monitoring of the nutrition situation in the country to enable decision-makers and other stakeholders to take timely and appropriate actions.
	Number of new sentinel sites added		
	Number of surveys conducted		
	Number of sites providing timely reports that are in line with Sphere standard.		
	Number of DEWS sites submitting reports		
	Number of fact sheets produced.		
	Number of meetings held	Protection	Coordination of effective protection response to populations affected and displaced by natural disasters.
	Number of training and capacity-building activities for the GoA officials on monitoring, tracking, reporting and addressing the needs		Strengthen capacity of the GoA to report, monitor and address protection needs of natural-disaster-affected populations.
	Regularly updated database and provision of monthly reports		Foster early recovery mainstreaming in humanitarian response.
	Well-coordinated natural disaster related information and response with the ANDMA, other government actors and other clusters	WASH	Prepare and respond to emergency WASH needs of women, men, boys and girls arising from annual and seasonal natural disasters
	Number of beneficiaries of a minimum of 15 liters of safe drinking water and sanitation promotion activities		
	Number of families that will adapt improved hygiene practices		
Number of outbreaks controlled/responded to in collaboration with Health and Nutrition clusters;			
Number of water sources/quality monitored, tested and disinfected			

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Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
<p>S.O. 4: Advocate for protection support and appropriate development interventions to acutely vulnerable populations targeted by the MDGs, whether in rural or urban areas.</p>	Improved access to formal and informal education for the chronically vulnerable girls, boys, women and men, including those in informal urban settlements	Education	Advocate the provision of and access to formal and informal education for chronically vulnerable girls, boys, women and men, including those in informal urban settlements
	Number of joint assessments carried out.	ES and NFIs	Improve knowledge on the chronically vulnerable populations
	Relevant authorities support provision of humanitarian aid to families in informal settlements	Protection	Relevant government authorities are informed of the humanitarian and protection needs of the informal urban settlers
	Informal Settlement overview undertaken and protection analysis available		Advocate long-term and durable solutions for urban settlers
	Relevant authorities agree on identifying potential durable solutions for families in informal settlements		Support is provided to families evicted from the informal settlements
	Evicted families are provided with relocation alternatives or support to voluntary return to places of origin	WASH	Promote DRR strategies and advocate inclusion of DRR intervention with development and humanitarian actors
	Number of WASH cluster members' documented lessons learnt shared with the WASH cluster.		
	Consolidated lessons learnt document prepared and shared with all stakeholders.		

4.7 Cross-cutting issues

Environmental Degradation

Environmental degradation and conservation concerns in Afghanistan continue to feature as major concerns that have great bearing on the country's social and economic sectors. With 80% of the population dependent on livestock and or crop farming, the welfare of the environment is critical to the economic welfare of majority of the people; meanwhile majority of the population also depend on forests for firewood and revenue from pistachios and almonds, which grow in natural wood lands in Central and Northern regions. Over the years however, environmental degradation in the form of soil degradation, air and water pollution, deforestation at an alarming rate, overgrazing, and desertification has taken its toll in most parts of the country. For example according to the Afghanistan National Environmental Agency, Badghis and Takhar provinces have lost more than 50% of their pistachio woodland, while denser forests in the eastern provinces of Nangarhar, Kunar and Nuristan are at risk of illegal timber harvesting by timber barons.

As forest covers decrease, the land becomes less productive, threatening the livelihood of the rural population. Meanwhile, loss of vegetation also creates a higher risk of floods, which cause displacement and loss of property of affected communities, and also soil erosion and decrease of the amount of land available for agriculture. Water pollution and poor water shade management practices have resulted in the pollution of water resources by both industrial and domestic liquid waste, mismanagement of the existing valuable water resources as well as damage of some water resources, including irrigation systems. Although a water law has been developed to address water pollution, quality and standards, it is still in draft form.

Even though some progress have been made by the GoA, such as the creation of a regulatory body, that is, the National Environmental Protection Agency (NEPA) in 2005 and an environmental law in 2007; a lot more needs to be done. There is also need for both humanitarian and development partners to complement GoA efforts through for example, monitoring the environmental impacts of projects implemented within the communities, actively addressing environmental considerations in programme designs and where applicable integration of environmental protection, conservation and improvement messages in community-based projects and sensitization campaigns.

Social Protection

Afghanistan's high rate of poverty and vulnerability to consumption shocks, particularly as a result of the destruction or loss of productive assets due to conflict and natural disasters as well as sudden increases in food prices, increases the vulnerability of an already vulnerable groups of the population; creating an urgent need for a multi-sector targeted assistance.

It is anticipated that refugee returns from Iran and Pakistan as well as cross-border displacements will continue through 2012 if the current tensions in the neighbouring countries continue, while the capacity of the GoA to absorb such an influx is uncertain and may require substantial international intervention in order to ensure the delivery of emergency assistance and protection, including respect for their civil, social and economic rights, as well as pursuance of all feasible opportunities for durable solutions. Although repatriation will continue to be the preferred option; this will be contingent upon the existence of safe and conducive conditions in their places of origin.

Gender

Gender roles are extremely polarized in Afghanistan's deeply patriarchal society and the humanitarian crises have very different implications for Afghan women, girls, boys and men, as they have different capacities and access to resources to cope and to respond. In addition, times of crisis, including displacement, often change gender roles within households. Our humanitarian programming must reflect and address these dynamics.

The 2011 CAP included gender as a cross-cutting theme. Gender is once again a cross-cutting theme in the 2012 CAP. However, the 2012 strategy for mainstreaming gender will employ the Gender Marker as a means to measure success and to hold cluster members accountable for engaging women, girls, boys and men equitably in their programme activities. The Gender Marker is a method of scoring projects based on their consideration of and response to the different needs, roles, and capacities of women, girls, boys and men.

4.8 Roles and responsibilities

In Afghanistan, the cluster system has been up and running since August 2008. In total there are eight clusters (Education, Emergency Shelter and Non Food Items, Emergency Telecoms, Food Security and Agriculture, Health, Nutrition, Protection and Water, Sanitation and Hygiene) with two sub-clusters (Child Protection in Emergencies and Gender Based Violence) and one working group (Logistics) as well as the Early Recovery Network at the national level. At the regional level humanitarian coordination is being done through a number of mechanisms that include, humanitarian regional teams (HRTs), clusters, and technical working groups; the humanitarian coordination mechanisms in place at the regional level are largely determined by the existing capacities, and coordination needs.

The clusters work together through the inter-cluster meetings as well as through having representatives participating in other relevant cluster meetings and bi-lateral discussions concerning individual projects and issues. Below is a detailed description of the different coordination mechanisms active in Afghanistan.

Humanitarian Country Team

The HCT is composed of heads of UN humanitarian agencies and six INGOs with observers from three donors, the Red Cross Movement, and the Resident Coordinators Office. It is chaired by the HC and meets monthly. It focuses on humanitarian strategy, decision-making and policy direction. Cluster and inter-cluster meetings feed into the HCT meeting.

Humanitarian Donor Group

Meets monthly, chaired by, participants, focus The HDG is composed of humanitarian donors and OCHA although representatives from Clusters and the humanitarian community participate on ad hoc basis upon requests from the donors and or requests from the clusters and the humanitarian community. The group meets monthly and is co-facilitated by the donors with support from OCHA and focuses on donor coordination; however, opportunities are given for other groups to come in and present on issues recommended by the group or that requested by the humanitarian community. HCT, inter-cluster and Afghan Humanitarian Forum meetings feed into the HDG.

Inter-Cluster Coordinator Team

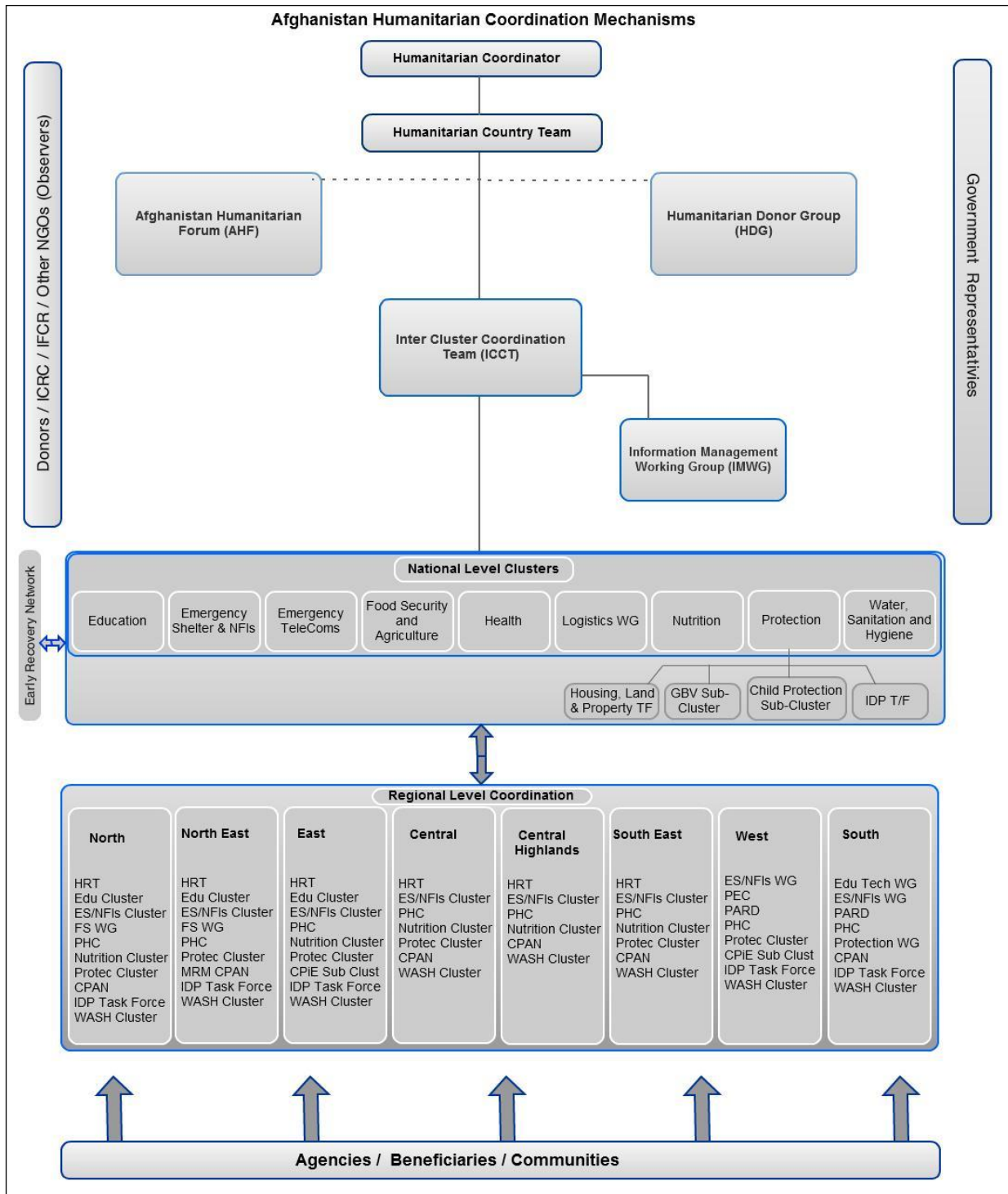
The Inter-Cluster Coordinator Team, coordinated by OCHA, precedes the HCT meetings and brings together Cluster Coordinators and Deputy Coordinators on a monthly basis. ICCT is a platform for technical information exchange on cluster-specific strategies and advises HCT on humanitarian action of an inter-cluster nature. National level Cluster meetings as well as HRT meetings feed into the ICCT.

Clusters

Cluster meetings occur monthly and are coordinated by the respective cluster leads. They are attended by cluster members and observers and aim to strategize and coordinate humanitarian activities at cluster level as well as to share information on challenges and bottlenecks faced at operational level. Some clusters have established working groups at the local level of field delivery.

Afghan Humanitarian Forum

Meets monthly, chaired by, participants, focus The AHF is a coordination forum co-facilitated by the ACBAR and the head of OCHA. The AHF focuses on the coordination of NGO activities at the national and regional levels, advocacy on issues affecting the work of NGOs, representation and communication on the interests of the NGOs to other humanitarian stakeholders and the government and promotion of high ethical and professional standards amongst the NGO community. The AHF is composed all heads of International and National humanitarian NGOs, meets once every month and feeds into the HCT.



5. CONCLUSION

The humanitarian situation in Afghanistan remains critical, with the majority of the population vulnerable to increasing violence, poverty and natural disasters. During 2011, violence increased in intensity and spread to previously peaceful areas; likewise the provision of humanitarian aid has become increasingly fragile due to the insecurity that makes it difficult for the UN and aid agencies to reach communities in need. In addition, Afghanistan's extreme poverty, coupled with the recurrent conflict and natural disasters have left the majority of the population extremely vulnerable and unable to cope. Meanwhile, refugees that continue to return from Iran and Pakistan are equally vulnerable and faced with an uncertain future. In addition an estimated 200,000 people continue to be severely affected by recurring natural disasters each year, creating a chronic need for humanitarian aid; which requires a sustained commitment from development actors to address the root causes of the vulnerabilities.

This appeal further emphasizes concrete steps to better meet the needs of conflict and natural disaster-affected people. In complement, the humanitarian community will look to the GoA and the development community to increase their presence and programmes to address chronic vulnerabilities, disaster risk reduction concerns and to promote development. During the third quarter of 2011, open discussions were initiated with development actors at the national level in order to establish a clear and transparent set of criteria to define the linkage between humanitarian and development programming as a foundation for recovery and development assistance in the country.

Despite the challenges, the humanitarian community in Afghanistan has continued to play a key role in ensuring the humanitarian needs of the conflict and natural disaster-affected population are met while making efforts to increase effectiveness, influence as well as ensuring that humanitarian aid is delivered in a neutral and principled manner.

ANNEX I: LIST OF PROJECTS

Table IV. List of Appeal projects (grouped by cluster)

Consolidated Appeal for Afghanistan 2012 as of 15 November 2011 http://fts.unocha.org

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

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
COORDINATION					
AFG-12/CSS/44534/124	Strengthening Child Protection in Emergency (CPIE) Sub-cluster coordination, CPIE Capacity, Child Protection Needs Assessment and Information Management in Afghanistan	UNICEF	785,915	B. MEDIUM	Multiple locations
AFG-12/CSS/44537/5834	Afghanistan Protection Cluster NGO Deputy Coordinator	NRC	192,718	B. MEDIUM	Multiple locations
AFG-12/CSS/45504/123	Effective coordination and leadership of the Food Security and Agriculture Cluster (FSAC) in Afghanistan	FAO	1,170,214	B. MEDIUM	Multiple locations
AFG-12/CSS/45518/13115	Knowledge and Common Operating Picture transfer for humanitarian information management	iMMAP	593,244	B. MEDIUM	Multiple locations
AFG-12/CSS/45784/6079	Education Cluster Coordination and Information Management	SC	235,000	B. MEDIUM	Multiple locations
AFG-12/CSS/45812/298	Humanitarian Coordination, strategic planning and information management in the Emergency Shelter & NFIs (ES&NFIs) Cluster in Afghanistan	IOM	1,134,000	B. MEDIUM	Multiple locations
AFG-12/CSS/46551/119	Strengthening Humanitarian Coordination and Advocacy in Afghanistan	OCHA	11,188,198	B. MEDIUM	Multiple locations
Sub total for COORDINATION			15,299,289		
EDUCATION					
AFG-12/E/45532/5834	Youth Education Pack (YEP) in Herat and Nangarhar	NRC	1,412,533	A. HIGH	Multiple locations
AFG-12/E/45544/14788	Home-based literacy classes for women and girls in IDP and returned refugee communities in Nangarhar	HAWCA	228,340	A. HIGH	Nangarhar
AFG-12/E/45548/6079	Community-based Education (CBE) classes for IDP children in Nangarhar	SC	1,437,869	A. HIGH	Nangarhar
AFG-12/E/45680/298	Emergency Repairs for Conflict Affected and Natural Disaster-Affected Schools	IOM	5,519,301	A. HIGH	Multiple locations
AFG-12/E/45721/15034	Promoting complementary education system effected by disaster in Kandahar	ASDO	96,300	C. LOW	Kandahar
AFG-12/E/45785/14523	Literacy for life education for women in Uruzgan province	ACTD	255,100	B. MEDIUM	Uruzgan
AFG-12/E/45804/5255	Improve Humanitarian Access to Conflict-affected Areas	Afghanaid	103,000	B. MEDIUM	Multiple locations

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/E/45804/5645	Improve Humanitarian Access to Conflict-affected Areas	CARE International	282,240	B. MEDIUM	Multiple locations
AFG-12/E/45948/124	Support to Education in the Insecure and Conflict Affected Provinces in Afghanistan	UNICEF	4,796,711	B. MEDIUM	NOT SPECIFIED
AFG-12/E/45951/124	Provision of Assistance to Winter Affected Children to Maintain Retention and Completion of school During the Winter Season.	UNICEF	3,595,000	A. HIGH	NOT SPECIFIED
AFG-12/ER/44533/5834	Income Generation for young refugee returnees and IDPs in Nangarhar Province	NRC	482,090	A. HIGH	Nangarhar
Sub total for EDUCATION			18,208,484		
EMERGENCY SHELTER					
AFG-12/S-NF/44530/5834	Emergency shelter and NFI assistance to conflict and natural disaster affected population in Nangarhar and Laghman Provinces	NRC	1,187,588	A. HIGH	Multiple locations
AFG-12/S-NF/44535/5834	Emergency Shelter for returnees, IDP and vulnerable women in Herat	NRC	631,711	A. HIGH	Herat
AFG-12/S-NF/44579/5834	Shelter Assistance to Vulnerable Returning Refugees, IDPs and Vulnerable Host Communities in Urban Settlements	NRC	1,384,082	A. HIGH	Kabul
AFG-12/S-NF/44799/14548	Shelter implementation for vulnerable returnee and IDPs families in Kandahar province	HAPA	92,000	A. HIGH	Kandahar
AFG-12/S-NF/44803/14548	Shelter implementation for vulnerable returnee and IDPs families in Helmand province.	HAPA	75,000	A. HIGH	Hilmand
AFG-12/S-NF/44805/14548	Shelter implementation for vulnerable returnee and IDPs families in Zabul province.	HAPA	50,000	A. HIGH	Zabul
AFG-12/S-NF/44818/14548	Shelter implementation for vulnerable returnee and IDPs families in Uruzgan province.	HAPA	75,000	A. HIGH	Uruzgan
AFG-12/S-NF/45537/5834	Sustainable shelter assistance for vulnerable refugee returnees, IDP returnees and host communities	NRC	2,319,682	A. HIGH	Multiple locations
AFG-12/S-NF/45545/5834	Shelter assistance to flood-affected families in Nangarhar Province	NRC	640,472	A. HIGH	Nangarhar
AFG-12/S-NF/45550/5834	Emergency Shelter for returnees and IDPs in Herat	NRC	1,064,526	A. HIGH	Herat
AFG-12/S-NF/45711/14914	Shelter Assistance to Flood-Affected Families - Baghlan Province	WEDHA	189,700	B. MEDIUM	Baghlan
AFG-12/S-NF/45724/5834	Emergency Shelter and NFI assistance to conflict and natural-disaster affected populations in Northern Afghanistan	NRC	693,360	A. HIGH	Multiple locations
AFG-12/S-NF/45754/5511	Winter Induced Emergency Support for Punjab, Waras and Yakawlang Community	ActionAid	231,404	B. MEDIUM	Bamyan
AFG-12/S-NF/45788/120	Reintegration of Afghan IDPs	UNHCR	11,779,628	A. HIGH	Multiple locations
AFG-12/S-NF/45805/14520	Construction of Emergency Shelter for Flood Affected Population in Shoor Tippa and Kaldar districts of Balkh Province	NRDOAW	360,000	C. LOW	Balkh

AFGHANISTAN CAP 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/S-NF/45818/298	Shelter and NFIs Humanitarian Assistance to Natural Disasters in Afghanistan	IOM	4,727,037	A. HIGH	Multiple locations
AFG-12/S-NF/45835/12669	Life Saving Emergency Shelter Assistance for 52 vulnerable flash flood affected families of Khuram-o-sarbagh district of Samangan province	SRP	137,354	A. HIGH	Samangan
AFG-12/S-NF/45843/12912	Emergency shelter (Tents) for natural disasters and conflict affected vulnerable population in Northern Afghanistan (Balkh, Samangan, Jawzjan and Sari Pul provinces)	ADEO [Afghanistan]	200,000	A. HIGH	Multiple locations
AFG-12/S-NF/45845/14485	Emergency Shelter Assistance for 51 vulnerable flood affected families of 2011 in Royee Dowab district of Samangan province	AGDO	128,506	B. MEDIUM	Samangan
AFG-12/S-NF/45854/13995	Emergency Shelter Assistance for 359 vulnerable flash flood affected families of 2011 in Takhar province	ACT-Afghanistan	888,864	B. MEDIUM	Takhar
AFG-12/S-NF/45881/15034	Disaster preparedness and pre-positioning NFIs	ASDO	98,547	B. MEDIUM	Kandahar
AFG-12/S-NF/46944/6397	Emergency Shelter Project For IDP	DHSA	383,892	B. MEDIUM	Faryab
AFG-12/S-NF/46971/6397	Emergency Shelter Project For Returnees	DHSA	287,918	B. MEDIUM	Faryab
Sub total for EMERGENCY SHELTER			27,626,271		
EMERGENCY TELECOMMUNICATIONS					
AFG-12/CSS/45761/561	Integration of new digital communications system to existing Emergency Telecommunications Cluster Security Telecommunications system in Kabul	WFP	648,955	B. MEDIUM	Kabul
AFG-12/CSS/46596/561	HF frequency license for Humanitarian Agencies in Afghanistan	WFP	10,000	B. MEDIUM	Kabul
AFG-12/CSS/46618/561	Integration of GPS system into HF radios, which will enable the agencies to track their vehicles and fleet convey	WFP	90,000	B. MEDIUM	Kabul
Sub total for EMERGENCY TELECOMMUNICATIONS			748,955		
FOOD SECURITY AND AGRICULTURE					
AFG-12/A/43982/5157	Emergency Restocking to Drought-affected Families - Jawzjan	TEARFUND	1,503,350	B. MEDIUM	Jawzjan
AFG-12/A/44469/13073	Emergency food security assistance in drought affected areas of Bamyan Province (Saighan and Shibar districts)	SHRDO	483,940	B. MEDIUM	Bamyan
AFG-12/A/44505/5095	Food Aid for Drought Affected Populations in Badakhshan	MEDAIR	539,500	A. HIGH	Badakhshan
AFG-12/A/44512/5095	Emergency Food Aid Drought Response in the Bamyane	MEDAIR	1,290,000	A. HIGH	Bamyan
AFG-12/A/44569/5290	Protecting agricultural livelihoods and Food Security in Faryab Province	CoAR	922,537	A. HIGH	Faryab
AFG-12/A/45578/123	Detailed Livelihood Assessment (DLA) for disaster affected areas in Afghanistan	FAO	511,500	A. HIGH	Multiple locations
AFG-12/A/45622/5157	Jawzjan and Faryab Integrated and Sustainable Services for Returnees and Host Communities 2	TEARFUND	835,518	B. MEDIUM	Multiple locations

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/A/45676/5186	Improvement of food security for vulnerable households in Dara I Sufi Pain and Dara I Sufi Bala districts of Samangan Province	ACF	668,544	B. MEDIUM	Samangan
AFG-12/A/45678/123	Emergency support for the protection of livestock assets of vulnerable population in drought affected area of Afghanistan	FAO	11,231,000	A. HIGH	Multiple locations
AFG-12/A/45749/14862	Protection of food insecurity and vulnerabilities through emergency assistance of agriculture and livestock inputs to conflict affected farmers' households in Eastern region Afghanistan	SHPOUL	937,320	B. MEDIUM	Multiple locations
AFG-12/A/45767/6458	Emergency response to most vulnerable population affected by flood and drought	ACTED	709,700	A. HIGH	Takhar
AFG-12/A/45768/14906	Emergency assistance to drought affected and food insecure household of Jawzjan Province	EDGAO	411,000	B. MEDIUM	Jawzjan
AFG-12/A/45908/5120	Responding to immediate food security needs of the natural disasters affected families in Afghanistan	OXFAM GB	4,100,568	A. HIGH	Multiple locations
AFG-12/A/45929/5255	Food assistance to the worst drought affected districts, and drought induced IDPs in Faizabad District, in Badakhshan Province.	Afghanaid	2,361,026	A. HIGH	Badakhshan
AFG-12/A/45930/5255	Food assistance to drought affected communities in the worst drought affected districts in Ghor province	Afghanaid	1,528,684	A. HIGH	Ghor
AFG-12/A/45931/5255	Food assistance to the most severely drought affected communities in Samangan province	Afghanaid	967,633	A. HIGH	Samangan
AFG-12/A/45931/6686	Food assistance to the most severely drought affected communities in Samangan province	PIN	967,633	A. HIGH	Samangan
AFG-12/A/45940/6686	Emergency Food Security Assistance to Drought Affected Population in Kishinde and Zare districts of Balkh province	PIN	1,947,327	A. HIGH	Balkh
AFG-12/A/45941/123	Support to vulnerable populations affected by disasters in food insecure areas of Afghanistan by improving access to agricultural inputs	FAO	18,000,000	A. HIGH	Multiple locations
AFG-12/A/45945/6686	Emergency Assistance to Most Affected Populations in Paktya Province (Janikhel, Dand-wa-Patan, Chamkani, Ahmadabad, Laja Mangal, Sayd Karam)	PIN	498,353	A. HIGH	Paktya
AFG-12/A/45952/5059	To reduce the impact of drought and food crisis and vulnerabilities on affected communities in Gulran District of Herat Province	Chr. Aid	929,519	B. MEDIUM	Herat
AFG-12/A/45957/123	Emergency livelihood support for vulnerable rural households affected by manmade and natural disasters in food insecure areas of Afghanistan	FAO	1,980,000	B. MEDIUM	Multiple locations
AFG-12/A/46015/5362	Emergency drought response in Faryab and Sari Pul provinces of Northern Afghanistan	OXFAM Netherlands (NOVIB)	5,253,092	A. HIGH	Multiple locations

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/CSS/45802/5128	Response to natural disasters in Herat Province	CESVI	350,000	C. LOW	Herat
AFG-12/ER/45770/6458	Disaster relief and rehabilitation through provision of food, cash for work and vocational training opportunities for women.	ACTED	1,722,408	A. HIGH	Baghlan
AFG-12/ER/45775/5511	Emergency Support for Drought affected Families in Jawzjan province	ActionAid	598,672	A. HIGH	Jawzjan
AFG-12/ER/45901/5645	Improving Food Security of Drought Affected Households in Faizabad and Khanaqa Districts of Jawzjan Province	CARE International	1,540,820	A. HIGH	Jawzjan
AFG-12/ER/45907/5645	Improving Food Security of Drought Affected Households in Charkent District of Balkh Province	CARE International	1,028,776	A. HIGH	Balkh
AFG-12/F/43980/5157	Joint Initiative for Emergency Support to Drought affected Families - Jawzjan Province	TEARFUND	1,069,527	A. HIGH	Jawzjan
AFG-12/F/43981/5157	Joint Initiative for Emergency Support to Drought affected Families – Faryab	TEARFUND	1,400,000	A. HIGH	Faryab
AFG-12/F/45641/6079	Emergency Food Security Assistance to Vulnerable Populations in Northern Afghanistan	SC	5,759,363	B. MEDIUM	Multiple locations
AFG-12/F/45742/1024	Distribution of food to 10,500 drought affected people in two districts of Balkh Province	Johanniter Unfallhilfe e.V.	869,000	B. MEDIUM	Balkh
AFG-12/F/45871/561	Emergency food assistance for disasters affected populations in Afghanistan	WFP	50,085,408	A. HIGH	Multiple locations
AFG-12/F/45918/5977	Emergency response to drought-affected communities through food for work programme	AMRAN	425,500	B. MEDIUM	Samangan
Sub total for FOOD SECURITY AND AGRICULTURE			123,427,218		
HEALTH					
AFG-12/H/45057/13073	Provision of Static tented Health Clinics for IDP in 13 camps in Kabul.	SHRDO	176,294	A. HIGH	Kabul
AFG-12/H/45268/122	Access to emergency health services for communities affected by natural disasters and conflict, with an emphasis on reproductive and child health.	WHO	4,344,890	A. HIGH	Multiple locations
AFG-12/H/45543/1171	Provision of psychosocial counselling to women and men affected by negative cultural norms and conflict	UNFPA	303,360	B. MEDIUM	Multiple locations
AFG-12/H/45556/14861	Emergency Provision of Health and Nutrition Education In all 41 Sites of new IDPS in Kabul Informal Settlements	SHERDO	70,522	C. LOW	Kabul
AFG-12/H/45558/14976	Emergency Assistance for IDPs and Residents in Ghazni province	ORCD	541,034	A. HIGH	NOT SPECIFIED
AFG-12/H/45602/14976	Emergency Assistance for IDPs in eastern region provinces	ORCD	1,314,545	A. HIGH	Kunar
AFG-12/H/45652/14953	Emergency health service provision to drought and conflict affected people in Shiran and Miana Dasht villages belong to gizab district and a mobile health team for Surf, Amich, shalige, Veras & other mentioned villages belongs to Sharistan district of Daikundi province.	LSO	98,707	A. HIGH	Multiple locations

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/H/45685/5982	Essential and Basic Health care for remote and unserved communities in 4 districts of Logar provinces	MRCA	200,900	B. MEDIUM	Logar
AFG-12/H/45707/14975	HIV /AIDS prevention care and support program in Undocumented Afghan Returnees from Iran	HSDO	201,167	B. MEDIUM	Herat
AFG-12/H/45717/5256	Improving access to emergency health services for the populaiton prone to natural and human made disasters with special focus on women and children	HealthNet TPO	159,672	C. LOW	Nangarhar
AFG-12/H/45728/14523	Basic emergency health services to the un-served population of Ghor province through provision of mobile health services (MHTs)	ACTD	416,000	B. MEDIUM	Ghor
AFG-12/H/45733/14975	Emergency Health Services for the communities affected by natural disasters and conflict with emphasis on mother and child health.	HSDO	451,000	B. MEDIUM	Multiple locations
AFG-12/H/45734/1024	Basic Emergency Health Services through Mobile Health Team to the un-served population by the Basic Package of Health Services (BPHS) of Saripul province.	Johanniter Unfallhilfe e.V.	73,000	A. HIGH	Sari Pul
AFG-12/H/45738/14523	Basic emergency health services to the un-served population of Bala Morghab district of Badghis province through provision of mobile health services (MHT)	ACTD	101,000	B. MEDIUM	Badghis
AFG-12/H/45739/1024	Basic Emergency Health Services to the un-served population of Samangan province through Mobile Health Team	Johanniter Unfallhilfe e.V.	71,000	A. HIGH	Samangan
AFG-12/H/45751/8707	Provision of emergency health care for the conflict affected communities with special focus on women and child health.	Mercy Malaysia	67,945	A. HIGH	Kandahar
AFG-12/H/45756/8707	Building vulnerable communities' capacity on EPR with specific focus on Hygiene	Mercy Malaysia	37,860	C. LOW	Kandahar
AFG-12/H/45774/5195	Access to essential health care with particular emphasis on maternal and child health amongst isolated, high risk communities in Badakhshan, through the provision of integrated emergency health care and referral services using Mobile Health Teams (MHTs).	MERLIN	440,063	A. HIGH	Badakhshan
AFG-12/H/45789/120	Basic health services for IDPs and returning IDPs	UNHCR	251,224	A. HIGH	Multiple locations
AFG-12/H/45839/14540	Basic emergency health services to remotely seated populations and IDPs (Kuchis and people cyclically migrating between Qishlaqs and Ailaqs) through mobile health units in Bamyan and Faryab provinces	AADA	366,467	C. LOW	NOT SPECIFIED
AFG-12/H/46478/124	Basic Maternal, New born and Child Health Services including immunization for emergency affected families	UNICEF	1,903,144	A. HIGH	Multiple locations
AFG-12/H/46547/5006	Stabilisation of New IDPs' Health and living Conditions in Informal Settlements and Camps in Kabul Province	DWHH	385,880	C. LOW	Kabul

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/H/47153/7138	Access to life saving health and referral services for people affected by conflict in Helmand, Wardak, Ghazni, Logar and Kabul provinces.	EMERGENCY	3,226,680	A. HIGH	Multiple locations
Sub total for HEALTH			15,202,354		
LOGISTICS					
AFG-12/CSS/48872/561	Common Humanitarian Air Transport Services	WFP	21,970,768	B. MEDIUM	Kabul
Sub total for LOGISTICS			21,970,768		
MULTI-SECTOR					
AFG-12/MS/45794/120	Voluntary repatriation, initial return assistance to returning refugees	UNHCR	122,248,551	A. HIGH	Multiple locations
Sub total for MULTI-SECTOR			122,248,551		
NUTRITION					
AFG-12/H/44504/5095	Integrated Nutritional Treatment and Community Health & Nutrition Education Project in Badakhshan Province	MEDAIR	1,002,473	A. HIGH	Badakhshan
AFG-12/H/44774/5362	Integrated IYCF and CMAM Project in Balkh, Faryab, Sarepul, Paktya Provinces	OXFAM Netherlands (NOVIB)	1,253,483	A. HIGH	Multiple locations
AFG-12/H/45616/5186	Strengthening Nutrition Surveillance in Afghanistan by implementing an effective nutrition surveillance system through capacity-building and partnership	ACF	402,235	B. MEDIUM	NOT SPECIFIED
AFG-12/H/45674/5256	Integrated IYCF (Infant and young child feeding) and CMAM (Community based management of acute malnutrition)	HealthNet TPO	431,160	A. HIGH	Multiple locations
AFG-12/H/45675/5186	Community based Management of Acute Malnutrition through nutrition activities amongst the Internally Displaced People and the most vulnerable population living in the Kabul Informal Settlements	ACF	369,730	A. HIGH	Kabul
AFG-12/H/45691/14523	Provision of Community-Based Management of Acute Malnutrition (CMAM) and Integrated Infant and Young Child Feeding (IYCF) in Moqor and Bala Murghab Districts of Badghis	ACTD	252,000	A. HIGH	Badghis
AFG-12/H/45702/14523	Provision of Community Based Management of Acute Malnutrition (CMAM) and Integrated Infant and Young Child Feeding (IYCF) in Lal wa Sarjantal district of Ghor province	ACTD	235,000	A. HIGH	Ghor
AFG-12/H/45736/6079	Integrated Community-Based Management of Acute Malnutrition (CMAM) and Nutrition Education Rehabilitation Sessions (NERS) project	SC	640,945	A. HIGH	Bamyan
AFG-12/H/45747/561	Nutrition support for acutely malnourished children aged 6 to 59 months and acutely malnourished pregnant and lactating women in Afghanistan	WFP	34,280,373	A. HIGH	Multiple locations
AFG-12/H/45780/14465	CMAM/IYCF	CAF	342,741	A. HIGH	Takhar

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/H/46482/122	Improved access to emergency nutrition care for severely malnourished children with medical complications	WHO	488,191	A. HIGH	Multiple locations
AFG-12/H/46779/124	Provision of emergency nutrition services to children under 5, pregnant and lactating women affected by natural and man-made disasters	UNICEF	10,362,475	A. HIGH	Multiple locations
Sub total for NUTRITION			50,060,806		
PROTECTION					
AFG-12/P-HR-RL/44695/14861	New IDP's Women's Empowerment project in Kabul Informal Settlement (Charahi Qamber (PD 5, Kabul City), Nasaji Bagrami Tapa Bagrami, Nasaji Bagrami Tapa Bagrami moved from Aqib Fabrika Nasaji Bagrami, and Kodakistane Bagrami (PD 8, Kabul City))	SHERDO	107,535	B. MEDIUM	Kabul
AFG-12/P-HR-RL/44941/5006	Stabilisation of IDP Living Conditions and Promotion of Local Integration of Communities Living in Informal Settlements and Camps in Kabul Province	DWHH	600,840	A. HIGH	Kabul
AFG-12/P-HR-RL/45272/1171	Addressing violence against women and girls of returnee and IDP community in the Eastern Region of Nangarhar	UNFPA	395,000	A. HIGH	Nangarhar
AFG-12/P-HR-RL/45343/298	Immediate Post-arrival Assistance to the Vulnerable Undocumented Afghan Returnees from Iran	IOM	8,575,001	A. HIGH	Herat
AFG-12/P-HR-RL/45528/5834	Information, Counselling and Legal Assistance (ICLA) for returnees and IDPs in Afghanistan	NRC	1,905,594	A. HIGH	Multiple locations
AFG-12/P-HR-RL/45531/15015	New IDPs SGBV Training for Vulnerable groups in Kabul informal settlements	MRAA	112,770	B. MEDIUM	Kabul
AFG-12/P-HR-RL/45592/124	Support Vulnerable Communities in Emergency Preparedness and Response, Prevention and Response to Violence Against Children	UNICEF	604,571	B. MEDIUM	Multiple locations
AFG-12/P-HR-RL/45716/6079	New IDPs Situation assessment of Child labor from informal settlements	SC	89,750	B. MEDIUM	Multiple locations
AFG-12/P-HR-RL/45769/14523	Prevention of gender-based violence (GBV) and provision of psychosocial support counseling	ACTD	252,450	B. MEDIUM	Hilmand
AFG-12/P-HR-RL/45790/120	Protection and assistance for IDPs and IDP returnees	UNHCR	3,517,140	A. HIGH	Multiple locations
Sub total for PROTECTION			16,160,651		
WATER, SANITATION AND HYGIENE					
AFG-12/WS/43979/5157	Jawzjan and Faryab Integrated and Sustainable Services for Returnees and Host Communities 1	TEARFUND	208,880	C. LOW	Multiple locations
AFG-12/WS/44058/14862	Rehabilitation of School WASH--- "Clean Water, Sanitation and Hygiene Education" at rural disaster affected schools of Kunar	SHPOUL	497,805	B. MEDIUM	Kunar
AFG-12/WS/44154/5983	Water supply and Sanitation and Capacity-building in Kandahar Province	NERU	233,290	A. HIGH	Kandahar

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/WS/44247/14936	Emergency Water, Sanitation and Health Promotion Program in Kandahar and Hilmand Province	OHW	724,000	B. MEDIUM	Multiple locations
AFG-12/WS/44508/5095	Emergency WASH Directly Supporting On-going Emergency Nutrition Programme	MEDAIR	214,000	A. HIGH	Badakhshan
AFG-12/WS/44509/5095	Emergency WASH Access and Protection	MEDAIR	963,000	A. HIGH	Bamyan
AFG-12/WS/44572/5290	Water Supply Sanitation and Hygiene Education (WASH) project in Badakhshan province	CoAR	784,845	B. MEDIUM	Badakhshan
AFG-12/WS/45614/5975	Emergency WASH Support for Tala - wa- barfak, Dahan-e-ghuri, Doshi districts of Baghlan and Hazrat sulatan, Piroz nakhchiear, Ieback, Khoram -wa-sarbagh districts of Samangan provinces	AKDN	1,125,203	A. HIGH	Multiple locations
AFG-12/WS/45631/5186	Addressing emergency WASH Needs of drought and conflict affected host communities and IDPs of Shahrak and Tulak districts of Ghor Province	ACF	780,636	B. MEDIUM	Ghor
AFG-12/WS/45635/5186	Addressing emergency WASH needs of drought and cholera prone population in Dare-Suf Payen and Dare Suf Bala districts of Samangan Province	ACF	1,012,999	A. HIGH	Samangan
AFG-12/WS/45665/5633	WaSH Emergency disaster preparedness in Ruy-e-Doab, Samangan	Solidarit�s	747,211	A. HIGH	Samangan
AFG-12/WS/45669/5633	Provision of water and sanitation temporary facilities to New IDPs in Kabul Informal Settlements and advocacy for water access	Solidarit�s	485,751	A. HIGH	Kabul
AFG-12/WS/45701/124	Emergency WASH interventions for population in armed conflict, IDPs and returnees, no humanitarian access, and those affected by annual /seasonal natural disasters	UNICEF	9,576,500	A. HIGH	Multiple locations
AFG-12/WS/45753/5362	Strengthen Integrated Disaster Risk Reduction in WASH- in Faryab and Saripul Provinces, in Afghanistan.	OXFAM Netherlands (NOVIB)	900,000	B. MEDIUM	Multiple locations
AFG-12/WS/45776/6458	Emergency WASH needs fulfillment of vulnerable Communities in Keshindeh district, Balkh province	ACTED	1,603,502	B. MEDIUM	Balkh
AFG-12/WS/45777/14523	Community-based essential water supply and hygiene education Project in Uruzgan province	ACTD	196,900	B. MEDIUM	Uruzgan
AFG-12/WS/45786/120	Afghan IDPs assistance	UNHCR	1,772,527	A. HIGH	Multiple locations
AFG-12/WS/45806/14520	Drilling and Construction of 25 hand pump wells in Dawlat Abad district of Faryab province.	NRDOAW	215,000	B. MEDIUM	Faryab
AFG-12/WS/45826/6686	Addressing emergency WASH needs of drought affected population in Zare and Kishinde districts of Balkh province.	PIN	1,329,915	A. HIGH	Balkh
AFG-12/WS/45837/14953	Construction of 5 reservoir for 125 families and water supply sanitation distribute 100 bio sand filters and create mobile health team in mention villages of meramor district	LSO	98,654	B. MEDIUM	Daykundi

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AFG-12/WS/45838/5255	Emergency Response to the Seasonal Floods in the most affected districts of Ghor Province	Afghanaid	838,819	A. HIGH	Ghor
AFG-12/WS/45870/5120	Emergency Water, Sanitation and Hygiene response to needs arising due to natural disasters in Afghanistan	OXFAM GB	1,877,850	A. HIGH	Multiple locations
Sub total for WATER,SANITATION AND HYGIENE			26,187,287		
CLUSTER NOT YET SPECIFIED					
AFG-12/SNYS/46557/8487	Afghanistan Emergency Response Fund (target needs US\$8 million)	ERF (OCHA)	-	NOT SPECIFIED	Multiple locations
Sub total for CLUSTER NOT YET SPECIFIED			-		
Grand Total			437,140,634		

Table V. Summary of requirements by location

Consolidated Appeal for Afghanistan 2012
 as of 15 November 2011
<http://fts.unocha.org>

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

Location	Requirements (\$)
Multiple locations	344,162,680
Badakhshan	5,341,907
Badghis	353,000
Baghlan	1,912,108
Balkh	7,138,520
Bamyan	3,609,289
Daykundi	98,654
Faryab	3,209,347
Ghor	3,799,139
Herat	11,751,924
Hilmand	327,450
Jawzjan	5,123,369
Kabul	26,413,127
Kandahar	625,942
Kunar	1,812,350
Logar	200,900
Nangarhar	3,343,443
Paktya	498,353
Samangan	5,126,380
Sari Pul	73,000
Takhar	1,941,305
Uruzgan	527,000
Zabul	50,000
NOT SPECIFIED	9,701,447
Grand Total	437,140,634

Table VI. Summary of requirements by gender marker

Consolidated Appeal for Afghanistan 2012
as of 15 November 2011
<http://fts.unocha.org>

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

Gender marker	Requirements (\$)
2b - The principal purpose of the project is to advance gender equality	56,956,394
2a - The project is designed to contribute significantly to gender equality	94,904,795
1 - The project is designed to contribute in some limited way to gender equality	249,368,740
0 - No signs that gender issues were considered in project design	13,839,937
- Not Specified	22,070,768
Grand Total	437,140,634

ANNEX II: NEEDS ASSESSMENT REFERENCE LIST

Overview of Assessments by: Part 1. Existing Needs Assessments in 2011 Part 2. Gaps in Information Part 3. Planned Needs Assessments from October 2011 through 2012		Information listed in order of: <ul style="list-style-type: none"> • National • Central, Central Highlands and South Eastern Regions; • Southern Region; • Northern Region; • North Eastern Region; • Western Region; and, • Eastern Region. 		
A. National				
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011				
Cluster(s)	Geographic areas (province, district) and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
Multi-Sector	<ul style="list-style-type: none"> • All returning refugees returned with UNHCR assistance in five Encashment centres (Kabul, Mohmand Dara in Nangarhar, Jamal Mayna in Kandahar, Gardez in Pakty and Hirat • UNHCR/MoRR Snap-Shot survey conducted in highest return areas in all provinces which covered 30% of 4.6 million returned refugees. 	UNHCR and MoRR/DoRR UNHCR, UNHCR's IPs and Directorate of Refugees and Repatriation (DoRRs)	January – December August - November	Voluntary Repatriation Forms (VRFs) UNHCR/MoRR Snap-Shot Survey
Early Recovery	TBC	TBC	TBC	TBC
Education	TBC	TBC	TBC	TBC
Emergency Shelter and NFIs	All affected conflict IDPs assessed in affected areas across the country	UNHCR in accessible areas, UNHCR IPs in remote areas and other cluster members e.g. IRC, CARE and national partners	Throughout the year	Assessment Form
Emergency Telecommunications	National level targeted assessments took place on emergency telecoms options in	WFP		

Annex II: Needs assessment reference list

	Kabul with monitoring in the regions.			
FSAC	Food security assessment of drought-affected areas in 2011 (14 affected provinces)	FSAC (with technical support from WFP) Food and Agriculture Organization of the United Nations (FAO)	June 2011, October - November 2011 August 2011	EFSA (phase one and two) Livestock and seed assessments in drought-affected areas
Health	TBC	TBC	TBC	TBC
Nutrition				
Protection	See details listed below per region on the existing assessments that took place.			
Child Protection / MRM	TBC	TBC	TBC	TBC
GBV	TBC	TBC	TBC	TBC
WASH	TBC	TBC	TBC	TBC
Part 2. CURRENT GAPS IN INFORMATION				
Cluster(s)	Geographic areas and population groups targeted		Title/Subject	
Multi- sector	Some selected provinces are inaccessible to UNHCR and its partners, including in Helmand, areas of Balkh and Faryab as well as Nuristan.			
Early Recovery				
Education				
Emergency Shelter and NFIs	Helmand, areas of Faryab, Baghis, Nuristan, Paktika, Khost, regular unfettered access to Kunar			
Emergency Telecommunications	Gaps remain in the majority of all 34 provinces given the regular interference in vhf and HF systems as well as mobile phone networks.			
FSAC	A gap remains in the comprehensive understanding of the impact of shocks on food security and agricultural livelihoods on the general population (especially those impacted by conflict and recurrent natural disaster). The EFSA focused on the drought-affected populations, but there is no clear data which focus on other groups outside of the 14 affected provinces.		TBC	
Health	TBC		TBC	
Nutrition	TBC		TBC	
Protection	Gaps in information remain on conflict zones			

		across the country. Specific gaps remain in case of IDPs and affected populations in the South - (Helmand, Zabul, Uruzgan and Nimroz). South East – Paktika and Khost; East – Nuristan, Kunar; Central – Ghazni, Logar, Maydan Wardak, Daikundi; North East – Baghlan, Takhar, Badakshan; North – parts of Faryab and Jawzjan; West – Ghor, Farah, Badghis. The above impacts on CPIE and GBV as well.			
Child Protection / MRM		TBC		TBC	
GBV		TBC		TBC	
WASH		TBC		TBC	
Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012					
Cluster(s)	Geographic areas and population groups targeted	Organizations to implement the assessment	Planned dates	Issues of concern	To be funded by
Multi-sector	Returnee monitoring by district	UNHCR	January - December 2012	Reintegration and protection concerns	UNHCR
Early Recovery					
Education					
Emergency Shelter and NFIs					
Emergency Telecommunications	In Kabul and rest of the Central Region provinces, the interference in vhf and HF system makes it difficult for humanitarian organization to deliver assistance.	WFP through the cluster members	15 February to 15 June	Unavailability of funds	Donors
FSAC	Comprehensive livelihoods assessment of vulnerable agricultural communities.	FAO	TBC	To date, there is no comprehensive data on livelihoods patterns of livelihoods of agricultural HH vulnerable to shocks and food insecurity – this is key to establishing response options to address the	This assessment stands as a project in the 2012 CAP – funding required.

Annex II: Needs assessment reference list

				needs of these communities.	
Health	TBC	TBC	TBC	TBC	TBC
Nutrition	TBC	TBC	TBC	TBC	TBC
Protection	Nationwide IDP profile / Snapshot Population Movement Tracking Mechanism (PMT) CPiE GBV	To be implemented by the Sub national IDP TFs under leadership of UNHCR and its partners with Line Ministry MoRR and DoRRS To identify all new IDP caseloads emerging in 2012 by an inter-agency effort led by the IDP TF	Through November – December 2011 Through 2012	IDP Data clarification on new displacements, secondary displacements and returns/ relocations/ local integration Tracking of new Displacements	
Child Protection / MRM	TBC	TBC	TBC	TBC	TBC
GBV	TBC	TBC	TBC	TBC	TBC
WASH	TBC	TBC	TBC	TBC	TBC

A. Central, Central Highlands and South East Regions
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011– Central, Central Highlands and South East

Cluster(s)	Geographic areas (province, district) and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
FSAC	<ul style="list-style-type: none"> • Kabul: KIS, Shakar dara, Istalif, Musai, Khaki-Jabar, Sorobi, (3,830 HH) • Kapisa: Tagab IDPs (187 HHs) • Parwan: Qala-i-Khjoa (800 HH) • Logar: Baraki Barak (800 HH) • Bamiyan • Daikundi • Paktika 	<p>WFP/IP, OCHA, ICRC, IRC, DRC, ARCS, Solidarités</p> <p>WFP, FAO, OCHA, UNHCR, UNICEF, CRS, MedAir, Solidarités</p>	<p>Kabul: March, April Kapisa: April Parwan: April Logar: April</p> <p>June 2011 July 2011</p>	Low rain-fed irrigation and limited yield, 'Spring dryness'.
EDUCATION	<ul style="list-style-type: none"> • Kabul: KIS 	UNICEF/IP, Aschiana	March	
NUTRITION	<ul style="list-style-type: none"> • Kabul: KIS, Shakar dara, 	UNICEF/IP, WHO, ACF,	Kabul: March, April	

	<p>Istalif Musai, Khaki-Jabar, Sorobi, (3,830 HH)</p> <ul style="list-style-type: none"> • Wardak: (Kuchi settlements) 	IMC, Solidarités, SHRDO, DWHH	Wardak: May	
PROT / IDP WG	<ul style="list-style-type: none"> • Kabul: KIS, Surobi, Musai, PD 16 (3,830 HH) • Kapisa: Tagab IDPs (187 HH) • Parwan: (Qala-i-Khoja (800 HH) 	UNHCR/IP, DRC, UNICEF	Kabul: regular Kapisa: regular Parwan: March	
ES/NFI	<ul style="list-style-type: none"> • Kabul: KIS, Surobi, Musai, PD 16 (3,830 HH) • Kapisa: Tagab, Alasay (187 HH) • Parwan: Qala-i-Khoja, Samangan (1,000 HH) • Wardak: Maidan, Wardak, Besud one and 2 (300 HH) • Logar: Barak Baraki (700 HH) • Ghazni: Muqur, Gelan (400 HH) 	IOM/IP, UNHCR/IP, OCHA Aschiana, CRS, CORDAID, DRC, IRC, SHRDO, Solidarités, WHH, ANDMA	Kabul: March, April Kapisa: April Parwan: April Wardak: May Logar: April Ghazni: May	
HEALTH	<ul style="list-style-type: none"> • Kabul: KIS, Musai, Khaki-Jabar, Charasyab. (3,830 HH) • Parwan: Qala-i-Khoja (800 HH) Salang (200 HH) • Wardak: Besud one and 2 (400 HH) • Logar: Baraki Barak, (700 HH) • Bamiyan: (100 HH) • Daikundi (Nili, Gizab, Gaitl) 	WHO, UNICEF, ACF, AMI, ARC, ARCS, Care Int'l, Caritas-Germany, CRS, CORDAID, Aschiana, MedAir, MSF, SHRDO, Solidarités, WHH	Kabul: March, April Parwan: April Wardak: May Logar: April Bamiyan: February Daikundi: February	
WASH	<ul style="list-style-type: none"> • Kabul: KIS, PD16/Bagrami (350 HH) • Kapisa: Tagab IDPs (187 HH) • Daikundi: Nili (April floods, 	UNICEF/IP, ARC, ACF, CARE, CRS, MedAir, IRC, IMC, SHRDO, <i>Solidarités</i> WASH cluster members	Kabul: March, April Kapisa: April Daikundi: April June 2011	

Annex II: Needs assessment reference list

	<ul style="list-style-type: none"> • 40 HH) • Bamiyan • Daikundi 		July 7 2011	
ER	<ul style="list-style-type: none"> • Kabul: • Bamiyan: • Panjsher: 			
Child Protection / MRM	<ul style="list-style-type: none"> • Logar • Wardak 	CR, MRM, TF, (UNICEF/IP, OCHA, WFP, MoE)	June 2011 July 2011	Occupation of schools; use of civilian infrastructure for military purposes.
Part 2. CURRENT GAPS IN INFORMATION – Central, Central Highlands and South East				
Cluster(s)	Geographic areas and population groups targeted		Title or Subject	
FSAC	<p>Gardez, Ahmmad, Said Karam, Aba Mirzaka, Laja Mangal, Ahmmad, Khail Jaji, Garda sirai districts, Paktya province – 6,963 flood-affected families.</p> <p>Kohistan -one, Kapisa province – 400 floods-affected families.</p> <p>Sarobi, Gian, Zerok, Naka ditrcits, Paktika province – 2,171 flood-affected families.</p>		Inaccessibility of the affected areas due to the security situation. Reliance on the GoA/implementing partners in regards to needs assessment, assistance delivery and distribution.	
EDUCATION	Arghande Bala area, Paghman district, Kabul province - 300 Kochies families.		Needs re-assessment.	
Nutrition	TBC		TBC	
PROT/IDP WG	<p>Arghande Bala area, Paghman district, Kabul province - 300 Kochies families.</p> <p>Kochis seasonal migration in SER, CR and CHR in 2012.</p> <p>KIS, Kabul -</p>		<p>Needs re-assessment.</p> <p>Needs assessment. Protection advocacy. GoA response plans, sustainable solutions, conflict prevention.</p> <p>Strategy for protection support and development interventions.</p>	
ES/NFI	<p>Arghande Bala area, Paghman district, Kabul province - 300 Kochies families.</p> <p>Floods prone areas in SER, CR and CHR (Bamyan, Saighan, Shiber, Yakawlang, Panjab, Waras Kahmard districts, Bamyan province.</p> <p>Nili, Sharistan, Miramoor, Ashterlay Kijran, Gizab, Khidir, Sang Takht, Daikundi province.)</p>		<p>Needs re-assessment.</p> <p>Development projects/mitigation measures for the floods prone areas.</p>	

HEALTH	Arghande Bala area, Paghman district, Kabul province - 300 Kochies families. Bamyan, Saighan, Shiber, Yakawlang, Kahmard Panjab, Waras districts, Bamyan province – general population; Ashterlay, Kiti Sang Takht, Miramoor districts, Daikundi province-general population; Paktya, Paktika and Khost provinces – general public.	Needs re-assessment. Provision of health care to the areas isolated during winter due to heavy snow. Emergency transportation of patients to health facilities. Response plans/development projects in regards to Qunaaq pass in Daikundi province. Cholera outbreak prevention/ development plans for 2012.
WASH	Arghande Bala area, Paghman district, Kabul province - 300 Kochies families. Paktya, Paktika and Khost provinces – general public.	Needs re-assessment. Cholera outbreak prevention /development plans for 2012.
Child Protection/MRM	Maidan Wardak, Logar provinces – public schools.	ISAF/ANSF/USFOR response to allegations of using school facilities for the military purposes.

Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012 – Central, Central Highlands and South East

Cluster(s)	Geographic areas and population groups targeted	Organizations to implement the assessment	Planned dates	Issues of concern	To be funded by
EDUCATION	SER, CR: conflict IDPs/cross-border displaced population/refugee returnees. CR, CHR, SER: Annual and natural disasters induced IDP and general public. CR.SER, CHR - Acutely vulnerable populations. SER, CR, CHR - Kochis seasonal migration.	UNICEF, WFP OXFAM, CARE	Through 2012 April- September	Humanitarian access. Access to basic services. Government assistance/support.	
FSAC	SER, CR: conflict IDPs/cross-border displaced population/refugee returnees. CR, CHR, SER: Annual and natural disasters induced IDP and general public.	FAO, WFP SOLIDARITÉS IOM, UNHCR	Through 2012	Humanitarian access. Access to basic services. Government assistance/support.	TBC

Annex II: Needs assessment reference list

	CR.SER, CHR - Acutely vulnerable populations. SER, CR, CHR - Kochis seasonal migration. CHR (Daikundi, Bamyan provinces)- general public in the areas isolated due to heavy snow,	UNHCR, IOM	April - September November-April		
NUTRITION	CR.SER, CHR - Acutely vulnerable populations.	UNICEF, WFP	Through 2012	TBC	TBC
PROT / IDP WG	SER, CR: conflict IDPs/cross-border displaced population/refugee returnees. CR, CHR, SER: Annual and natural disasters induced IDP and general public. CR.SER, CHR - Acutely vulnerable populations. SER, CR, CHR - Kochis seasonal migration.	UNHCR, IOM WFP, ICRC, UNAMA, MACCA, Afghan Red Crescent	Through 2012 March-October (floods prone areas) Through 2012 April- September	Protection and initial return assistance Humanitarian access. Access to basic services. Government assistance/support. Advocacy for progress on implementation of Hyogo Framework priorities 1-4. Government response plans/mitigation measures/sustainable solutions to atural/seasonal disasters. Advocacy for protection support and development interventions in rural and urban areas. Conflict prevention; Protection.	
ES/NFI	SER, CR: conflict IDPs/cross-border displaced population/refugee returnees. CR, CHR, SER: Annual and natural disasters induced IDP and general public. SER, CR, CHR - Kochis seasonal migration. CHR (Daikundi, Bamyan provinces)- general public in the areas isolated due to heavy snow,	UNHCR, UNICEF, ICRC, IRC, SOLIDARITÉS, OXFAM IOM, UNHCR	Through 2012 March-October (floods prone areas) April- September November-April	Humanitarian access. Access to basic services. Government assistance/support.	
ETC	In Kabul and rest of the	WFP through the	15 February to 15	Unavailability of funds	Donors

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	provinces, the interference in vhf and HF system makes it difficult for humanitarian organization to deliver assistance.	cluster members	June		
HEALTH	SER, CR: conflict IDPs/cross-border displaced population & refugee returnees. CR, CHR, SER: Annual and natural disasters induced IDP and general public. CR.SER, CHR - Acutely vulnerable populations. CHR (Daikundi, Bamyan provinces)- general public in the areas isolated due to heavy snow,. SER, CR, CHR - Kochis seasonal migration. Paktya, Paktika, Khost porvinces. – General public.	WHO, UNICEF, ICRC	Through 2012 March-October (floods prone areas) Through 2012 November-March April- September July-September	Humanitarian access. Access to basic services. Government assistance/support. Provision of health care; emergency transportation of patients to health clinics. Advocacy for progress on implementation of Hyogo Framework priorities 1-4. Cholera outbreak prevention.	
WASH	SER, CR: conflict IDPs/cross-border displaced population/refugee returnees. CR, CHR, SER: Annual and natural disasters induced IDP and general public. CR.SER, CHR - Acutely vulnerable populations. SER, CR, CHR - Kochis seasonal migration.	UNICEF	Through 2012 March-October (floods prone areas) April- September	Humanitarian access. Access to basic services. Government assistance/support.	
ER			TBC		
MRM	Maidan Wardak, Logar provinces- public schools	MRM, TF, UNICEF, OCHA	Through 2012	Entry/Occupation of school facilities by ISAF/ANSF/USFOR	

B. Southern Region					
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011- South					
Cluster(s)	Geographic areas (province, district) and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject	
Protection	Helmond Province in several districts, conflict-affected population.	UNHCR through their IP HAPA.	13 March to 23 April	IDP Assessment.	
Protection	SR (protection needs of whole population).	UNHCR with all the agencies; done in January - February 2011.	February 2011	SR Protection Cluster overview of 2010.	
WASH	Nimroz, Helmond and Urozgan.	UNICEF (with DoE and MRRD).	April-May 2011	Technical assessment to establish WASH facilities in 100 schools.	
Wash	Kandahar, Nimroz and Zabul.	UNICEF, CDC, MRRD.	February-Aril 2011	Survey and assessment to construct and install 15 deep wells in the three provinces.	
Part 2. CURRENT GAPS IN INFORMATION – South					
Cluster(s)	Geographic areas and population groups targeted		Title/Subject		
TBC	TBC		TBC		
TBC	TBC		TBC		
TBC	TBC		TBC		
TBC	TBC		TBC		
Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012 – South					
Cluster(s)	Geographic areas and population groups targeted	Orgs. to implement the assessment	Planned dates	Issues of concern	To be funded by
EDUCATION	TBC	TBC	TBC	TBC	TBC
FSAC	TBC	TBC	TBC	TBC	TBC
NUTRITION	TBC	TBC	TBC	TBC	TBC
PROT / IDP WG	TBC	TBC	TBC	TBC	TBC
ES/NFI	TBC	TBC	TBC	TBC	TBC
ETC	TBC	TBC	TBC	TBC	TBC
HEALTH	TBC	TBC	TBC	TBC	TBC
WASH	TBC	TBC	TBC	TBC	TBC

ER	TBC	TBC	TBC	TBC	TBC
MRM	TBC	TBC	TBC	TBC	TBC
C. NR					
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011- North					
Cluster(s)	Geographic areas (province, district) and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject	
Protection	Faryab, Maimana city, EVIs	ANDMA, ARCS, Gov	1 January 2011	Protection	
Protection/IDP TF	Faryab, Gurziwan –IDPs	UNHCR, DoRR and OCHA	January 2011	Assessment of conflict-induced IDPs	
Protection, Shelter/NFI	Faryab, Bilchiragh, Gurziwan, conflict IDPs	ARCS, ANDMA, Gov	11 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Jawzjan, Qarqin, floods	ANDMA, Gov, UN, NGO	16 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Balkh, Mazar city, Sholgara, EVIs	ANDMA, ARCS, DoRR	18 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Balkh, Kishindih, EVIs	Gov	18 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Balkh, Chahar Bolak, EVIs	ARCS	18 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Faryab, from Ghor province, conflict IDPs	ICRC, NRC	18 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Faryab, from Kohistan, conflict IDPs	Gov, ACTED, SAF	18 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Faryab, Qaysar, conflict IDPs	ICRC	18 January 2011	Protection	
Protection, Shelter/NFI	Faryab, from Ghor province, conflict IDPs	UNHCR, OCHA	18 January 2011	Assessment of conflict-induced IDPs	
Protection, Shelter/NFI	Balkh, Mazar city, EVIs	ANDMA, ARCS, Provincial Council	18 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Sari Pul, Sari Pul city, conflict IDPs	UNHCR, WFP, NRC, IOM, DoRR, ARCS	16-19 January 2011	Assessment of conflict-induced IDPs from Sayyad	
Protection, Shelter/NFI	Balkh, Sholgara, refugee returnees	NRC	January 2011	Protection, ES FNI	
Protection, Shelter/NFI	Jawzjan, Darzab, Kosh Tepa, conflict IDPs	ICRC	20 January 2011	Protection, ES NFI	
Protection, Shelter/NFI	Jawzjan, Darzab, Kosh Tepa, conflict IDPs	NRC	20 January 2011	Protection, ES NFI	

Annex II: Needs assessment reference list

Protection, Shelter/NFI	Sari Pul, Sozma Qala, refugee returnees	NRC	January 2011	Protection, ES NFI
Protection, Shelter/NFI	Sari Pul, Sangcharak, EVIS, conflict IDPs	NRC	20 January 2011	Protection, ES NFI
Logistics	Samangan, Khoram Wa Sarbagh, Ruyi Du Ab, EVIs	UNOPS	20 January 2011	Rural road rehabilitation
Logistics	Sari Pul, Balkhab, Sangcharak, EVIs	UNOPS	20 January 2011	Rural road rehabilitation
Protection	Faryab, Ghormach, conflict IDPs	UNAMA Human Rights	23 January 2011	Protection
Protection, Shelter/NFI	Faryab, Maimana city, conflict IDPs	ARCS, ANDMA, UNHCR, UNICEF, OCHA	30 January 2011	Protection needs of conflict-induced IDPs in general
Protection/IDP TF	Faryab, Ghormach - IDPs	UNHCR, DoRR and OCHA	February 2011	Assessment of conflict IDPs
Protection/IDP TF	Samangan, Hazrati Sultan - returnees	UNHCR and DoRR	February 2011	Assessment of returnee needs
Protection/IDP TF	Samangan, Aybak – EVI	UNHCR and DoRR	February 2011	Need assessment of EVIs
Protection, Shelter/NFI	Sari Pul, Sari Pul city, conflict IDPs	NRC	February 2011	Protection, ES NFI
Protection, Shelter/NFI	Faryab, Gurziwan, conflict IDPs	UNHCR, NRC	February 2011	Protection, food, ES NFI, transportation
Protection, Shelter/NFIs	Faryab, Qaysar, conflict IDPs	UNHCR, OCHA	1 February 2011	Protection need of conflict-induced IDPs
Protection, Shelter/NFI	Jawzjan, Shiberghan, conflict IDPs	UNHCR, DoRR, NRC	3 February 2011	Assessment of conflict-induced IDPs
Protection, Shelter/NFI	Balkh, Khulm, EVIs	ANDMA, IOM	3 February 2011	Protection, ES NFI
Protection, Shelter/NFI	Balkh, Balkh, EVIs	ANDMA, ARCS, IOM	3 February 2011	Protection, ES NFI
Protection	Balkh, Balkh, floods	ANDMA, Gov	6 February 2011	Protection, ES NFI
Protection/IDP TF	Sari Pul, Gosfandi	DoRR Sari Pul, UNHCR	7-10 February 2011	Need Assessment / EVI
Protection, Shelter	Jawzjan, Fayzabad floods	CARE, ANDMA	13 February 2011	Protection, ES NFI
Protection, Shelter/NFIs	Jawzjan, Khamyab, floods	IOM	16 February 2011	Protection, ES NFI
Protection, Shelter/NFIs	Jawzjan, Shiberghan city, IDPs	UN agencies, NGOs	22 February 2011	Protection, ES NFI
Protection/IDP TF	Sari Pul, Gosfandi	DoRR Sari Pul, UNHCR, DHSA	20-24 February 2011	Need Assessment / EVI
Protection/IDP TF	Sari Pul, Sozma Qala	DoRR Sari Pul, DHSA, UNCHR	28 February – 3 March 2011	Need Assessment / EVI /BS
Protection/IDP TF	Faryab, Kohistan	ACTED, SAF and district authorities	March 2011	Assessment and verification of conflict-induced IDPs

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Health (BPHS/SHARP)	Balkh, all districts, people with health needs	CHA	1 March 2011	Health
Protection, Shelter/NFIs	Balkh, Nahreshahi, flood-affected people	ANDMA, ARCS, IOM, UNICEF	3 March 2011	Protection, ES NFI
Protection, Shelter/NFIs	Balkh, Kaldar, flood-affected people	ADEO	10 March 2011	ES NFI
Protection/IDP TF	Sari Pul, Gosfandi	DoRR Sari Pul, DHSA, UNHCR	13 – 17 March 2011	Need Assessment
Protection, Shelter/NFIs	Balkh, Kaldar, flood-affected people	ANDMA, Gov	17 March 2011	Protection, ES NFI
Protection, Shelter/NFIs	Sari Pul, Sari Pul city, conflict IDPs	UNHCR, WFP, ADEO	24 March 2011	Assessment and protection needs of conflict-induced IDPs
Education	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, people with education needs	Provincial Education Departments	January – March 2011	Identification of community based school and women Literacy needs
Protection/IDP TF	Faryab, Maimana – IDPs	WFP, UNHCR, OCHA and DoRR	April 2011	Assessment of conflict IDPs
Protection/IDP TF	Faryab, Pashtun Kot - IDPs	NRC, UNHCR and DoRR	April 2011	Assessment of conflict IDPs
Protection, Safety and Security	Samangan, Aybak, Khoram Wa Sarbagh, Dara-i-Sufi Payin, Ruyi Du Ab, mine-affected people	UNMACA implemented by IPs (MCPA, DDG and HALO Trust)	4 April 2011	Protection, Mine Action
Protection, Shelter/NFI	Balkh, Marmul, landslide-affected people	NRC	6 April 2011	Emergency shelter, transportation
Protection, Shelter/NFIs	Balkh, Marmul, landslide-affected people	SC	6 April 2011	Protection, ES NFI, WASH
Protection, Shelter/NFIs	Faryab, Shirin Tagab, floods-affected people	ANDMA, ARCS	13 April 2011	Protection, ES NFI
Protection, Shelter/NFIs	Balkh, Marmul, landslide-affected people	ADEO	8-13 April 2011	ES NFI
Protection, Shelter/NFIs	Samangan, Aybak district, conflict IDPs	UNHCR, DoRR	18-26 April 2011	Assessment and delivery of assistance to conflict-induced IDPs
Protection, Shelter/NFI	Balkh, Nahri Shahi, refugee returnees	NRC	April 2011	Food and NFI
Health, CMAM	Balkh, Balkh, Chahar Kint, Chahar Bolak, Kaldar, Shortepa, Zari, Kishindih, Chimtal, people with health needs	CHA	April 2011	
Protection	Samangan, Dara-i-Suf, people at risk of natural disasters	BRAC	April, May 2011	Disaster preparedness and mitigation
WASH	Faryab, Shirin Tagab, drought-affected people	INTEROS	12/13 April, 2/3 May 2011	WASH

Annex II: Needs assessment reference list

Protection, Shelter/NFIs	Balkh, Khulm flood-affected people	ADEO	4 May 2011	ES NFI
Protection, Shelter/NFIs	Samangan, Dara-i-Sufi Payin, flood-affected people	ANDMA, Gov	7 May 2011	Protection, ES NFI
Protection, Shelter/NFIs	Faryab, Bilchiragh, Ghormach, flood-affected people	ANDMA, NGOs	7 May 2011	Protection, ES NFI
Protection, Shelter/NFIs	Jawzjan, Shiberghan city, flood-affected people	ANDMA	7 May 2011	Protection, ES NFI
Protection, Shelter/NFIs	Faryab, Qaysar, conflict IDPs	Gov, ARCS, NGOs	8 May 2011	Protection, ES NFI
Protection, Shelter/NFIs	Faryab, Pashtun Kot, conflict IDPs	NRC	May 2011	Food and NFI
Protection, Shelter/NFIs	Sari Pul, Sozma Qala, flood-affected people	ANDMA, ARCS, DoRR, DoPH	8 May 2011	Protection, ES NFI
Protection, Shelter/NFIs	Samangan, Khuram Wa Sarbagh, flood-affected people	ACT, NRDOAW, SRP	11/12 May 2011	Protection, ES NFI
Protection, Shelter/NFI	Samangan, Khuram Wa Sarbagh, Ruyi Du Ab, flood-affected families	NRC, IOM	11 May 2011	Transportation and distribution of IOM NFI
Protection, Shelter/NFIs	Samangan, Ruyi Du Ab, flood-affected people	<i>Solidarités</i>	14-16 May 2011	Protection, ES NFI, Food Security
Protection, Shelter/NFIs	Samangan, Dara-i-Sufi Payin, flood-affected people	ZCO	Mid-May 2011	ES NFI
Protection, Shelter/NFIs	Samangan, Ruyi Du Ab, Dara-i-Sufi Payin, flood-affected people	AGDO	17-18 May 2011	ES NFI
Protection, Shelter/NFIs	Samangan, Dara-i-Sufi Payin, flood-affected people	NRC	18 May 2011	Protection, ES NFI
Protection, food security	Sari Pul, Sozma Qala, flood-affected people	WFP	17-19 May 2011	Protection, Food Security
Protection, Shelter/NFIs	Sari Pul, Sozma Qala flood-affected people	ADEO	17-19 May 2011	ES NFI
Protection, Shelter/NFI	Balkh, Mazar-e-Sharif, refugee returnees	NRC	May 2011	Transportation, distribution facilitation
Protection, Shelter/NFIs	Jawzjan, various districts, flood-affected people	ZCO	24 May 2011	ES NFI
Protection, Shelter/NFI	Faryab, Gurziwan, conflict IDPs	NRC, UNHCR, WFP	May 2011	Transportation, food, NFI
Protection, Shelter/NFIs	Samangan, Dara-i-Sufi Bala, natural disaster-affected people	NPO/RRAA, SHA, KSRO, AGDO	Summer 2011	Protection, ES NFI

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Shelter/NFIs, Nutrition	Sari Pul, Sari Pul city, conflict IDPs	ADEO	Summer 2011	Provision of emergency shelter (tents), NFIs and conducting malnutrition project.
Protection, Shelter	Sari Pul, Sozma Qala, natural disaster-affected people	ADEO	Summer 2011	Construction of emergency shelter.
WASH	Balkh, Chahar Kint, Kishindih, Khulm, Sholgara, Zari, drought-affected people	ADEO	Summer 2011	Provision of safe drinking water.
Protection, Shelter	Samangan, Khuram Wa Sarbagh, natural disaster-affected people	ACT/SRP	Summer 2011	Construction of emergency shelter.
Protection, Shelter	Balkh, Marmul, natural disaster-affected people	ACT, ADEO. SRP	Summer 2011	Construction of emergency shelter.
Protection, Shelter	Samangan, Ruyi Du Ab, natural disaster-affected people	AGDO	Summer 2011	Construction of emergency shelter.
WASH	Samangan, Aybak, Khuram Wa Sarbagh, Hazrati Sultan, drought-affected people	BRAC	June – August 2011	WASH
Protection, Shelter/NFIs	Jawzjan, Shiberghan, Aqcha and five districts IDP, Returnees, drought-affected people	DHSA	June 2011	Drought, need for shelter, cash-for-work (CFW) and NFIs.
Protection, Shelter/NFIs	Faryab, Almar, Qysar, Andkhoy and surrounding districts, drought-affected people	DHSA	June 2011	Drought, need for shelter, CFW and NFIs.
Protection, Shelter/NFIs	Sari Pul, Sari Pul city and districts, drought-affected people	DHSA	June 2011	Drought, need for shelter, CFW and NFIs.
Protection, Shelter/NFI	Faryab, Pashtun Kot, conflict IDPs	NRC	June 2011	Transportation
Protection/IDP TF	Faryab, Pashtun Kot - IDPs	UNHCR, NRC and DoRR	July 2011	Assessment of conflict IDPs
Protection/IDP TF	Faryab, Maimana – IDPs	UNHCR, NRC and WFP	July 2011	Assessment of conflict IDPs
Protection/IDP TF	Faryab, Maimana – IDPs	UNHCR, WFP, NRC and DoRR	19 – 20 July 2011	Assessment of conflict IDPs
Protection/IDP TF	Faryab, Dawlatabad – IDPs	UNHCR, WFP, NRC and DoRR	27 July 2011	Assessment of conflict IDPs
Protection/IDP TF	Faryab Dawlatabad - IDPs	DoRR, NRC and WFP	27 July 2011	Assessment of conflict IDPs
Protection, Shelter, WASH	Faryab, Shirin Tagab, flood and drought-affected people	INTERSOS	Summer 2011	Construction of emergency shelter/water pipe scheme.
Protection/NFI	Balkh, Dihdahdi, conflict and natural disaster-affected people	NRC	Summer 2011	Protection, NFIs
Protection, NFI	Balkh, Alabad village, EVI returnees	NRC	June 2011	Food and NFI
Protection/ IDP TF	Balkh, Jawzjan, Sari Pul and Faryab, conflict IDPs	UNHCR, NRC, DoRR	June and July 2011	Protection and NFI needs of conflict IDPs.
Protection, Safety	Sari Pul, Sari Pul, Gosfandi, Khowja Nehan	UNMACA implementing IPs	1 June and 1	Demining operation / Land Impact

Annex II: Needs assessment reference list

and Security	village, Sayyad, mine-affected people	(MCPA, MDC and DDG)	August 2011	Assessment.
Protection, Safety and Security	Faryab, Balkh, Samangan, Jawzjan, Sari Pul, mine-affected people	UNMACA implemented by MCPA	1 June- 30 August 2011	Land Impact Assessment/ Mine Field Survey.
WASH	Balkh, Kishindih, drought-affected people	PiN	June – July 2011	Drought
FSAC	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, drought-affected people	ANDMA, RRD, DoRR, WFP, SC, ActionAid, PiN, Solidarités, CARE International, Mercy Corps, others	June – September 2011	EFSA
FSAC	Balkh, Kishindi, Zari, Sholgara, Chitmal, Chahar Kint, Khulm, Dawlatabad, drought-affected people	ANDMA, RRD, DoRR, ARCS, ActionAid, SC, CARE International, Mercy Corps	June 2011	Food security
Nutrition	Balkh, Dawlatabad, Khulm, Dihdadi, Sholgara, Nahri Shahi, Marmul, drought-affected people	SC	April – October 2011	Nutrition screening of 35,000 children U5 years
Health	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, drought-affected people, people with health needs	Public Health Directorates, CDCs, DEWS, WHO, UNICEF, NGOs	January – December 2011	AFP, diseases outbreak
Nutrition	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, drought-affected children	Nutrition Cluster	July – December 2011	Malnutrition of young children
WASH	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, natural disaster and drought-affected people	WASH Cluster	January – December 2011	Safe drinking WASH
Protection	Sari Pul, Sari Pul city, conflict IDPs	NRC	July 2011	Food
Protection	Balkh, Mazar-e-Sharif, deportees from Iran	NRC	11 July 2011	Food
Protection/IDP TF	Jawzjan, Shiberghan - IDPs	UNHCR, NRC and DoRR	18 July 2011	Assessment of conflict-induced IDPs
Protection/IDP TF	Jawzjan, Shiberghan - IDPs	UNHCR and DoRR	July and August 2011	Assessment of conflict-induced IDPs
Protection/IDP TF	Sari Pul centre	DoRR, NPO, UNHCR	2 August 2011	IDP assessment
Protection/IDP TF	Sari Pul centre	DoRR, NPO, UNHCR	15-16 August 2011	IDP Assessment
Protection	Balkh, Alburz, conflict IDPs	NRC, WFP	17 August 2011	Food
Protection	Samangan, Dara-i-Sufi Payin, conflict IDPs	NRC, WFP	18 August 2011	Food
Protection	Faryab, Dawlatabad, Shirin Tagab	NRC	16 August 2011	Food, NFI
Protection	Faryab, Pashtun Kot, conflict IDPs	NRC	17 August 2011	Food, NFI
Protection	Sari Pul, Sayyad, conflict IDPs	NRC	23 August 2011	Food, NFI
Emergency Shelter and NFI	Balkh, Shortepa and Kaldar, flood-affected people	AA and Mercy Corps	August 2011	Emergency shelter, food and NFI
WASH	Jawzjan, Shiberghan, drought-affected people	WHH and ANDMA	11 August 2011	Provision of water

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WASH, FSAC	Sari Pul, drought-affected people	ZOA	Summer 2011	CFW, WASH
FSAC, WASH	Balkh, several districts, drought-affected people	PiN	Summer 2011	CFW, WASH
WASH, FSAC	Jawzjan, several districts, drought-affected people	Tearfund	Summer 2011	Water, food security, CFW
FSAC, WASH	Faryab, several districts, drought-affected people	ACTED	Summer 2011	CFW, WASH
FSAC, WASH	Samangan, Ruyi Du Ab, drought-affected people	Solidarit�s	Summer 2011	Food security, WASH
WASH, FSAC	Samangan, several districts, drought-affected people	Afghanaid	Summer, autumn 2011	WASH, food security, seed, animal feed
FSAC, WASH	Balkh, several districts, drought-affected people	CARE International	Summer 2011	CFW, WASH
FSAC, WASH	Faryab, several districts, drought-affected people	NPO/RRAA	Summer 2011	CFW, WASH
WASH	Balkh, Jawzjan, Samangan, several districts, drought-affected people	ACT/SRP/AGDO	Summer 2011	WASH
WASH	Balkh, several districts, drought-affected people	ADEO/SRP	Summer 2011	WASH
Nutrition	Balkh, Sholgara, Chimtal, drought-affected people	ASCYWO	Summer 2011	Nutrition
WASH	Balkh, Khulm, drought-affected people	AREA	Summer 2011	WASH
WASH	Faryab, Qaysar, Pashtun Kot, Khoja Sabz Posh, drought-affected people	WRDOAW	Summer 2011	WASH
WASH	Faryab, Maymana, Bilchiragh, Khoja Sabs Posh, . Almar, Qaysar, Dawlatabad, Shirin Tagab, drought-affected people	NRDOAW	Summer 2011	WASH
Nutrition	Jawzjan, Aqcha, Darzab, drought-affected people	EDGAO	Summer 2011	Nutrition
Protection/IDP TF	Balkh, Dihdadi - IDPs	UNHCR, WFP, NRC and DoRR	July 2011	Assessment of conflict-induced IDPs from Chimtal
Protection/IDP TF	Balkh, Dihdadi – IDPs and EVIs	WFP, UNHCR, DoRR and NRC	26 and 27 July 2011	Assessment of IDPs and EVIs
Protection/ NFI	Jawzjian/ Shiberghan city, conflict IDPs	UNHCR, NRC, WFP, DoRR and NPO	15-17 August 2011	Assessment of conflict-induced IDPs.
Protection/IDP TF	Balkh, Dihdadi - IDPs	UNHCR, WFP, NRC and DoRR	26 and 27 August 2011	Assessment of conflict-induced IDPs

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Protection/NFI	Balkh around Mazar city, drought IDPs	UNHCR, DoRR	7 September 2011	Assessment and verification of drought IDPs
Protection/IDP TF	Samangan, Aybak – IDPs and EVI	UNHCR, DoRR and NPO	14 September 2011	Need assessment of conflict-induced IDPs and EVIs
Protection/IDP TF	Balkh around Mazar city, drought IDPs	UNHCR, IOM, NRC, DoRR	15 September 2011	Assessment of drought IDPs
Emergency Shelter and NFI	Flood-affected families in Northern Region	NRC	15 September 2011	Tents, emergency shelter, NFI
Protection/IDP TF	Faryab, Gurziwan – IDPs	UNHCR, DoRR and NPO	18 – 20 September 2011	Assessment of conflict IDPs
Protection/IDP TF	Sari Pul centre	DoRR, NPO, UNHCR	26 – 28 September 2011	IDP Assessment
Protection/NFI	Balkh around Mazar city, drought IDPs	UNHCR, IOM, NRC, DoRR	28 and 29 September 2011	Assessment of drought IDPs
Protection/IDP TF	Faryab, Maimana - IDPs	UNHCR, WFP, ARCS and DoRR	29 September 2011	Assessment of conflict IDPs
Protection, Emergency Shelter/NFI	Sari Pul, Sayyad, conflict IDPs	NRC	30 September 2011	Emergency shelter
Protection/IDP TF	Samangan, Hazrati Sultan and Aybak - EVI	UNHCR and DoRR	September 2011	EVI assessment
FSAC	Balkh, Faryab, Jawzjan, Samangna, Sari Pul, drought-affected farmers	DAIL, FAO, NGOs	Autumn 2011	Seed, animal feed, fertilizer
Protection, FSAC	Balkh, Alburz – drought IDPs	NRC	3-4 October 2011	Drought assistance needs
Protection	Sari Pul, Sayyad – conflict IDPs	NRC	24 – 26 October 2011	Food assistance needs
Protection	Samangan, Dara-i-Sufi, drought IDPs	NRC	31 October 2011	Drought assistance needs
Protection	Faryab, Maymana, conflict IDPs	NRC	2 November 2011	Food assistance
Protection	Balkh, Chimtal, drought IDPs	NRC	1-3 November 2011	Drought assistance needs
Part 2. CURRENT GAPS IN INFORMATION – North				
Cluster(s)	Geographic areas and population groups targeted	Title/Subject		
Protection, WASH, FSAC, Nutrition, Health, ES/NFI	Faryab, Ghormach, conflict and natural disaster-affected people	Protection, food security, malnutrition amongst young children, safe drinking WASH, diseases outbreak, emergency shelter and NFIs, seed and animal feed		
Protection, WASH, FSAC, Nutrition, Health, ES/NFI	Balkh, Chimtal / Alburz, conflict and natural disaster-affected people	Protection, food security, malnutrition amongst young children, safe drinking WASH, diseases outbreak, emergency shelter and NFIs, seed and animal feed		

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Protection, WASH, FSAC, Nutrition, Health, ES/NFI	Jawzjan, Darzab, Qoshtepa, conflict and natural disaster-affected people	Protection, food security, malnutrition amongst young children, safe drinking WASH, diseases outbreak, emergency shelter and NFIs, seed and animal feed
Nutrition	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, drought-affected people	Expanding community-based management of acute malnutrition (CMAM)
FSAC	Jawzjan, Khwaja Du Koh, Murdian, Mingajik, Khanaqa, Aqcha, drought-affected people	Actionaid, Tearfund and ZOA propose drought response consortium proposal to address food insecurity in Jawzjan

Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012 – North

Cluster(s)	Geographic areas and population groups targeted	Orgs. to implement the assessment	Planned dates	Issues of concern	To be funded by
EDUCATION	Mazar city and surrounding areas, targeting Kuchis and other groups	Samuel Hall	24 October – 24 December 2011	Out of school children	UNICEF
EDUCATION	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, education needs of population	Provincial Education Department	January – March 2012	CBS and women literacy needs	MoE
EDUCATION	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – natural disaster and conflict-affected people	Education Cluster	Needs based	Emergency education	TBC
FSAC	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – drought-affected people	FSAC	June – August 2012	Food Security	TBC
NUTRITION	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – drought-affected people	Nutrition Cluster	January – December 2012	Malnutrition	TBC
NUTRITION	Balkh, Dawlatabad, Khulm, Didahdi, Sholgara, Nahri Shahi, Marmul	SC	December 2011 – May 2012	Nutrition screening	NA
PROT / IDP TF	Faryab, Maimana - IDPs	UNHCR, DoRR and ANDMA	25 October 2011	Assessment of conflict IDPs	Jointly funded

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PROT / IDP TF	Faryab, Almar - IDPs	UNHCR, DoRR and WFP	27 October 2011	Assessment of conflict IDPs	Jointly funded
PROT / IDP TF	Jawzjan, Shiberghan city - IDPs	UNHCR, WFP, DoRR, NRC	November - December 2011	Assessment and verification of conflict-induced IDPs	Jointly funded by participating agencies
PROT / IDP TF	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – conflict IDPs and natural disaster-affected people	Protection Cluster	January – December 2012	Protection	TBC
PROT / IDG TF	Jawzjan, Shiberghan city, disaster-affected people	SC	November 2011	Disaster risk reduction	OFDA
ES/NFI	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – natural disaster-affected people and conflict IDPs	Emergency Shelter and NFI Cluster	January – December 2012	Emergency Shelter and NFIs	TBC
Emergency Telecommunication	N/A				
HEALTH	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – people with health needs	Health Cluster	January – December 2012	AFP, diseases outbreak	TBC
WASH	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – drought-affected people, natural disaster and conflict-affected people	WASH Cluster	January – December 2012	Safe drinking water, sanitation, hygiene	TBC
WASH	Balkh, Faryab, Jawzjan, Samangan, Sari Pul – people in need of WASH assistance	SSDA	2012	WASH vulnerability assessment	NA
Early Recovery	N/A				
MRM	Balkh, Faryab, Jawzjan, Samangan, Sari Pul, conflict-affected children	MRM, CAAC	January – December 2012	Child rights violations in situations of armed conflict	TBC

D. North Eastern Region				
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011- North East				
Cluster(s)	Geographic areas (province, district) and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
Protection, Shelter/NFI	Badakhshan, Baghlan, Kunduz, Takhar, all districts – winter-affected population	Government, UN agencies, ICRC, ARCS, NGOs	January – April 2011	Winter relief needs
Protection/IDP TF	Kunduz, Imam Sahib – conflict IDPs	UNHCR, NRC and DoRR	January and April 2011	Protection needs of conflict-induced IDPs
Protection, Shelter/NFI	Baghlan province, Baghlani Jadid district – displaced population; Takhar Province Khaja Ghar district Baghlan province, Baghlani Jadid – displaced population	ICRC and ARCS	5 February 2011 5 February 2011 1 February – 10 March 2011	IDP assistance
Protection, Shelter/NFI	Kunduz, Kunduz city – conflict IDPs	NRC	February 2011	Winterization
Protection, Shelter/NFI	Baghlan, Baghlani Markazi – displaced population	ICRC and ARCS	March 2011	IDP assistance
Protection, Shelter/NFI	Baghlan, Nahrin, flood-affected population	ANDMA, DDMC and District Elders	16 – 17 April 2011	Flood assessment
Protection, Shelter/NFI	Baghlan, Nahrin District – flood-affected population	ACTED, ANDMA, DoA, DoRRD, DDMC and district authorities	7 May 2011	Flood assessment
Protection, Shelter/NFI	Baghlan, Baghlan Jadid – flood-affected population	FOCUS, ANDMA, DoA, DDMC	16 – 17 April 2011	Flood assessment
Protection, Shelter/NFI	Baghlan, Baghlan Jadid – flood-affected population	IOM, ANDMA, DoA, DoRRD, DDMC	7 May 2011	Flood assessment
Protection, Shelter/NFI	Baghlan, Bano (Andarab) – flood-affected population	AKF, ANDMA, DDMC	5 May 2011	Flood assessment
Protection, Shelter/NFI	Baghlan, Dush district – flood-affected population	ANDMA, FOCUS, DOA, ARCS ARCS, DDMC, DoA, FOCUS, ANDMA	5 May 2011 7 May 2011	Flood assessment
Protection, Shelter/NFI	Baghlan, Khenjan – flood-affected population	ANDMA, FOCUS, IOM, ARCS ANDMA, FOCUS, IOM, DDMC	5 - 7 May 2011	Flood assessment

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Protection, Shelter/NFI	Baghlan, Khost – flood-affected population	ANDMA, DDMC, district authorities	5 May 2011	Flood assessment
Protection, Shelter/NFI	Kunduz, Khan Abad, Archi and Aliabad districts – flood-affected population	ANDMA, DDMC, district authorities, ARCS, IOM,	5 – 6 May 2011	Flood assessment
Protection, Shelter/NFI	Badakhshan, Taqab and Kishm districts – Flood-affected population	ANDMA, DDMC, District authorities	29 April, 6 May	Flood assessment
Protection, Shelter/NFI	Takhar, Bangi, Rustaq and Farkhar districts – flood-affected population	ANDMA, Mercy Corps, DDMC, ANDMA, Concern, DDMC, and District authorities	9 April, 5 - 6 May 2011	Flood assessment
Protection, Shelter/NFI	Takhar, Ishkamesh district – flood-affected population	ANDMA, Mercy Corps, DDMC	10 April 2011	Flood assessment
Protection, Shelter/NFI	Takhar, Taloqan, Baharak, Chal and Ishkamesh districts – flood-affected population	ANDMA, AKDN, DDMC, Mission East, Mercy Corps	5 – 6 May 2011	Flood assessment
Health	Badakshan, Baghlan, Takhar, Kunuz – people in with health needs	Public Health Directorates, CDCs, DEWS, WHO, UNICEF, NGOs, others	January – December 2011	AFP, disease outbreak
WASH	Badakshan, Baghlan, Takhar, Kunuz – drought-affected population	Government, UN agencies, NGOs, ICRC, ARCS	Summer 2011	WASH
FSAC	Badakshan, Baghlan, Takhar, Kunuz – drought-affected population	NGOs	Summer 2011	CFW
FSAC	Badakshan, Baghlan, Takhar, Kunuz – drought-affected population	Government, UN agencies, NGOs, ICRC, ARCS	June, July, August 2011	Food security
Protection/IDP TF	Kunduz, Imam Sahib, Shir Khan Bandar – IDPs	NRC, DoRR, UNHCR and Mediothek	10 July 2011	Assessment of conflict-induced IDPs
Protection, Shelter/NFI	Kunduz, Imam Sahib – conflict IDPs	NRC	July 2011	NFI
Nutrition	Badakshan, Baghlan, Takhar, Kunuz – drought-affected population	Government, UN agencies, NGOs, ICRC, ARCS	July 2011 – on-going	Malnutrition
FSAC	Badakshan, Baghlan, Takhar, Kunuz – drought-affected farmers	Government, UN agencies, NGOs	Autumn 2011	Seed, animal feed, fertilizer

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Protection/IDP TF	Kunduz, Archi – conflict IDPs	UNHCR, NRC and DoRR	12 October 2011	Protection and NFI needs of conflict-induced IDPs	
Protection	Badakhshan, PIK, drought-affected population	NRC	1-3 November 2011	Drought assistance needs	
Part 2. CURRENT GAPS IN INFORMATION – North East					
Cluster(s)	Geographic areas and population groups targeted		Title/Subject		
Clusters: Protection, WASH, Emergency Shelter and NFI (Mazar); WGs: Nutrition, Health, Agriculture	Badakhshan, several districts – natural disaster-affected population		Protection, food security, malnutrition amongst young children, safe drinking WASH, emergency shelter and NFI, seed and animal feed		
Clusters: Protection, WASH, Emergency Shelter and NFI (Mazar); WGs: Nutrition, Health, Agriculture	Baghlan, several districts - conflict and natural disaster-affected population		Protection, food security, malnutrition amongst young children, safe drinking WASH, emergency shelter and NFI, seed and animal feed		
Clusters: Protection, WASH, Emergency Shelter and NFI (Mazar); WGs: Nutrition, Health, Agriculture	Kunduz, Aliabad, Archi, Chahar Dara, Imam Sahib, Khanabad, Qala-i-Zai – conflict and natural disaster-affected population		Protection, food security, malnutrition amongst young children, safe drinking WASH, emergency shelter and NFI, seed and animal feed		
Clusters: Protection, WASH, Emergency Shelter and NFI (Mazar); WGs: Nutrition, Health, Agriculture	Takhar, several districts – conflict and natural disaster-affected population		Protection, food security, malnutrition amongst young children, safe drinking WASH, emergency shelter and NFI, seed and animal feed		
Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012 – North East					
Cluster(s)	Geographic areas and population groups targeted	Organizations to implement the assessment	Planned dates	Issues of concern	To be funded by
All Clusters and WGs	Badakhshan, Baghlan, Kunduz, Takhar – winter-affected population	Government, UN, NGOs, ICRC, ARCS	Autumn, winter 2011/12	Winterization relief	TBC
EDUCATION	Badakhshan, Baghlan, Kunduz, Takhar – people with education needs	Provincial Education Department, NGOs	Throughout 2012	CBS and women literacy needs, out of school children	TBC
FSAC	Badakhshan, Baghlan, Kunduz, Takhar – food-insecure population	Government, UN, NGOs, ICRC, ARCS	Throughout 2012	Food security, seed, animal feed needs	TBC
NUTRITION	Badakhshan, Baghlan, Kunduz, Takhar – food-insecure population	Nutrition WG	Throughout 2012	Malnutrition, nutrition screening	TBC

Annex II: Needs assessment reference list

PROTECTION /IDP TF	Kunduz, Kunduz City - IDPs	NRC, DoRR and Mediothek (IP of UNHCR)	1 November 2011	Need assessment of IDPs	Jointly funded
PROT / IDP TF	Badakhshan, Baghlan, Kunduz, Takhar – conflict and natural disaster-affected population	Protection Cluster	Throughout 2012	Protection of conflict and natural disaster-affected population, IDPs	TBC
ES/NFI	Badakhshan, Baghlan, Kunduz, Takhar – conflict and natural disaster-affected population	ES/NFI Cluster Mazar	Throughout 2012	ES and NFI	TBC
ETC	N/A				
HEALTH	Badakhshan, Baghlan, Kunduz, Takhar – population with health needs	Health WG	Throughout 2012	Diseases outbreak, polio, etc.	TBC
WASH	Badakhshan, Baghlan, Kunduz, Takhar – conflict and natural disaster-affected population	WASH Cluster	Throughout 2012	Safe drinking WASH	TBC
ER	N/A				
MRM	Badakhshan, Baghlan, Kunduz, Takhar – conflict-affected children	MRM, CAAC (Mazar)	January – December 2012	Child rights violations in situations of armed conflict	TBC

E. Western Region
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011- West

Cluster(s)	Geographic areas (province, district) and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject
IDP TF	Badghis (Qadis and Qala-e-Naw) - IDPs	DoRR, ANDMA and ARCS	From January to May 2011	
Protection	Hirat City, Hirat	DoISA (funded by UNICEF)	From 20 October to 20 November	Baseline Assessment of Street Childten

	Hirat City	CAPAN/DoLSA	November 2011	Children Performing hazardous work in Industrial City
FSAC, ES and NFI	Flood-affected areas in Herat (Shindand, Injil, Herat city, Adraskan, Zindajan, Ghoryan) – 2,814 families; Farah (Khaki Safed, Qal-e-kho, Anar Dara, Pusht-e-Rod, Shib-e-koh, Farah city) – 1,444 families,	ANDMA, WFP, IOM, ARCS, CHA, IRC, district authorities	5 - 14 February 2011	Rapid assessments of flood-affected areas.
FSAC	EFSA in Herat (Gulran, Adraskan, Kushi -Robatsangi, Hirat city and Shindand districts	WFP	July 2011	EFSA
	EFSA in Ghor (Saghar, Du Layna, Chaghcharan, Shahrak, Lal Wa Sarjantal, Passaband, Taywara, Tulak, "Ghorgand" area And Dawlatyar)	WFP	July 2011	EFSA
	EFSA in Badghis (Muqur, Ab Kamari, Qala-i-Now, and Qadis districts)	RAADA	July 2011	Drought Impact in Kohsan district
	Hirat province (kohsan district)	IRC	July 2011	Herat drought household impact assessment
	Hirat province	CRS	July 2011	Drought impact assessment in Ghor programme areas
	Ghor province	World Vision	July 2011	Drought assessment western Afghanistan: Badghis and Ghor
	Ghor and Badghis			

Annex II: Needs assessment reference list

IDP-TF	Six assessments in Hirat province (Hirat City, Enjil and Zindajan districts:47 families)	IRC	Jan 2011	Verification of food, NFI and protection needs
	Five assessments in Hirat province (Guzara,Injil and Hirat city,Shindand, Obe districts: 127 families)	IRC	March 2011	Verification of food, NFI and protection needs
	Three assessments in Hirat province (Guzara and Injil districts: 170 families)	IRC	April 2011	Verification of food, NFI and protection needs
	Three assessments in Hirat province (Guzara and Injil districts: 85 families)	IRC	May 2011	Verification of food, NFI and protection needs
	Six assessments in Hirat province: (Guzara, Injil, Obe, Karokh and city: 261 families)	IOM, UNHCR and DoRR	June 2011	Verification of food, NFI and protection needs
	Tow assessments in Hirat province (Hirat city, Zinda Jan and Guzara: 66 families)	ANDMA and DoRR	August 2011	Verification of food, NFI and protection needs
	Three assessments in Farah (Farah city:119 families)		From February to August 2011	Verification of food, NFI and protection needs
	Seven assessments in Ghor province (Du Layna, Shahrak, Passaband, Tulak and Charsada districts: 907 families)			Verification of food, NFI and protection needs
	Three assessments in Badghis provinces			Verification of food, NFI and protection needs
IDP TF	Hirat (Injil, Hirat city, Guzara, Shindand, Kushki Robot Sangi) -	IDP TF and IRC	From February to May 2011	Needs assessment.

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ES and NFI, FSAC	IDPs Shamorghakh (Shahrakh district, Ghor) – 24 families	ANDMA	2 March 2011	Needs assessment.
ES and NFI, FSAC	Tagab-Best –i Sofla (Jawand, Badghis) – 120 families	RRD, District Governor (OCHA)	8 March 2011	Needs assessment after landslide.
FSAC	Rapid food security assessment conducted by WFP in four provinces of WR. In each province three districts were targeted (In Herat, Chest, Ghoryan, Herat city, In Ghor Tulak, Chaghchan and Shahrak, In Farah Khaki Safid, Pushtirud and Balabolok in Badghis, Abkamary, Qadis and Muqur) two villages were selected from each district. There are no population figures available.	WFP	17-30 April 2011	Rapid food security assessment.
FSAC, ES and NFI	Anar Dara	ARCS	April 2011	Verification of flood needs.
	Gulran district, Herat: 30 families	ANDMA	09 Aug 2011	Verification of food and NFI needs
	Herat city, Herat: 33 families	IOM and UNHCR	17 Aug 2011	Verification of food and NFI needs
	Gulran and Robat Sangi dist, Herat: 457 families	IOM, ANDMA,IRC	12 Sep 2011	Verification of food and NFI needs
FSAC	Gulran District of Herat province 336 families in 13 Villages	ARCS	22 May 2011	
FSAC	Ghor (Lal-wa Sarjangal)	CRS	April-May 2011	House-hold food security assessment.
FSAC, ES and NFI	Flood-affected areas in Herat (Gulran, Obe, Chist-e-Sharif, Herat city) – 266 families; Badghis (Qala-e-Now, Ab Kamari) 1,327 families and Ghor (Chaghcharan, Taywara, Dulayna, Shahrakh, Charsada, Tulak)	ANDMA, IOM, DDC, RRD, CHA, ARCS	4 – 17 May, 2011	Rapid assessments of flood-affected areas.

Annex II: Needs assessment reference list

Health Inter-cluster	TBC Qala-i-Now (Badghis)	TBC OCHA-UNICEF-WFP	TBC May 2011	TBC Verification of flood impact on urban area.	
FSAC, ES and NFI	Gulran, Herat – 366 families	ARCS	May 2011	Verification of flood needs.	
PWG (IDP-TF)	Ghor (Shahrakh, Dulayna, Passaband, Tulak, Charsada)	Joint governmental dept and CHA, GP, Afghan Aid	May-June 2011	Needs and protection concerns of IDP population	
Inter-Cluster (FSAC and WASH)	Ghor province, NE Herat, Badghis	FSAC with OCHA-WR facilitation, with key partners at district level	June 2011	Food security, impact of “spring dryness”	
	Ghor province(Chaghcharan, Passaband, Saghar, Charsada, Dawlat Yar)	DRRD Ghor	September 2011	Water shortage due to drought	
Food Security Cluster	Kohsan and Karukh districts, Herat province: 1,000 families	ARCS	1 June 2011	Emergency food needs	
Part 2. CURRENT GAPS IN INFORMATION – West					
Cluster(s)		Geographic areas and population groups targeted		Title/Subject	
FSAC		Farah province		Food security and impact of drought in rural areas	
WASH		Hirat and Farah		Chronic water shortage areas	
NUTRITION PROT / IDP WG		Hirat, Badghis Ghor, Badghis		Indicators for malnutrition in areas affected by drought Status of conflict and ND IDPs in insecure areas	
Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012 – West					
Cluster(s)	Geographic areas and population groups targeted	Organizations to implement the assessment	Planned dates	Issues of concern	To be funded by
EDUCATION					
FSAC	Farah province	WFP	N/A	Drought	N/A
NUTRITION	Hirat and Badghis	UNICEF	Not clear	Impact of drought	N/A
PROT / IDP WG	Hirat City	WARCHILD UK (funded by UNICEF)	December 2011		IDP Children need assessment
PROT / IDP WG	Western Region	UNHCR +	2012	Returns /reintegration mapping	Not clear
ES/NFI	Western Region	OCHA	January 2012	Contingency planning for flood season.	N/A
ETC					

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HEALTH	Hirat,Ghor,Badghis and Farah provinces	CSO(funded by UNICEF)	December 2011		EPI Coverage Survey
HEALTH	Hirat, Badghis and Ghor	WHO and DoH + NGOs on ground	Not clear	Impact of drought on health indicators	N/A
WASH	Badghis	Voice of Women	October – November 2011	Water shortage areas	N/A
ER	TBC	TBC	TBC	TBC	TBC
MRM	TBC	TBC	TBC	TBC	TBC

F. Eastern region					
Part 1. EXISTING NEEDS ASSESSMENTS IN 2011- East					
This was a joint assessment conducted by organizations tasked in the HRT meeting.	Nangarhar province,Lalpoora Ghanikhill,Rodat,kot,batikot Haska mina,Achin, Momandara, Door Baba,and Nazian District the Population of families which assessed by IRC is (1,941) family kits and 366 tents including of 303 emergency latrines with hygiene kits to the evictee families were assessed by IRC in the above- mentioned Districts.	The first and second round assessments IRC, APA, from UNHCR, NRC, and DoRR had a joint survey.	16 January - 1 May 2011		Need assessment of Afghans evicted from Landi Kotal Tribal Area of Pakistan.
Joint assessment of Goshta IDPs and returnee families	Nangarhar province, Goshta districts 109 family evicted from Landikotal of Pakistan.	IRC team/WSTA,with APA and DoRR	3-8 March 2011		Need assessment of unregistered Afghans evicted from Landi Kotal Tribal Area of Pakistan.
WASH	Nangarhar province, Muhmandara district Ghwarakai village.	RRDE, DACAAR, ARD	22 May 2011		Drought-affected Landikotal evictees
Education	Nangarhar province, Ghanikhel, Muhmandara, LalPura and Dur Baba districts.	Preventive Drug Education (PDE) Nangarhar	February 2011 April 2011		School-aged children and their access to education

Annex II: Needs assessment reference list

Protection	Sheikh Mesery New township, Surkhrud district Nangarhar province, returnees.	UNHCR	May-June 2011	Reintegration
Protection	Sheik Mesri New Township (SMNT) Surkhrud district Nangarhar province, returnees.	UNHCR and UNICEF	August 2011	Child protection assessment of child labour in SMNT
Protection	Sheikh Mesri New township, Surkhrud district Nangarhar province, returnees.	UNHCR	May-June 2011	Protection Monitoring / Needs assessment
Protection	Saracha, Behsud district, Nangarhar province.	UNHCR	May-June 2011	Protection Monitoring / Needs assessment
Emergency Shelter & NFI	Overall Nangarhar and Laghman province.	IRC	May-Aug 2011	Response to the needs of natural disasters-affected population with NFIs, tents, emergency latrines and hygiene promotion.
Emergency Shelter & NFI	Nangarhar province (Kama, Surkhrud, Kot, Kama, Mohmandara, Kama). Assessment of evictees	IRC	May-Jul 2011	Evictees
Emergency Shelter & NFI	Overall Eastern Region IDPs – 1,573 families	Multiple	2011	Response to the needs of affected IDP population with NFIs, tents, emergency latrines and hygiene promotion.
Emergency Shelter & NFI	Overall Eastern Region Evictees – 3384 families	Multiple	2011	Response to the needs of affected evictees with NFIs, tents, emergency latrines and hygiene promotion.
Emergency Shelter & NFI	Overall Eastern Region Cross-border displaced Pakistani families – 540 families	Multiple	2011	Response to the needs of the affected cross-border Pakistani population with NFIs, tents, emergency latrines and hygiene promotion.
Emergency Shelter & NFI	Nangarhar (Kuz Kunar) province. Assessment of returnees	NRC, IRC	Oct 2011	Humanitarian aid for returnees

Emergency Shelter & NFI	Overall Eastern Region Natural disasters – 1,999 families	Multiple	2011	Response to the needs of natural disasters- affected population with NFIs, tents, emergency latrines and hygiene promotion.
Education	Nangarhar province, Ghanikhel, Muhmandara, LalPura and Dur Baba districts.	PDE Nangarhar	September 2011	School-aged children and their access to education.
WASH Cluster	Shinwar cluster.	DoPH Nangahrar	TBD	Assessment for the possible Cholera outbreak.
UNHCR	1/3 of the total returnee population in the eastern region	UNHCR	May – August 2011	Snap Shot Survey

Part 2. CURRENT GAPS IN INFORMATION – East

Cluster(s)	Geographic areas and population groups targeted	Title or Subject
FSAC	Four provinces (Nuristan, Nangarhar, Kunar, Langhman) – Population group targeted: Farmers	Crop Outlook Assessments – Not happening in the region
	Laghman (Alignar and Dawlatsha), Nuristan, and Kunar (Dangam and Asmar); Population group targeted: school children	School feeding programme – not happening in those areas that are not accessible due to on-going insecurity situation.
Health Cluster	Around 20,367 U5 years children left out about polio vaccination in two districts (Kamdish and Bargimatal) of Nuristan province and five districts (Marawara, Watapoor, Sarkani, Khas Kunar and Nari) of Kunar province	NIDs (National Immunization Days)
Protection / MRM	Lack of information and case verification from Nuristan province due to the sensitivity and security instability of Nuristan province, therefore majority of the MRM cases ignoring there.	Lack of information from Nuristan province.

Part 3. PLANNED NEEDS ASSESSMENTS FROM OCTOBER 2011 THROUGH 2012 – East

Cluster(s)	Geographic areas and population groups targeted	Organizations that implemented the assessment	Planned dates	Issues of concern	To be funded by
EDUCATION	ER/Affected population	Not Planned	On occasion	Availability of emergency stock	Most probably by UNICEF
FSAC	School children in four provinces – Nangarhar,	WFP and MoE	On-going assessments on a weekly, monthly,	Accessing certain areas due to on-going security risks.	WFP normal operation budget

Annex II: Needs assessment reference list

	Langhman, Kunar, Nuristan		and yearly (at the beginning of school year) basis.		
	Vulnerable groups with focus on adults in all four provinces in the ER	WFP, UNICEF, MoE, MoWA	On-going assessments ad-hoc basis	The volume of the response for the food component depends on the last NRVA (National Risk and Vulnerability Assessment) data available	N/A
NUTRITION	N/A	N/A	N/A	N/A	N/A
PROT / IDP WG	IDPs from the Eastern Region: 15 caseloads	UNHCR	November – December 2011	Re-assessment after the assistance phase and monitoring protection and humanitarian needs	
PROT / IDP WG	IDPs from the Eastern Region: 65 caseloads	UNHCR	2012	Re-assessment after the assistance phase and monitoring protection and humanitarian needs	
PROT / IDP WG	Cross-border displaced Pakistani families	UNHCR	2012	Regular re-assessment of identified cross-border Pakistani populations in the eastern region	
ES/NFI	TBC	TBC	TBC	TBC	TBC
ETC	TBC	TBC	TBC	TBC	TBC
HEALTH	Two districts (Kamdish and Bargimatal) of Nuristan province and some villages in five districts (Marawara, Watapoor, Sarkani, Khas Kunar and Nari) of Kunar province has not been accessible for the polio vaccines which is resulted (20,376) U5 years children left out about vaccination	HSDO (Health and Social Development Organization)	28 November 2011	Access and implement polio vaccination to the (20,367) U5 years children.	WHO and UNICEF
WASH	Eastern Region Population differences (SCO and UN-Data)	RRD/CDC(Rural Rehabilitation Directorate) and Community	August 2012	WASH mapping and coverage survey	UNICEF

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		Development Council)			
ER	TBC	TBC	TBC	TBC	TBC
MRM	TBC	TBC	TBC	TBC	TBC

ANNEX III: DONOR RESPONSE TO THE 2011 APPEAL

Table VII. Requirements and funding per cluster

Consolidated Appeal for Afghanistan 2011 as of 15 November 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Cluster	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
COMMON SERVICES	19,985,980	21,117,110	1,701,199	14,271,704	15,972,903	5,144,207	76%	-
COORDINATION	15,615,286	13,203,271	3,582,230	9,751,730	13,333,960	(130,689)	101%	-
EDUCATION	172,723,819	6,646,083	-	4,524,071	4,524,071	2,122,012	68%	-
EMERGENCY SHELTER	48,350,479	34,939,026	-	7,335,902	7,335,902	27,603,124	21%	-
EMERGENCY TELECOMMUNICATIONS	510,000	510,000	-	-	-	510,000	0%	-
FOOD SECURITY AND AGRICULTURE	230,657,599	330,337,502	34,001,935	150,323,265	184,325,200	146,012,302	56%	-
HEALTH	40,875,494	12,299,239	1,085,649	14,041,963	15,127,612	(2,828,373)	123%	-
MULTI-SECTOR	90,324,074	90,130,706	-	31,479,038	31,479,038	58,651,668	35%	-
NUTRITION	27,417,503	45,974,398	2,507,629	17,311,296	19,818,925	26,155,473	43%	584,032
PROTECTION	7,489,089	8,614,888	-	6,217,881	6,217,881	2,397,007	72%	-
WATER, SANITATION AND HYGIENE	24,683,661	18,546,404	-	13,023,300	13,023,300	5,523,104	70%	-
CLUSTER NOT SPECIFIED	-	-	2,087,577	21,768,514	23,856,091	n/a	n/a	-
Grand Total	678,632,984	582,318,627	44,966,219	290,048,664	335,014,883	247,303,744	58%	584,032

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VIII. Requirements and funding per appealing organization

Consolidated Appeal for Afghanistan 2011
as of 15 November 2011
<http://fts.unocha.org>

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

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
AADA	810,388	780,388	-	-	-	780,388	0%	-
ABR	2,098,000	1,374,000	-	-	-	1,374,000	0%	-
ACF	3,070,254	5,132,953	-	4,659,351	4,659,351	473,602	91%	-
ACT-Afghanistan	4,115,710	2,102,418	-	-	-	2,102,418	0%	-
ACTD	161,600	80,800	-	-	-	80,800	0%	-
ACTED	942,970	-	-	-	-	-	0%	-
ActionAid	1,217,200	2,321,461	-	-	-	2,321,461	0%	-
ADEO [Afghanistan]	1,795,000	971,500	-	196,824	196,824	774,676	20%	-
Afghanaid	5,837,000	8,987,000	-	1,519,000	1,519,000	7,468,000	17%	-
AMRAN	-	368,500	-	-	-	368,500	0%	-
AREA	1,856,450	742,400	-	-	-	742,400	0%	-
CAF	307,973	153,987	-	-	-	153,987	0%	-
CARE International	3,533,045	2,755,396	-	811,765	811,765	1,943,631	29%	-
Caritas Germany (DCV)	983,182	492,000	-	-	-	492,000	0%	-
CCA	145,000	91,398	-	-	-	91,398	0%	-
CHA	96,214	96,214	-	-	-	96,214	0%	-
DHSA	2,250,000	671,814	-	-	-	671,814	0%	-
DWHH	500,000	310,000	-	310,000	310,000	-	100%	-
ERF (OCHA)	-	-	2,087,577	1,856,748	3,944,325	n/a	n/a	-
FAO	25,906,848	26,582,824	-	24,985,313	24,985,313	1,597,511	94%	-
HAPA	2,100,000	1,050,000	-	-	-	1,050,000	0%	-
HAWCA	-	89,634	-	-	-	89,634	0%	-
HDO	606,016	441,650	-	-	-	441,650	0%	-
HELVETAS	736,000	698,550	-	-	-	698,550	0%	-
IBN SINA	287,064	143,532	-	-	-	143,532	0%	-
IMC UK	98,774	98,774	-	98,774	98,774	-	100%	-
INTERSOS	212,995	862,420	-	-	-	862,420	0%	-
IOM	18,879,322	10,163,437	-	-	-	10,163,437	0%	-
Johanniter Unfallhilfe e.V.	935,000	249,000	-	357,304	357,304	(108,304)	100%	-
MADERA	2,021,026	2,021,026	-	-	-	2,021,026	0%	-
MEDAIR	4,012,350	5,556,920	-	1,426,000	1,426,000	4,130,920	26%	584,032
MERLIN	1,270,327	1,023,129	-	-	-	1,023,129	0%	-
MI	361,660	361,600	-	-	-	361,600	0%	-
MM	460,100	96,800	-	-	-	96,800	0%	-
MTDO	129,000	124,000	-	-	-	124,000	0%	-
NRC	2,231,648	4,754,751	-	4,851,281	4,851,281	(96,530)	100%	-
NRDOAW	345,000	145,300	-	-	-	145,300	0%	-
OCHA	10,073,410	10,056,216	3,582,230	7,072,701	10,654,931	(598,715)	100%	-
OHCHR	176,491	-	-	-	-	-	0%	-
OXFAM GB	7,254,000	7,475,920	-	2,210,227	2,210,227	5,265,693	30%	-
OXFAM Netherlands (NOVIB)	2,155,727	8,993,027	-	-	-	8,993,027	0%	-

Annex III: Donor response to the 2011 appeal

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
PIN	-	1,500,375	-	-	-	1,500,375	0%	-
RWDOA	142,800	85,575	-	-	-	85,575	0%	-
SC	1,480,444	5,469,843	-	2,141,208	2,141,208	3,328,635	39%	-
SCA	578,200	438,650	-	-	-	438,650	0%	-
SHA	990,000	324,922	-	-	-	324,922	0%	-
SHRDO	206,378	185,733	-	82,525	82,525	103,208	44%	-
SUWA	445,000	355,000	-	-	-	355,000	0%	-
TEARFUND	5,923,989	6,720,130	-	999,695	999,695	5,720,435	15%	-
UNFPA	903,897	903,897	-	872,349	872,349	31,548	97%	-
UN-HABITAT	590,000	590,000	-	300,000	300,000	290,000	51%	-
UNHCR	100,136,137	100,153,137	-	50,267,942	50,267,942	49,885,195	50%	-
UNICEF	27,860,328	25,519,445	-	21,395,317	21,395,317	4,124,128	84%	-
UNIDO	850,000	410,000	-	-	-	410,000	0%	-
UNMAS	4,952,000	4,952,000	-	4,952,000	4,952,000	-	100%	-
WFP	412,195,165	317,523,762	39,296,412	156,782,340	196,078,752	121,445,010	62%	-
WHO	9,041,902	5,602,147	-	1,900,000	1,900,000	3,702,147	34%	-
ZCO	674,000	490,075	-	-	-	490,075	0%	-
ZOA Refugee Care	1,690,000	2,673,197	-	-	-	2,673,197	0%	-
Grand Total	678,632,984	582,318,627	44,966,219	290,048,664	335,014,883	247,303,744	58%	584,032

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table IX. Total funding per donor (to projects listed in the Appeal)

Consolidated Appeal for Afghanistan 2011
as of 15 November 2011
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	95,994,781	29%	-
Japan	93,802,482	28%	-
Carry-over (donors not specified)	44,966,219	13%	-
European Commission	20,253,846	6%	-
India	14,358,551	4%	-
Canada	12,305,541	4%	-
Sweden	10,320,041	3%	-
Denmark	7,752,969	2%	-
Netherlands	7,500,000	2%	-
Norway	7,181,036	2%	-
Australia	4,727,815	1%	-
Various (details not yet provided)	4,311,485	1%	-
Finland	2,726,654	1%	-
Germany	1,710,865	1%	-
Spain	1,562,101	0%	-
Ireland	1,238,223	0%	-
Italy	1,178,010	0%	-
Private (individuals & organisations)	1,059,431	0%	584,032
France	997,151	0%	-
Belgium	960,219	0%	-
New Zealand	666,475	0%	-
Luxembourg	616,522	0%	-
Switzerland	430,108	0%	-
Poland	309,686	0%	-
Iceland	100,000	0%	-
Slovenia	69,175	0%	-
Grand Total	335,014,883	100%	584,032

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table X. Non-appeal funding per sector

Other humanitarian funding to Afghanistan 2011 as of 15 November 2011 http://fts.unocha.org			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
AGRICULTURE	25,000	0%	-
COORDINATION AND SUPPORT SERVICES	8,755,094	2%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	2,744,791	1%	-
EDUCATION	1,413,709	0%	-
FOOD	240,801,226	55%	-
HEALTH	3,380,503	1%	-
MINE ACTION	28,168,479	6%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	18,494,215	4%	-
SHELTER AND NON-FOOD ITEMS	9,493,019	2%	-
WATER AND SANITATION	7,570,515	2%	-
SECTOR NOT YET SPECIFIED	117,325,884	27%	-
Grand Total	438,172,435	100%	-

NOTE: "Funding" means Contributions + Commitments

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

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

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

Please note that this table includes \$40 million of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XI. Total humanitarian funding per donor (Appeal plus other)

Afghanistan 2011 as of 15 November 2011 http://fts.unocha.org

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	295,124,720	38%	-
Japan	144,643,114	19%	-
Carry-over (donors not specified)	73,489,341	10%	-
European Commission	55,693,769	7%	-
Canada	33,881,888	4%	-
United Kingdom	27,296,125	4%	-
Norway	19,389,303	3%	-
Sweden	15,191,293	2%	-
India	14,358,551	2%	-
Germany	12,901,043	2%	-
Denmark	11,962,166	2%	-
Australia	9,897,442	1%	-
Belgium	8,766,486	1%	-
Netherlands	7,500,000	1%	-
Finland	6,681,182	1%	-
Kazakhstan	5,670,000	1%	-
Ireland	5,591,771	1%	-
Various (details not yet provided)	4,311,485	1%	-
Switzerland	3,893,839	1%	-
France	3,822,943	0%	-
Italy	3,696,528	0%	-
Spain	2,747,252	0%	-
Saudi Arabia	2,746,128	0%	-
Luxembourg	1,152,157	0%	-
Private (individuals & organisations)	1,147,233	0%	584,032
New Zealand	773,994	0%	-
Poland	482,648	0%	-
Czech Republic	163,488	0%	-
Slovenia	111,429	0%	-
Iceland	100,000	0%	-
Grand Total	773,187,318	100%	584,032

NOTE: "Funding" means Contributions + Commitments
 Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)
 Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
 Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
 Please note that this table includes \$40 million of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.) The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX IV: ACRONYMS AND ABBREVIATIONS

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

CDC	(US) Centers for Disease Control and Prevention
CDC	Community Development Committee
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i> (Cooperation and Development)
CFS	child-friendly space
CFW	cash-for-work
CHA	Coordination of Humanitarian Aid
CHL	central highlands
Chr. Aid	Christian Aid
CHW	community health worker
CHW	child health week
CIC	Children in Crisis
CIDA	Canadian International Development Agency
CMAM	community-based management of acute malnutrition
CoAR	Coordination of Afghan Relief
CONCERN	Concern Worldwide
CMW	community midwife
CORDAID	Catholic Organisation for Relief and Development Aid
CP	child protection
CP	contingency plan
CPAN	Child Protection Action Network
CPiE	Child Protection in Emergency
CR	central region
CRS	Catholic Relief Services
CSO	Central Statistics Office
CWS	Church World Service
CWS-PA	Church World Service - Pakistan/Afghanistan
DACAAR	Danish Committee for Aid to Afghan Refugees
DDMC	District Disaster Management Committee
DEWS	Disease Early Warning System
DFID -UK	Department for International Development – United Kingdom
DHSA	Development and Humanitarian Services for Afghanistan
DoE	Department of Education
DoPH	Department of Public Health
DoRR	Department of Refugees and Repatriation
DRC	Danish Refugee Council
DT	demining team
DWHH	<i>Deutsche Welthungerhilfe e.V.</i> (German Agro Action)
EC	European Commission
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EFSA	Emergency Food Security Assessment
EiE	Education in Emergency
EMDH	<i>Enfants du Monde – Droits de l’Homme</i> (Children of the World - Human Rights)
EPI	Expanded Programme on Immunization
EPR	emergency preparedness and response
ER	early recovery
ER	eastern region
ERC	Emergency Relief Coordinator
ERU	Emergency Response Units
ERF	Emergency Response Fund
ERN	early recovery network
ERW	explosive remnants of war
ES	emergency shelter
EU	European Union

Annex IV: Acronyms and abbreviations

EVI	extremely vulnerable individuals
FAO	Food and Agriculture Organization of the United Nations
FEWSNET	Famine Early Warning Systems Network
FFA	food-for-asset
FFW	food-for-work
FOCUS	Focus Humanitarian Aid
FSAC	Food Security and Agriculture Cluster
GAALO	(definition not provided)
GAM	global acute malnutrition
GBV	gender-based violence
GCMU	Grants and Contracts Management Unit
GDP	gross domestic product
GFD	general food distribution
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Association for International Collaboration)
GoA	Government of Afghanistan
GPE	Global Partnership of Education
GRR	Global Rights Report
ha	hectares
HAGAR	HAGAR Afghanistan
HALO Trust	Hazardous Areas Life-Support Organisation
HAPA	humanitarian action for people of Afghanistan
HAWCA	Humanitarian Assistance for Women and Children of Afghanistan
HCT	Humanitarian Country Team
HDI	Human Development Index
HDO	Hazrat Sultan Development Organization
HDR	Human Development Reports
HealthNet TPO	Healthnet International and Transcultural Psychosocial Organisation
Helvetas	Swiss Intercooperation
HEWAD	HEWAD Reconstruction, Health and Humanitarian assistance Committee
HH	household
HHI	Harvard Humanitarian Initiative
HHSP	Home Healthcare Service Providers
HI	Handicap International
HMIS	health management information systems
HNI	(organization name – definition not provided)
HR	human rights
HRDB	Human Resources Development Board
HRT	Humanitarian Regional Team
HRW	Human Rights Watch
HSDO	Health and Social Development Organization
IACP	inter-agency contingency plan
ICAO	International Civil Aviation Organization
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IED	improvised explosive device
IEHK	interagency emergency health kit
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	international military
IMMAP	Information Management and Mine Action Programs
IMC –UK	International Medical Corps – United Kingdom
IMCI	international management of childhood illness
IMF	International Monetary Fund

INEE	Inter-Agency Network for Education in Emergencies
INTERMOS	Humanitarian Organization for Emergency
IOM	International Organization for Migration
IP	implementing partner
IRC	International Rescue Committee
IRD	International Relief and Development
ISAF	International Security Assistance Force
IT	Information Technology
IYCF	infant and young child feeding
JEN	Japanese Emergency NGO
JMP	Joint Monitoring Plan
Johanniter	<i>Johanniter Unfallhilfe e.V.</i>
km	kilometre
LEG	Local Education Group
LSO	Labour Spring Organization
M3	cubic metre
MACCA	Mine Action Coordination Center of Afghanistan
MADERA	<i>Mission d'Aide au Développement des Economies Rurales en Afghanistan (Aid Mission to the Development of Rural Economies)</i>
MAM	moderate acute malnutrition
MAPA	Mine Action Programme of Afghanistan
MDGs	Millennium Development Goals
MDM	<i>Médecins du monde (Doctors of the World)</i>
ME	Mission East
MERLIN	Medical Emergency Relief International
MI	Micronutrient Initiative
MICS	multiple indicator cluster survey
MIRA	multi-cluster initial rapid assessment
MM	<i>Medica Mondiale</i>
MoE	Ministry of Education
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MoRRD	Ministry of Rural Rehabilitation and Development
MoTCA	Ministry of Transport and Civil Aviation
MOVE	Move Welfare Organization
MRM	Monitoring and Reporting Mechanism
MSC	Medical Services Corporation International
MSF	<i>Médecins sans frontières (Doctors Without Borders)</i>
MSH	Management Sciences for Health
MT	metric ton
MTDO	Marshal Training and Development Organisation
MUAC	mid-upper-arm circumference
MYR	Mid-Year Review
NCA	Norwegian Church Aid
NDMC	National Disaster Management Committee
NER	north-eastern region
NESP	National Education Strategy Paper
NFE	non-formal education
NFIs	non-food items
NGO	non-governmental organization
NR	northern region
NRC	Norwegian Refugee Council

Annex IV: Acronyms and abbreviations

NRDOAW	Nawayee Rehabilitation and Development Organization for Afghan Women
NRVA	National Risk and Vulnerability Assessment
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	official development assistance
OECB	Organisation for Effective Communication Builders
OFDA	(US) Office of Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
OHW	Organization for Human Welfare
OSI	Open Society Institute
OTCD	Organization of Technical Cooperation for Community Development
OTP	outpatient therapeutic program
OXFAM	Oxford Committee for Famine Relief
Oxfam –GB	OXFAM Great Britain
Oxfam Novib	<i>Nederlandse Organisatie voor Internationale Bijstand</i> (Oxfam Netherlands)
PDE	preventive drug education
PDMC	Provincial Disaster Management Committees
PEC	Provincial Education and Culture
PGF	pro-government forces
PHC	provincial health committee
PIN	people in need
PoC	protection of civilians
PWG	protection work group
RAADA	Rehabilitation Association and Agricultural Development for Afghanistan
RCDC	Ray Construction Development Company
RI	Refugees International
RI	Relief International
RRAA	Rural Rehabilitation Association for Afghanistan
RRD	Rural Rehabilitation and Development
RWDOA	Rehabilitation and Welfare Development Organization for Afghanistan
SAF	Securing Afghanistan’s Future
SAM	severe acute malnutrition
SC	Save the Children
SCA	Swedish Committee for Afghanistan
SCEG	Security Council Expert Group on Protection of Civilians
SER	south-eastern region
SERVE	Serving Emergency Relief and Vocational Enterprises
SFP	supplementary feeding programme
SHA	Swiss Humanitarian Aid Unit
SHRDO	Serve Health Relief and Development Organization
Shuhada	Shuhada Organisation
SIDA	Swedish International Development Agency
SMART	specific, measurable, accurate, realistic and time-bound
sq.	square
SR	southern region
SRP	Afghanistan Soldier Readiness Processing
TBD	to be determined
TdH	<i>Terre des Hommes</i>
TED	National Core Trainers
TF	task force
TLM	teaching and learning material
Trocaire	Catholic Agency for World Development
TVET	technical and vocational education and training

U5	under-five
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Human Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nile Initiative and Development Organization
UNIFEM	United Nations Development Fund for Women
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
UXO	unexploded ordnance
V/C	vulnerability and crisis
WASH	water, sanitation and hygiene
WB	World Bank
WFP	World Food Programme
WG	working group
WHO	World Health Organization
WR	western region
WSPA	World Society for the Protection of Animals
ZCO	Zafar Cooperation Organisation
ZOA	ZOA Refugee Care

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