

HUMANITARIAN RESPONSE PLAN

AFGHANISTAN

HUMANITARIAN
PROGRAMME CYCLE
2023
ISSUED MARCH 2023



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Jim Huylebroek

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Table of Contents

05	Response Plan Overview
06	Crisis, Context and Impact
10	Planned Response
11	HRP Key Figures
12	Response by Strategic Objective
13	Historical Trends
15	Part 1: Strategic Response Priorities
16	1.1 Humanitarian Conditions and Underlying Factors Targeted for Response
22	1.2 Strategic Objectives, Specific Objectives and Response Approach
26	1.3 Cross-Cutting Response Priorities
29	1.4 Costing Methodology
30	1.5 Planning Assumptions, Operational Capacity and Access
36	1.6 Accountability to Affected People
40	1.7 Protection from Sexual Exploitation and Abuse
42	1.8 Promoting Gender in Humanitarian Action
45	1.9 Consolidated Overview on the Use of Multi-Purpose Cash
48	Part 2: Response Monitoring
49	2.1 Monitoring Approach
51	Part 3: Cluster/Sector Objectives and Response
55	3.1 Education
61	3.2 Emergency Shelter and NFI
69	3.3 Food Security and Agriculture
78	3.4 Health
88	3.5 Nutrition
96	3.6 Protection
120	3.7 Water, Sanitation and Hygiene
128	3.8 Coordination and Common Services
131	Part 4: Refugee Response
132	4.1 Refugee Response
137	Part 5: Internally Displaced People and Vulnerable Internal Migrants
138	5.1 Overview
139	5.2 Displacement Data
142	5.3 Needs of IDPs and Vulnerable Internal Migrants
144	5.4. Future IDP Numbers, Durable Solutions and Vulnerable Internal Migrants
146	Part 6: Annexes
147	6.1 Participating Organisations
148	6.2 Planning Figures by Sector and by Geography
152	6.3 Sectoral Activities and Costing
165	6.4 What If We Fail to Respond or Mobilise Sufficient Funds to Meet Needs?
178	6.5 Monitoring Framework
246	6.6 IASC Monitoring and Reporting Indicators for Minimum Criteria for Programming for Afghanistan Response
255	6.7 How to Contribute
256	6.8 Acronyms
259	6.9 End Notes



Response Plan Overview

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
28.3M	23.7M	\$4.6B	218

Note on the HRP planning process and impact of DFA decree on women in humanitarian work

The 2023 Afghanistan Humanitarian Response plan was developed during the period of August to December 2022, with the aim to publish in January 2023. However, on 24 December 2022, the de facto authorities (DFA) Ministry of Economy issued a decree banning Afghan women from working for NGOs. Following the ban, the Inter-Agency Standing Committee (IASC) principals instated a month-long partial operational pause of non-time critical humanitarian programmes. An IASC Mission was subsequently sent to Afghanistan from 22 to 26 January 2023 to support negotiations with the DFA and assess operational risks and opportunities. Following an in-country mission, the IASC Mission recommended moving from an 'operational pause' to an 'operational trial' period supported by a related concept of operations. It was also decided to proceed with the issuance of the HRP for 2023 based on the baselines developed in the original planning period. Therefore, while references to the ban and changes to the context have been incorporated into this document, the strategy and planning have not been revised substantially.

The ban on female participation in humanitarian response will have devastating and long-lasting consequences for all people in need, but especially women and girls – already the most vulnerable members of society. Women have a right to work and are an integral part of humanitarian action, and their participation is essential (as in all aid

operations) if we are to reach populations in need safely and effectively with principled and quality assistance – be they men, women, boys or girls. Furthermore, women beneficiaries depend on the involvement of female humanitarian workers not only to directly receive assistance and services, but also for the safeguarding, meaningful engagement and quality assurance that their presence ensures. These qualitative components of the response are vital to informing how assistance and services should be delivered, tailored and adjusted moving forward, and are critical to maintaining a principled, effective and accountable humanitarian response.

The Humanitarian Coordination Team (HCT), in collaboration with other humanitarian partners and basic human needs actors, have developed a related monitoring and reporting framework to report back to the IASC on the permissiveness of the access environment and sectoral and local authorisations, and humanitarian partners' ability to operate within the IASC Mission recommendations / minimum criteria for operations under the impact of the ban. In the meantime, the humanitarian community continues to assess the impact of the ban across all sectors and engage with DFA at the national, regional and provincial levels to overturn the ban. Based on the outcomes of this monitoring and related advocacy efforts, at which point a comprehensive review of the operation and a revision of the HRP will be conducted as required.



Crisis, Context and Impact

Political, social, demographic, economic profile

The end of the 20 year armed conflict between the Taliban and the Afghan National Security and Defense Forces and International Military Forces in August 2021, and the simultaneous takeover of the country by the Taliban, has ushered in a new era characterized by the almost-total exclusion of half the population – women and girls – from public life, economic challenges, hunger and risk of malnutrition, inflation driven by global commodity shocks, drastic rises in both urban and rural poverty, a near-collapse of the national public health system, a stifling of the media and civil society sectors, and violations affecting former government personnel (including Afghan National Defense and Security Forces) in violation of a general amnesty.

The collapse of the previous government resulted in a suspension of direct international development assistance, which previously accounted for 75

per cent of public expenditures, including the maintenance of the public health system. In the absence of development activity, the Afghan people are experiencing a reversal of recent gains, as evidenced by the upsurge of humanitarian needs across the country.

Political, social and economic shocks continue to be felt through a massive deterioration in the humanitarian and protection situation in 2022, with the outlook for 2023 remaining profoundly uncertain. Limited political and administrative experience in governance, particularly at subnational levels, underpins the manifold challenges faced by humanitarian (and non-humanitarian) actors in meeting the needs of people around the country.

Afghanistan's population was estimated to pass 43 million in 2022, with 49 per cent women and girls, and one of the highest youth populations in the world,

with 47 per cent of the population under 15 years old. The population is expected to grow at 2.3 per cent per annum, one of the steepest rates in the region, and so the intertwined environmental, economic and protection crises, particularly for women and girls, will have far-reaching and potentially catastrophic impacts far into the future.

Population growth, internal displacement and migration and continued high rates of cross-border return are contributing to increased strain on limited resources, livelihood opportunities and basic services, as well as an increase in protection risks, especially for most at-risk groups, including women and girls. The Pakistan floods and the ongoing political and economic challenges in Iran also engender greater uncertainty, potentially reducing remittances and increasing the risk of further disruptions to markets and commodity access within the wider region.

While Afghanistan is home to diverse ethnic and religious groups, several groups remain at risk of violence, repression, discrimination and marginalization, given previous patterns of serious violations and reports of killings and targeted attacks on religious sites, including instances of forced evictions, in recent months.

Security environment

The overall security environment has improved with the end of major hostilities and the consolidation of control by Afghanistan's DFA. According to the multisectoral needs assessment which underpins the Humanitarian Needs Overview (HNO), the 2022 Whole of Afghanistan Assessment (WoAA), the reported experience of conflict in the six months prior to data collection reduced sharply from 60 per cent in 2021 to 5 per cent in 2022. However, pockets of armed clashes and violent confrontations continue to exist especially in Panjshir, Samangan, and Sar-e-Pul provinces, which not only have direct implications on safety and access to basic services, but also undermine coping mechanisms, increasing protection concerns and risk of sudden larger scale displacements. Continued violence also affects livelihoods, capacities of an already vulnerable population, which not only impact the safety and security of individuals as well as their

access to basic services, but also undermines their coping strategies for these protection risks while affecting their livelihoods capacities. Ongoing attacks by Non-State Armed Groups (NSAGs), particularly the Islamic State of Khorasan (IS-K) continue, with the potential for escalation in many areas.

Following decades of war, Afghanistan has one of the highest levels of explosive hazard contamination in the world including both legacy explosive contamination and new types of explosive hazards, in particular improvised explosive devices (IEDs), including improvised mines, as well as explosive remnants of war (ERW). Despite the apparent improvement in the security situation since 15 August 2021, the Afghan population continued to experience worrying levels of harm resulting from legacy IEDs and ERW in 2022, particularly for children.

However, pockets of armed clashes and violent confrontations continue to exist especially in Panjshir (90 per cent), Samangan (43 per cent), and Sar-e-Pul (41 per cent) provinces, which not only cause direct safety and access to basic services, and undermine coping protection concerns and risk of sudden-onsets of larger scale displacements.

Legal and policy issues

Traditional gender norms and patriarchal culture have long reinforced discrimination against women and girls in Afghanistan, increasing their vulnerability and decreasing their capacity to recover from shocks, leaving them disproportionately affected during crises. They are increasing obstacles for women to access formal and informal legal mechanisms. In addition to gender, inequities by location, wealth and legal status are acute, as are those related to age, ability, ethnicity, civil status, and sexual orientation. Together, these intersecting identities shape people's access (or lack thereof) to basic services, decision making, representation, information, resources and protection.

DFA directives restricting Afghan women's involvement in social and economic life issued since the takeover in 2021 include:

- Female civil servants prevented from returning to their jobs in most de facto institutions with a few exceptions where women's work was deemed necessary, for example in the education and health sectors, or for screening other females, such as in airports.
- Requiring women to be accompanied by a male relative (mahram) for travel 78 km or further from their home (December 2021)
- Suspension of secondary education for girls beyond grade six (September 2021)
- Announcement of separate days for men and women to visit recreational parks (March 2022)
- Requiring women to be accompanied by mahram during domestic or international flights (March 2022)
- Requiring women to wear prescribed forms of hijab and to cover their faces when in public (May 2022)
- Ordering Afghan women appearing on TV to cover their faces while on air (May 2022)
- Banning of women from acting in films (September 2022)
- Banning women from entering parks and amusement parks, as well as accessing public bath houses and gyms (November 2022)
- Disallowing women to attend universities (December 2022)
- Banning women from working for national and international non-governmental organizations (December 2022)

These restrictions impact many areas of women and girls' lives, limiting their freedom of movement and their access to essential services and livelihoods, with negative economic, social, physical and psychological consequences. The restrictions imposed by the DFA have validated already existing suppressive social norms in Afghanistan and have led to greater disrespect, violence and abusive social practices against women and girls, as well as increased family-and community-imposed restrictions.³ The application of decrees is inconsistent and unpredictable; they are issued by different authorities,

implemented by a variety of authorities, are applied inconsistently from one province to another. At times, there is no central source through which decrees are communicated. The application of the decrees is inconsistent and unpredictable; they are issued by different authorities, implemented by a variety of authorities, are applied inconsistently from one province to another, and there is not one central source through which they are communicated, thereby making it harder for women to comply.

The latest bans on women working for national and international non-governmental organisations, issued during the finalisation of the 2023 Humanitarian Response Plan (HRP), will have devastating and long-lasting consequences for all people in need, but especially women and girls – who already face the most challenges in accessing humanitarian assistance. Women are already facing severe restrictions in their ability to participate in the workforce and economy – further increasing their dependence on humanitarian support. Women are an integral part of humanitarian action, and their participation is essential (as in all aid operations) if humanitarian are to reach populations in need safely and effectively with principled and quality assistance – be they men, women, boys or girls. Furthermore, women beneficiaries depend on the involvement of female humanitarian workers not only to directly receive assistance and services, but also for the safeguarding, meaningful engagement and quality assurance that their presence ensures. These qualitative components of the response are vital to informing how assistance and services should be delivered, tailored and adjusted moving forward, and are critical to maintaining a principled, effective and accountable humanitarian response.

Following the issuance of a decree by Afghanistan's Taliban Ministry of Economy on 24 December 2022 banning Afghan women from working for NGOs, IASC principals instated a month-long partial operational pause of non-time critical humanitarian programmes. An IASC Mission was subsequently sent to Afghanistan from 22 to 26 January 2023 to support negotiations with the DFA and assess operational risks and potential mitigation measures. Following an in-country mission, the IASC Mission recommended moving from

an 'operational pause' to an 'operational trial' period supported by a related concept of operations. This concept of operations is three-pronged, aimed at:

1. continuing negotiations with the DFA to expand authorisations to cover all sectors;
2. pursuing local reinforcement of these authorisations with authorities at the provincial and district levels; and
3. agreeing on minimum criteria for operations.

Infrastructure

Challenges stemming from under-investment in basic infrastructure continue to hamper quality of life and access to services throughout Afghanistan, with a marked deterioration in upkeep and maintenance of key infrastructure systems since the suspension of international support. This includes both challenges to water infrastructure as well as a deterioration in agricultural support systems, dams, flood protections, public health infrastructure and services, public education facilities, electrical and natural gas supplies, among others.

Natural environment/disaster risk

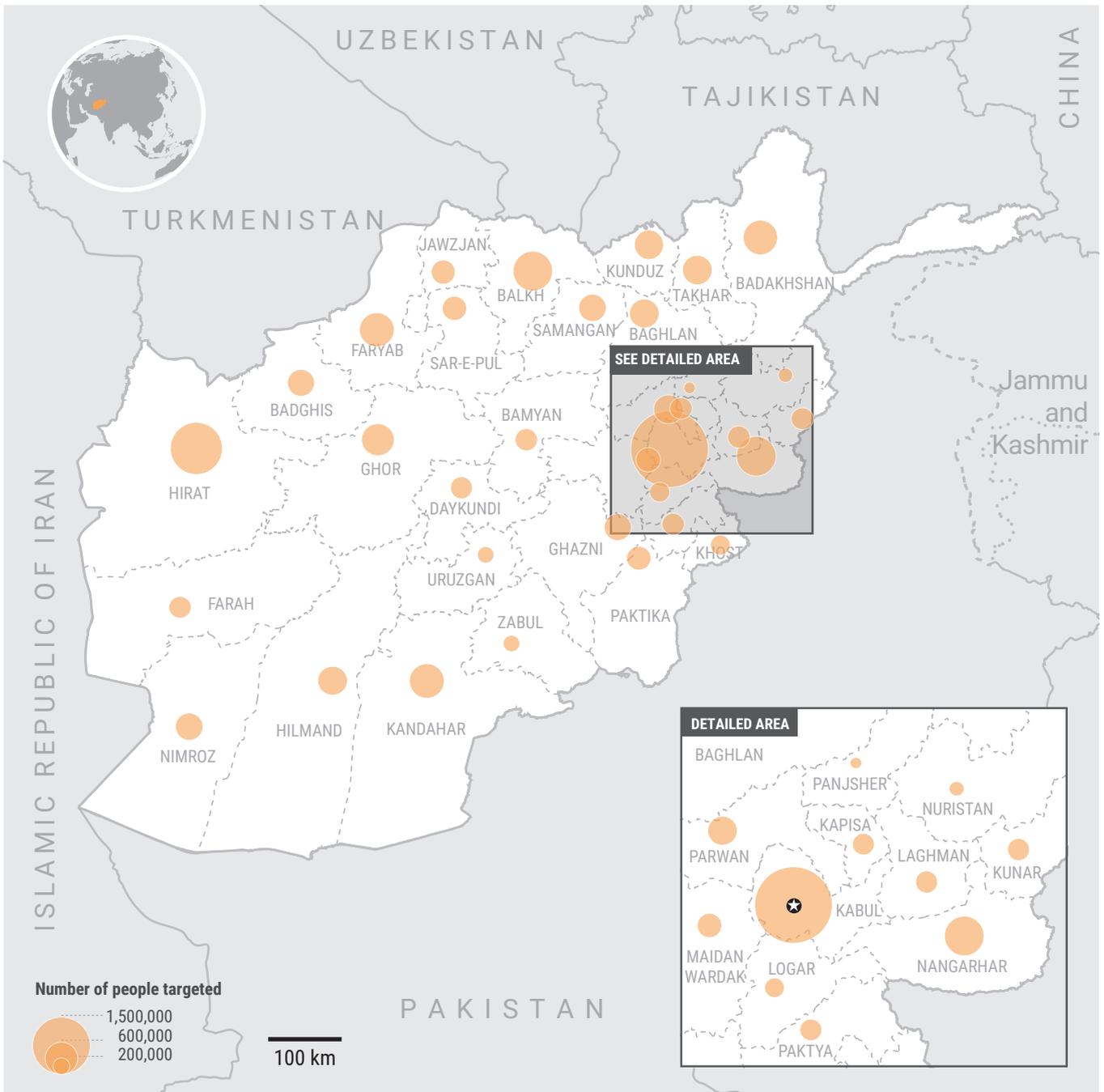
Afghanistan has an INFORM Risk Index of 8.1, making it the fourth most at-risk country from humanitarian

crises and disasters that could overwhelm national response capacity.¹ Equally concerning, the Notre Dame Global Adaptation Index ranks Afghanistan as the 8th most vulnerable country to climate change and least prepared to adapt.² Afghanistan is entering a third consecutive year of drought, compounded by increasingly irregular rainfall patterns and reduced snow cover, which have led to a shift in historic flooding patterns, causing additional damage and disrupting agriculture (with secondary consequences for food, nutrition, education, protection, health, displacement, etc.). The future trends of rain and snowfall under different climate change scenarios will have a major impact on the viability of traditional livelihoods and settlement patterns and will require substantial adaptations and expansions of infrastructure, particularly around water management.

Located in a seismically active region, Afghanistan is highly susceptible to catastrophic damage due to earthquakes, particularly across several densely populated urban areas along the Chaman, Hari Rud, Central Badakhshan and Darvaz fault lines. Each of these faults is capable of producing 7 or 8 magnitude earthquakes. In June 2022 a 5.9 magnitude earthquake struck the provinces of Paktika and Khost, killing at least 600 people and highlighting the continuous risk of major earthquakes.

Planned Response

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH SEVERE DISABILITY
28.3M	23.7M	23%	54%	8.3%



HRP Key Figures

Planned Humanitarian Response by Population Groups

POPULATION GROUP	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Vul. people with humanitarian needs	26.3M	21.7M		83%
Cross-border returnees	1.1M	1.1M		100%
Internally displaced people	691K	691K		100%
Shock-affected non-displaced people	200K	200K		100%
Refugees & asylum seekers	52K	52K		100%

Planned Humanitarian Response by Sex

SEX/AGE	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Boys	7.9M	6.6M		84%
Girls	7.4M	6.1M		82%
Men	6.6M	5.7M		86%
Women	6.4M	5.3M		83%

Planned Humanitarian Response by Age

AGE	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Children (0-17)	15.2M	12.7M		84%
Adults (18-64)	12.3M	10.4M		85%
Elders (65+)	760K	641K		84%

Planned Humanitarian Response for Persons with Disability

	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
People with disabilities	2.4M	2M		83%

Planned Humanitarian Response by Sector

SECTOR	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGET	% TARGETED
Education	8.7M	3.1M		36%
ES-NFI	9.7M	1.3M		13%
FSAC	21.2M	21.2M		100%
Health	17.6M	15.6M		89%
Nutrition	7.2M	5.5M		76%
Protection	20.3M	6.5M		32%
WASH	21.2M	13.9M		66%

Financial Requirements by Sector and Multi-Sector

SECTOR	FINANCIAL REQUIREMENTS (US\$)
Education	215.2M
ES-NFI	276M
FSAC	2.6B
Health	449.9M
Nutrition	384.2M
Protection	169.6M
WASH	479.3M
Aviation	33M
Coordination	33.6M

Response by Strategic Objective

S01 Mortality and morbidity of crisis-affected people of all genders and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance.

This strategic objective is focused on the provision of urgent, emergency assistance to ensure people's survival and to prevent mortality. This objective combines life-saving responses to all kinds of shocks – reflecting the increasingly multi-dimensional

nature of the humanitarian emergency. This strategic objective is concerned with addressing critical problems related to **physical** and **mental wellbeing**, as well as critical problems related to **living standards**.

S02 The protection risks of the most vulnerable are mitigated and the needs of affected persons of all genders and diversities are monitored and addressed through humanitarian action.

This strategic objective encapsulates responses to the major threats to protection – inclusive of protection programming, monitoring and protection by presence, and advocacy to address the underlying causes of

protection concerns, including the policies of the DFA restricting women's rights. This strategic objective includes efforts to address critical problems related to **physical** and **mental wellbeing**.

S03 Vulnerable crisis-affected people of all genders and diversities are supported to build their resilience and live their lives in dignity.

This objective prioritizes action to assist the most vulnerable in the community, irrespective of when, if or how they were impacted by a shock. It recognizes the struggle faced by people in Afghanistan due to repeated displacement, their depleted psychological and financial reserves, and the need

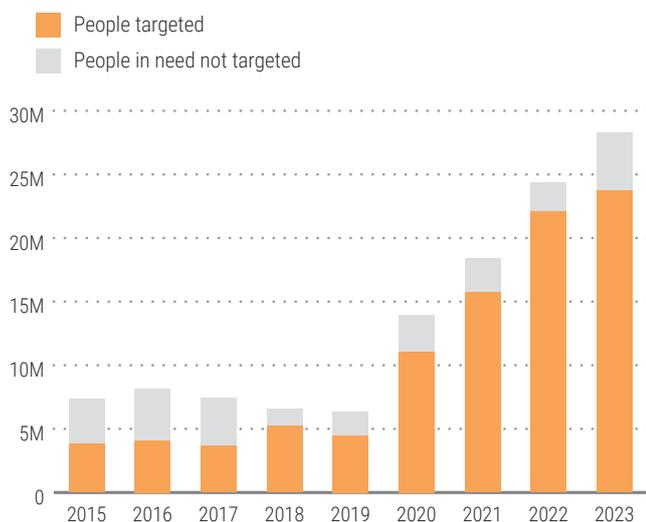
to facilitate durable solutions where possible. This strategic objective is concerned with addressing critical problems related to **living standards** and **coping mechanisms**.

Historical Trends

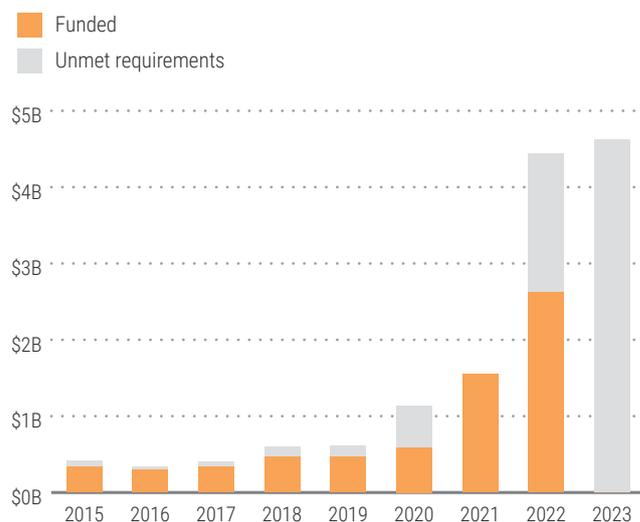
The number of People in Need (PiN) has progressively increased from 9.4 million people in January 2020 to 14 million people in June 2020, 18.4 million people in January 2021, 24.4 million people in 2022, and now to 28.3 million people. This reflects the progressive shocks of COVID-19, the increase in conflict leading up to the takeover by the DFA, the resulting economic shock, recurrent drought and the impact of policies,

particularly restrictions on women’s rights and mobility, since August 2021. While some sectoral needs have stabilised (at a very high level) from 2022-2023, at least in part due to the scale-up of humanitarian assistance, other areas – particularly Water, Sanitation and Hygiene (WASH) and protection needs have reached unprecedented levels. Without economic stabilisation, large-scale investment in infrastructure for water and

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	7.4M	3.8M	\$417M	\$333M	80%
2016	8.1M	4.1M	\$339M	\$296M	88%
2017	7.4M	3.6M	\$409M	\$332M	81%
2018	6.6M	5.2M	\$599M	\$468M	78%
2019	6.3M	4.5M	\$612M	\$466M	76%
2020	14M	11.1M	\$1.1B	\$589M	52%
2021	18.4M	15.7M	\$1.5B	\$1.98B	132%
2022	24.4M	22.1M	\$4.4B	\$2.2B	59%
2023	28.3M	23.7M	\$4.6B	-	-



a shift in the restrictive policies of the DFA on women’s rights, the likelihood of further deterioration remains extremely high.

Over the same time period, humanitarian partners’ response has scaled-up commensurate to needs. Despite the takeover by the DFA, the number of people reached has continued to exceed the planned reach in 2022, although in many cases resource limitations

have meant that the full package of assistance was not able to be delivered. Despite the improved security situation allowing access to all areas of the country, the administrative challenges and the policies of the DFA have impeded the scope of implementation in some areas, particularly protection activities, and impacted the ability of humanitarian partners to reach women and girls across all sectors.

Part 1: Strategic Response Priorities

Photo: Jim Huylebroek



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

In 2023, a staggering 28.3 million people (two thirds of Afghanistan's population) will need urgent humanitarian assistance to survive as the country enters its third consecutive year of drought-like conditions and the second year of crippling economic decline, while still reeling from the effects of 40 years of conflict and recurrent natural disasters. High levels of unemployment and sustained inflation of key commodity prices – although prices seem to have stabilised during the second half of 2022 – have caused the average household's debt to increase, challenging people's coping mechanisms and thwarting the already fragile economy's ability to adapt to shocks. Of the 28.3 million people in need of life-saving assistance, humanitarian partners have prioritised 23.7 million people to receive well-coordinated multi-sectoral assistance in 2023. These humanitarian needs estimates were calculated using the Joint Inter-sectoral Analysis Framework (JIAF) approach, which looks holistically at the needs facing people in Afghanistan and measures the severity of those needs using a series of inter-sectoral indicators. The JIAF found extreme needs in 33 out of 34 provinces, and 27 out of 34 major cities/provincial capitals, with the rest in severe need, highlighting the sheer scale of the crisis. This inter-sectoral severity analysis and similar exercises by individual clusters has guided targeting decisions for the 2023 response. The scope of need has expanded notably from drought-affected rural and conflict areas into cities and peri-urban environments where the collapsing economy has tipped many into desperate situations.

Afghanistan's economic crisis is widespread, with more than half of households experiencing an economic shock in the last six months. The economy immediately saw major disruption to markets, financial and trade mechanisms, the freezing of US\$9.5 billion

in central bank reserves, loans and the sudden suspension of direct development aid. Twenty million people are facing acute food insecurity (IPC3+), with 6 million people in 'emergency' levels (one step away from famine) – one of the highest figures in the world. In 2023, 875,000 children are expected to suffer from severe acute malnutrition (SAM) and 2.3 million children and 840,000 women from moderate acute malnutrition (MAM).

Deterioration is expected in the first quarter of 2023 due to the simultaneous effects of winter and the lean season, sustained high food prices, reduced income and unemployment and continued economic decline.

Severe needs from drought have reached a crisis point. As of December 2022, Afghanistan was experiencing the first triple-dip impact of La Niña globally since 1998-2001, which was also a period of multi-year drought and high levels of food insecurity in Afghanistan. The forecast indicates at least a 50 per cent chance of La Niña continuing from January to March 2023 before returning to El Niño-Southern Oscillation (ENSO) neutral. The 2022 WoAA identified drought as the most frequently reported shock experienced in the six months prior to data collection. The prolonged drought is resulting in the drying of surface water sources such as springs and a significant drop in groundwater levels. As a result of the ongoing drought event and water crisis, the proportion of households experiencing barriers to accessing water rose from 48 per cent in 2021 to 60 per cent in 2022.

Multiple studies show that Afghanistan is the worst place in the world to be a woman or girl, with the situation only deteriorating since the takeover by the Taliban, which continues to fully deprive women and

girls of their rights. The curtailment of Afghan women's rights is uniquely severe. Restrictions targeting women and girls impact many areas of their lives, limiting their freedom of movement and their access to essential services and livelihoods, with negative economic, social, physical and psychological consequences. Within the broader humanitarian access environment, participation in the humanitarian response has deteriorated for Afghan women staff since August 2021. Amid a growing set of restrictions curtailing their basic rights and freedoms, women humanitarian workers face increasingly restrictive challenges affecting their ability to travel to beneficiaries. The 24 December 2022 directive barring women from working for national or international non-governmental organizations (NGOs) will have a devastating humanitarian impact on millions of people across the country and will prevent millions – particularly vulnerable women and girls – from receiving life-saving assistance and services.

Scope of action and response priorities

In 2023, the humanitarian community will continue to target nearly all of those in need with some form of assistance. The continued deterioration of coping mechanisms and the increasing dependence on humanitarian assistance has led to the proportion of households reporting humanitarian assistance as their main source of income increasing six-fold since 2021. Despite the scale up at the system level, many people in need will still not be targeted for specific sectoral support due to limitations on capacity and access impediments, forcing a prioritisation of those in the most extreme vulnerability. For example, the PiN figure also includes all secondary school age girls, as the ban on education puts them at particular risk, and a large proportion of other vulnerable women. The increasingly restrictive environment for women to work directly with women and girls in need will increase the likelihood that some groups are unable to receive the full spectrum of support they urgently require.

As a result, Education, Emergency Shelter and Non-Food Items (ES-NFI), and Protection Clusters will be targeting much less than 50 per cent of the people in need in their sectors, while WASH will target only two-thirds. This means that even if fully resourced and able to access women and vulnerable groups, serious humanitarian needs are likely to continue for much of the population. A few clusters will attempt to target the majority of the PiN - Health is targeting 15.6 out of 17.6m people in need, while FSAC will target 100 per cent of the 21.2m people in need. Nonetheless, the response overall will only target 83 per cent of the total people in need as many of the most vulnerable in need of protection and WASH report will not be targeted due to restrictions on programming, particularly the limits on reaching adolescent girls with education, many women the protection support and the scale of WASH needs throughout the country.

NFI and other multi-sectoral packages will be prioritised in the winter and lean season, while reducing slightly during the harvest and other times when coping capacities are stronger. In other cases, more integrated responses will be used to improve efficiency and cost-effectiveness of interventions, as well as ensure reach to women and other isolated groups – such as joint WASH, nutrition, health targeting areas at high-risk of extreme malnutrition, integrated use of health centres and other spaces where women have access to provide appropriate services, etc.

Population groups and lenses of analysis

Given the broad scope and depth of need nationwide, as well as the deteriorating outlook for the coming year, the populations of concern for the 2023 HNO and HRP remain similar to those of 2022. The main change is that the vulnerable population with humanitarian needs, which comprises the vast majority of the PiN, has been disaggregated into five broad population groups:

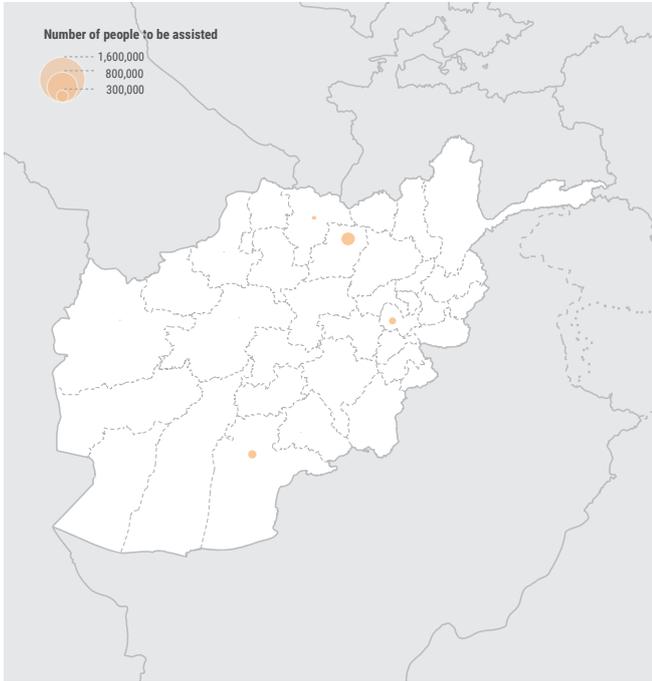
New IDPs and Vulnerable Migrants

PEOPLE IN NEED

691K

PLANNED REACH

691K



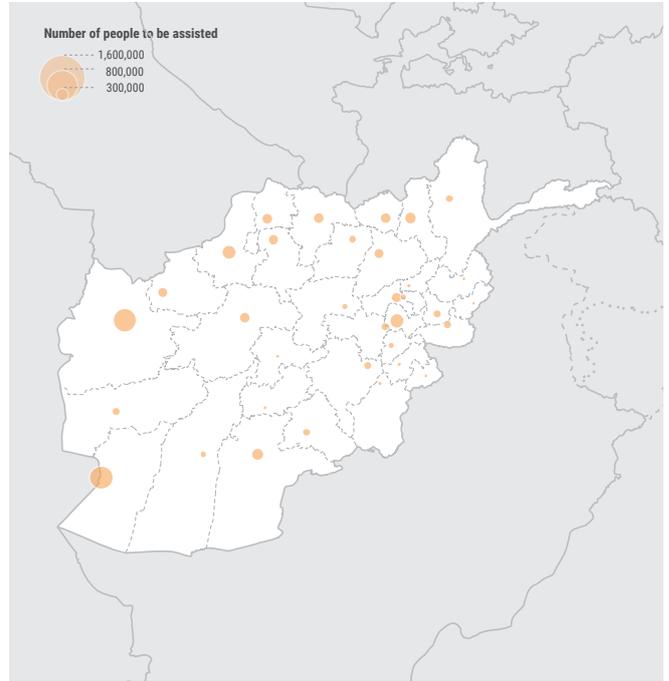
Refugees and Cross-Border Returnees

PEOPLE IN NEED

1.2M

PLANNED REACH

1.2M



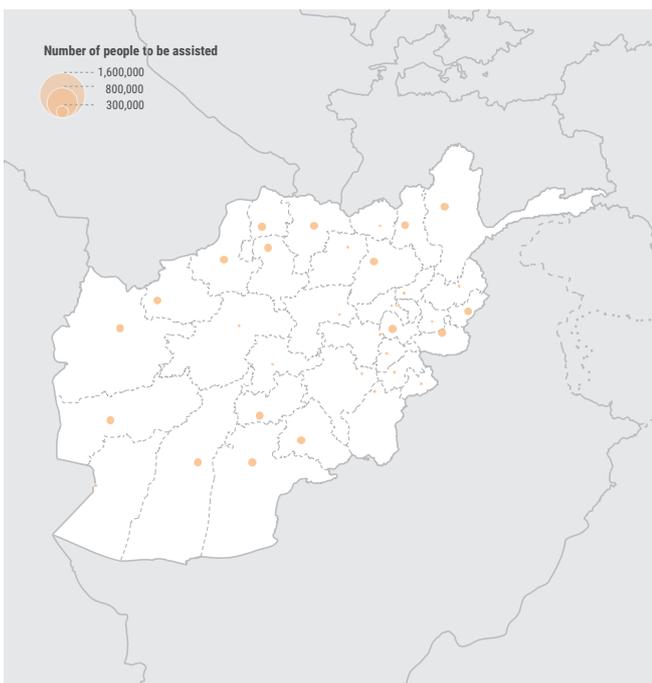
Shock-Affected Non-Displaced People

PEOPLE IN NEED

200K

PLANNED REACH

200K



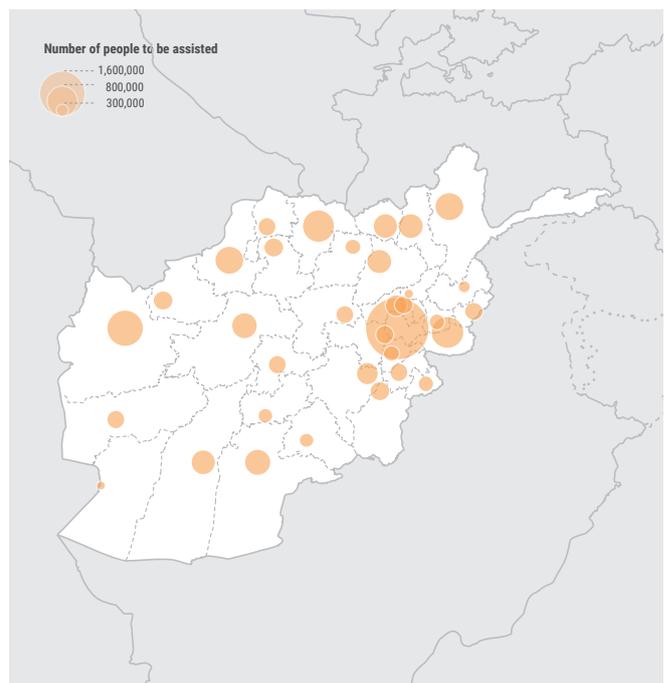
Vulnerable People with Acute Humanitarian Needs

PEOPLE IN NEED

26.3M

PLANNED REACH

21.7M



Vulnerable people with acute humanitarian needs

NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME			
5.5m	9.3m	12.5m	13.7m	26.3m	50 50	55 43 2

ASSOCIATED FACTORS

Food insecurity & deteriorating livelihoods, malnutrition and access to services, debt, natural disasters

AREA

All provinces

With the emergency now affecting the entire country, there is a great commonality of needs for the majority of people. Among the largest distinctions are the differences between urban and rural dwellers who face

different types of challenges, such as financial versus infrastructural barriers, in access to markets, WASH, health and livelihoods and who face different types of protection threats.

New internally displaced people and vulnerable migrants

NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME			
-	-	346k	345k	691k	50 50	62 36 2

ASSOCIATED FACTORS

Conflict, natural disasters, economic shocks

AREA

All provinces

The year 2022 witnessed a shift in the contributing factors affecting internal displacement and population movement from conflict to protracted economic shocks and natural shocks.

economic and environmental stress and protection challenges that cannot clearly be correlated with a specific conflict or disaster. This reflects the observed trends from 2022. While conflict was the main contributing driver of displacement according to the 2021 WoAA results, being reported by 73 per cent of recently displaced households, this fell to 8 per cent of households in the 2022 WoAA. Nevertheless, conflict continues to leave a legacy effect for those that remain in protracted displacement.

Based on forecast analysis of trends, it is predicted that there will be approximately 691,000 people displaced or moving in 2023 – of these about 80,000 from conflict, 233,000 from natural disasters, including drought, and the remaining 379,000 as vulnerable internal migrants impacted by a combination of

Shock-affected non-displaced people

NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME			
-	-	96k	104k	200k	49 51	54 43 3

ASSOCIATED FACTORS	AREA
Economic factors, COVID-19, protection environment	All provinces

In 2023, about 200,000 people are projected to be affected by natural disasters – mainly floods and earthquakes. This is in line with trends over recent years, however repeated natural disasters and unseasonal events are having a compounding effect in reducing resilience, potentially exposing more people or increasing the severity of impact. Unseasonal flooding, such as that seen in July and August 2022

have a greater impact on agriculture and livelihoods, with longer- term impacts and threatening to push more people into crisis. In addition, without repair of embankments and other disaster risk reduction (DRR) infrastructure, effects are likely to compound annually becoming increasingly severe and potentially leading to displacement.

New cross-border returnees in 2023

NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME			
-	-	586k	526k	1.1m	22 78	29 67 4

ASSOCIATED FACTORS	AREA
Economic factors, protection environment	All provinces

In 2023, it is estimated that there will be 1.1 million cross border returnees, with the vast majority – just under 1 million people – returning from Iran, and the rest from Pakistan. Return figures of undocumented returnees from neighbouring countries for the first quarter of 2022 increased compared with the end of 2021, with deportations from Iran increasing month on

month. Refugee return projection for 2023 is 60,000 individuals. While returnee households’ sectoral needs are generally slightly less severe than that of other displaced population groups, WoAA findings show that their needs situation deteriorated between 2021 and 2022 in several sectors.

Refugees and asylum seekers

NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME			
-	-	20k	32k	52k	53 47	54 43 2

ASSOCIATED FACTORS

Protection concerns, lack of durable solutions, food insecurity and access to services

AREA

Khost, Paktika

There are approximately 52,000 refugees living in Afghanistan, the vast majority of whom were displaced from Pakistan to Afghanistan in 2014 and who reside in Khost and Paktika provinces in the South-eastern region. A small number of asylum seekers and refugees (approximately 400 people) are residing in urban areas in Kabul and Hirat provinces. At the end of 2021/early 2022 some refugees in Khost and Paktika returned to Pakistan. Returns may take place in 2023 given that, according to the 2022 WoAA, 9 per cent of

surveyed refugees indicated an intention to return to their country of origin.

These five population groups have been further articulated in sub-groups to support PiN calculations, support stronger targeting and facilitate enhanced reporting. Disaggregated needs and response data is provided where available identifying the number of men, women, children, and people with a disability in need and to be assisted.

Geographic prioritisation

With the blanket nature of the crisis now extending to nearly every province and most major cities – extreme need in 33 out of 34 provinces, and 27 out of 34 major cities/provincial capitals, with the rest in severe need, geographical prioritisation is done mainly at the Cluster-level to address particularly acute needs in nutrition or WASH, or on a seasonal basis, to reflect changing vulnerabilities, e.g. areas with extreme winter weather or acute summer droughts.

Based on an analysis of sectoral needs, severity and scale, as well as inter-sectoral overlap of needs,

Clusters have designed responses that are tailored to the needs expressed by affected people, while factoring-in the availability of partners in each location and the access challenges they face. The highest number of people targeted to receive assistance is in Kabul province (4.5 million), due to the concentration people in urban settings who are now facing crisis and emergency levels of food insecurity and malnutrition, followed by Hirat province (2 million) and Nangarhar (1.2 million). The remainder of the top ten provinces to receive assistance by population include Balkh, Nangarhar, Faryab, Kandahar, Badakhshan, Ghor, Baghlan, and Hilmand in that order.

1.2

Strategic Objectives, Specific Objectives and Response Approach



Strategic Objective 1

Mortality and morbidity of crisis-affected people of all gender and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance.

Strategic Objective one focuses on core emergency response activities, with a focus on addressing immediate life-saving priorities across all sectors.

SP1.1 Provide timely-equitable and safe, life-saving emergency shelter, water and sanitation, education, mine action, and NFI support to people of all genders, age and diversities.

Activities under this strategic objective include rapid and immediate multi-sectoral interventions to address needs of all people affected, including displaced, returnees, and people affected by natural disaster, etc. Ensuring that people, particularly those newly in humanitarian need, are rapidly reached with assistance to prevent further deterioration and avoid people resorting to negative coping mechanisms is the drive of this objective. This includes emergency provision of shelter, water, mine action, emergency education and other non-food, non-health emergency interventions.

SP1.2 Preventing famine by improving access to food and life-saving nutrition services for people

facing acute food insecurity and malnutrition by the end of 2023.

Recognising the scale of the food crisis, a key objective of the HRP is improving access to food and nutrition support through direct provision of food assistance through both in-kind and cash-based transfers, emergency livelihoods support and programs to address SAM and MAM, including through blanket supplementary feeding programmes.

SP1.3 Reduce morbidity and mortality by providing equitable and gender sensitive integrated life-saving health, nutrition and WASH response including reproductive health, trauma care and mental health and psychosocial support (MHPSS) services while preventing crisis-driven diseases and outbreaks.

With continuing challenges in the health system, there is need for sustained provision of integrated health services and information including prevention, detection and response to disease outbreaks. This includes WASH activities to ensure that outbreaks are identified and controlled, trauma care and medical services, maternal reproductive health and support for mental health and psycho-social support.

Strategic Objective 2

The protection risks of the most vulnerable are mitigated and the needs of affected persons of all genders and diversities are monitored and addressed through humanitarian action.

With the deteriorating protection situation being one of the largest drivers of the increased people in need figure, this objective focuses on mitigation, monitoring and advocacy to address all types of protection concerns and ensure equitable inclusive access to all essential services.

SP2.1 People with protection needs have access to safe, inclusive and relevant assistance and services, which take into account the specific vulnerabilities and capabilities related to gender, age, diversity, disability and other elements.

This specific objective focuses on direct provision of protection programming and assistance, including cash for protection, child protection services, women protection and empowerment services and other elements of a holistic response to vulnerabilities.

SP2.2 Protection concerns, and needs are identified through continued monitoring of the protection environment and integrated, comprehensive risk analyses, complaint, feedback and communication mechanisms.

This specific objective focuses on protection by presence, monitoring, community protection

systems and the use of accountability tools and communications to ensure that protection risks are identified and understood by both communities and responders, as well as to work towards consistent access to women and girls and other marginalised groups that may not be able to interact directly with providers of essential services.

SP2.3 Protection risks are mitigated through coherent, meaningful engagement with duty bearers and consistent advocacy efforts, for the actualization of the 'centrality of protection'.

A core tenant of the HRP is continuous, ongoing advocacy at all levels – local, provincial, national and global to address drivers of protection needs. This strategic objective will also ensure that all policies and laws provide for duty bearers' realisation of their obligations under international law and allow for unfettered access to services meeting basic needs and providing human rights, including education, livelihoods and opportunities for expression.

Strategic Objective 3

Vulnerable crisis-affected people of all gender and diversities are supported to build their resilience and live their lives in dignity.

SP3.1 Provide emergency livelihood support to vulnerable urban and peri-urban households and protect rural livelihoods and related food sources through early action, emergency agriculture, livestock and other inclusive support in line with their livelihoods and seasonality.

In the face of economic and environmental hardship across both urban and rural areas, dedicated programming will seek to help transition the most vulnerable to stability through support for basic livelihood, strengthening of food systems and value chains, investments in communal assets, skills development, enhanced market access, and support to stabilise essential services. These include water and sanitation and education support to sustain access, reach, and mitigate life-threatening disruptions in essential services. The HRP recognises that different strategic approaches and vulnerabilities exist between urban and rural contexts in Afghanistan and is working towards a holistic approach to addressing the systems to respond to needs as appropriate in both.

SP3.2 Support access to durable solutions through support for transitional shelter, and access to integrated services, while addressing land and property issues, including for those displaced.

With the cessation of large-scale conflict during 2022, humanitarian partners are refocusing on addressing the needs of people in informal settlements, in protracted displacement and the hundreds of thousands of newly displaced people and cross-border returnees who are projected in the coming

year. This will require humanitarian support to informal settlements, host communities, areas of origin, as well as support for voluntary return to places of origin. Particular investments in those communities that are receiving people back to ensure that there are sufficient services to prevent re-displacement will also be required. This includes rehabilitation of basic infrastructure, construction of transitional and permanent shelter, de-mining and support for local livelihood opportunities. While humanitarian response cannot address the underlying infrastructure or housing needs, it can provide a critical bridge to stabilise vulnerable people and communities and allow them to move out of immediate crisis.

SP3.3 Provide support for basic infrastructure repair and ensuring access to essential services critical to addressing humanitarian needs

Access to essential services and basic infrastructure, particularly water and sanitation, has continued to decline with the suspension of much development assistance and the limited resources of the DFA. As a result, humanitarians will continue to step in to provide emergency repairs and bridge gaps where possible, primarily with private providers. These emergency activities will not prevent the continued decline of basic services without further development support or additional resources from the DFA.

1.3

Cross-Cutting Response Priorities

Centrality of protection

In an increasingly hostile protection environment, the persisting financial and economic crisis and the devastating impact of multiple natural hazards in 2022, combined with restrictions on human and women's rights have aggravated vulnerabilities and amplified risks, making millions entirely dependent on humanitarian aid and plunging new segments of the population, which had until now coped with the situation, into severe financial hardship and socioeconomic distress. Protection monitoring points to the increase of harmful coping mechanisms by some of the most affected households, specifically women headed households, which indicates a

widespread exhaustion of coping capacities. Key institutions, legal pathways, protection and social services are no longer accessible for the most vulnerable, and in particular women and girls.

A continued, robust analysis of multiple, intersecting vulnerabilities is key to identifying the risks that people face and designing effective responses. Efforts have been made in 2022 to strengthen protection mainstreaming, also as part of the system-wide scale-up. Building on such efforts, the ICCT will further emphasize, in 2023, the contribution of all sectors to the identification and analysis of protection risks, beyond those related to the design and implementation



of their specific sector activities. The strengthening of protection capacities will continue to be pursued, with a particular focus on the sub-national level. Similarly, inter-cluster coordination and cooperation will be reinforced, to increase coherence of the response across the sectors and the achievement of risk reduction as a system-wide outcome of the response.

The preservation of humanitarian space is critical to protection outcomes. This means ensuring that humanitarian staff, regardless of their gender, can safely reach those affected by the protection risk, and that the latter can access the aid and services they need in safety and dignity, and enjoy their rights.

The continued interference of the DFA in the humanitarian response, specifically women staff, and the attempts to constrain humanitarian staff represent a failure to uphold their obligations under international humanitarian rights law. This infringes on humanitarian principles and people's right to assistance. This further violates a broad spectrum of rights, including the right to an adequate standard of living, and the right to physical and mental health. The curtailing of women's rights, and in particular the right to move freely and the right to work, and the restrictions imposed on women aid workers, while constituting per se a violation of international human rights and humanitarian law, risk excluding half of the population in need from life-saving assistance and services.

The Humanitarian Country Team (HCT), led by the Humanitarian Coordinator (HC), will guide strategic approaches and oversee the operational engagement of all sectors in protection, aiming at a stronger system-wide response. The HC and HCT will persist in their engagement with the duty-bearers and lead collective efforts to promote understanding and respect of humanitarian principles and International Humanitarian Law (IHL) and International Human Rights Law (IHRL). The HCT will maintain its focus on the operationalisation of its strategic documents on engagement with duty-bearers and humanitarian access, which require a continued, unabated commitment in an exceptionally challenging context. The HCT will further address critical protection issues, as emerging from protection monitoring and

analysis carried out by the Protection Cluster, with the contribution of all sectors and working groups.

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response.

Within the broader humanitarian access environment, participation in the humanitarian response has deteriorated for Afghan women staff since August 2021, with the latest directive issued on 24 December 2022, barring Afghan women from working for national or international NGOs. The scope of the order remains uncertain at time of writing, but it will have devastating humanitarian consequences and will impact the quality and effectiveness of services and assistance, especially protection.

Prior to the above directive, the Gender in Humanitarian Action (GiHA) Working Group and the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) reported that many women humanitarian workers were afraid to work. Unclear and inconsistent policies and accountability by the DFA, particularly in remote areas, compounded this fear and have led to caution around changing policies. Even earlier, prior to the 2021 takeover, 71 per cent of women aid workers felt that they were at increased risk, including women from minority groups (especially Hazara and Shi'a women at risk of additional discriminatory restrictions, targeted killings, disappearances or severe harassment), single or divorced women (who may face greater harassment or limits on freedom of movement in the absence of a mahram (male chaperones), and staff who work on GBV, human rights or protection programming – both men and women – due to sensitivities around these topics and lack of community acceptance. Many challenges and restrictions imposed by the DFA have also been impacting the ability of women organizations to operate and to be meaningfully included in the humanitarian response.

The potential exclusion of women from humanitarian response poses an existential threat to the ability of humanitarian actors to provide neutral, impartial assistance to everyone according to their specific

needs in a manner which ensures the Do No Harm principle is respected. In the highly conservative context of Afghanistan, the absence of women humanitarian workers means the impossibility to reach women and girls, across all sectors and services provided. As such, all activities will incorporate elements to ensure their meaningful participation.

Disability inclusive programming

In the current humanitarian crisis, persons with disabilities are disproportionately affected, and face physical, communication, institutional and attitudinal barriers preventing them from meaningfully accessing life-saving assistance and developmental opportunities. COVID-19 further exacerbated the risk of exclusion and isolation, as well as reduced already limited employment opportunities and deepened inequality. This has contributed to hamper access to humanitarian assistance and to limited access to developmental opportunities which has a direct impact on the socio-economic wellbeing of both the individuals and their household. Persons with disabilities often have higher healthcare needs and, due to the lack of opportunities and existing barriers, are less likely to find income-generating opportunities, thus being perceived as a burden within the household. In a country where 8.5 per cent of the population is estimated to be living with a severe disability, gender, age and disability – as well as ethnicity and location – intertwine in increasing the marginalization of persons with disabilities. This is particularly true for women with disabilities, who are often additionally disadvantaged as they face marginalization due to

both their gender and disability. They are less likely to find/have a job, and often earn lower wages when employed.²⁴ Adding to their difficulties, women with disabilities generally experience violence at higher rates and on a far greater scale than non-disabled women and are at greater risk of neglect and exploitation. They also have less access to maternal reproductive healthcare – which is already dramatically scarce throughout the country and can be at risk of forced sterilization.

During 2023, the Disability Inclusion Working Group (DIWG) will scale up its activities to enhance inclusive responses in line with the IASC guidelines, aimed at reducing the physical, communication and attitudinal barriers that persons with disabilities are faced with, and foster their meaningful representation and participation. In a context where humanitarian needs are dramatically scaling up and millions of men, women, boys and girls with and without disabilities are in critical need of assistance, the DIWG will work closely with Clusters and their member partners to capitalize on their longstanding presence and experience in the country to reduce the risk of exclusion of people with disabilities during the humanitarian response. The DIWG will also prioritize consultations with persons with specific age, gender and disability related vulnerabilities, so that the needs, challenges and aspirations of persons with disabilities can inform and be embedded in the humanitarian response.

1.4 Costing Methodology

Afghanistan's HRP is costed on an activity basis by Clusters. Each Cluster produces a cost-per-beneficiary estimate, which combines the costs associated with in-kind supplies, cash provision (where appropriate), and expenses associated with the physical delivery of assistance (logistics, staff, security and other overheads).

The 2023 HRP increases planned reach by 8 per cent as compared to the 2022 HRP, while the overall requirements are increasing by only 4 per cent. The average cost per person has decreased from an average of \$201 per person over the 2018-2021 multi-year HRP to \$192 per person in the 2023 HRP, despite high levels of underlying inflation in core commodities reflecting global trends. This is largely a factor of

a slight decrease (-1 per cent) in the cost of FSAC obtained by adjusting towards a more seasonalised response with a decrease in people targeted during the harvest.

A number of Clusters have seen their cost per person increase due primarily to inflationary pressures on commodities. These are ES-NFI (+8 per cent), Health (+12 per cent), Nutrition (+44 per cent), WASH (+8 per cent). For Education, core costs remain similar to 2022, however since the target includes a large number of secondary-school age girls who are targeted at a low cost per person mostly with indirect activities, the overall cost per person has a decreased by – 36 per cent.

Average Cost-per-Beneficiary (US\$)

SECTOR	2018	2019	2020 (ORIGINAL)	2020 (REVISION)	2021	2022	2023
Education	\$76	\$97	\$110	\$72	\$84	\$108	\$69
Emergency Shelter and NFI	\$74	\$59	\$80	\$88	\$109	\$193	\$208
Food Security and Livelihoods	\$60	\$71	\$41	\$38	\$39	\$123	\$122
Health	\$27	\$34	\$34	\$24	\$16	\$26	\$29
Nutrition	\$83	\$60	\$54	\$47	\$46	\$48	\$69
Protection	\$65	\$33	\$36	\$39	\$29	\$30	\$26
Water, Sanitation and Hygiene	\$24	\$28	\$35	\$40	\$26	\$32	\$34
OVERALL	\$115	\$136	\$103	\$102	\$82	\$201	\$195

1.5

Planning Assumptions, Operational Capacity and Access

Planning assumptions

The HCT and ICCT considered a range of possible scenarios for 2023 and has agreed on a common planning scenario, while recognising that there are a number of serious risks for greater deterioration across all elements. The full details of this scenario can be found in the 2023 HNO – section 2.1 Risk Analysis.

One and a half years after the takeover, the transition to DFA leadership has not fully stabilized. There is a continued display of weak governance and tension between central and provincial authorities. This is anticipated to partly limit the ability to implement a comprehensive set of domestic, economic and public policies which sustain critical public and basic services and reduce needs. Women and girls are at greater risk in Afghanistan as a result of rapidly increasing gender-related restrictions by the DFA over the past 12 months. Due to the combination of these public restrictions and those imposed informally by families/communities, women and girls face unique risks and barriers in accessing basic services and work, and meaningfully participating in societal aspects of life. The likely scenario is that a more restrictive environment lies ahead. Even if many members of the DFA have privately indicated their disappointment with the rolling back of women's and girls' rights, especially in relation to girls' education, hardliners have demonstrated an unwillingness to compromise, and have communicated through different channels that rights-based advocacy actually contributes to them taking more rigid positions.

The humanitarian community understands that there will be no easy, clear-cut solutions to the current challenges on women's rights; uncomfortable and imperfect compromises will be required. This includes finding practical solutions to existing constraints negatively impacting women's participation in

humanitarian action, such as the mahram and strict hijab requirements.

The overall security situation is expected to continue to be less violent than the pre-August 2021 period marked by intensified conflict and high number of targeted attacks and security incidents. However, increased security incidents are expected as compared with 2022. Increased attacks by newly emboldened NSAGs (notably the IS-K) are anticipated to require high levels of security measures that stretch DFA's capacity across the country. Most notable for the country's east, the scenario anticipates a potential for resistance and cross border armed groups to emerge stronger with a wider foothold. Localized conflict events may continue to drive internal displacement, albeit at lower levels, as compared with 2021 and the years prior.

The most-likely scenario anticipates that Afghanistan's economy is plateauing at low-levels and broader isolation from most of the world remains. The wartime and aid-reliant economy has been de-coupled from global markets and financial systems. The impact was greater in major cities, which are more formalized and better integrated into the global economy and where people were more reliant on services and salaried work (both in the private and public sectors). While there has been some respite in national income from borders and exports in some raw materials such as coal, this have not enabled sufficient resuscitation of the economy. The aggregate demand continues to decline, and majority of the private driven supply chains remain unrestored. At the same time, exogenous factors are driving the prices of key commodities – food and fuel – high compounding the depressed demand with households unable to meet their most basic needs.

Drought-like conditions are likely to extend into a third year. Under this scenario, a significant negative impact

on agriculture and livestock-keeping, particularly in rainfed agriculture zones, is imminent. Irrigated agricultural production is also likely to be reduced, with water generated from snowfall like to be insufficient – a primary driver of severe and potentially extreme food insecurity. The lack of employment opportunities during the winter season will impact vulnerable people (both rural and urban) who mainly rely on agricultural wage labour as their main income source. If forecasts hold, there is also an increased risk of uncontrolled outbreak or further spread of plant pests and animal diseases.

Operational Capacity

In the first three quarters of 2022, 203 humanitarian partners were either present or delivered humanitarian assistance across all 401 districts of the country. National NGOs continue to make up the largest proportion of humanitarian responders in Afghanistan (116), followed by international NGOs (76), and UN organisations (11).

Despite the multi-faceted challenges to the operating environment seen in 2022, humanitarians have demonstrated proven capacity to mobilize a large-scale response in 2022 reaching, with at least some form of assistance, over 100 per cent of the target. In

2023, the primary challenge to operational capacity is the limitation on the participation of women as humanitarian workers and possible resource shortfalls, as well as increasing bureaucratic impediments that may limit the ability of some Clusters to fully implement against their targets and planned activities.

Access

Afghanistan continues to be a challenging access and operational environment for humanitarian action, with dynamics having changed markedly since August 2021, where constraints related to military operation and insecurity have drastically decreased, thus allowing for improved physical space to previously hard to reach areas. However, interferences in the humanitarian programming have surged dramatically, particularly since September and October 2022, following the launching of DFA's new procedures for the coordination with humanitarian responders, which is to be annexed to the 2005 NGO law, and the more recent decree barring Afghan women from working in national and international NGOs. The restrictions have also reduced the ability of women to access critical services or to move freely within their communities.

In 2022, as of 30 November 2022, 1,400 access incidents were reported by partners, of which 76 per

Response reach under previous HRP

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED	% TARGET REACHED	FINANCIAL REQUIREMENTS (US\$)
Education	7.9M	1.5M		554K	37%	162M
ES-NFI	10.9M	1.9M		1.8M	93%	374M
FSAC	24M	21.6M		22.1M	102%	2.7B
Health	18.1M	14.7M		12M	82%	378M
Nutrition	7.8M	5.9M		6M	100%	287M
Protection	16.2M	4.5M		5.4M	119%	137M
WASH	15.1M	10.4M		10.5M	100%	333M
Aviation	-	-		-	-	85M
Coordination	-	-		-	-	26M
Total	24.4M	21.1M		25.3M	115%	4.4B

OPERATIONAL PARTNERS (Q4, 2022)

218

PARTNER TREND (2015-2022)

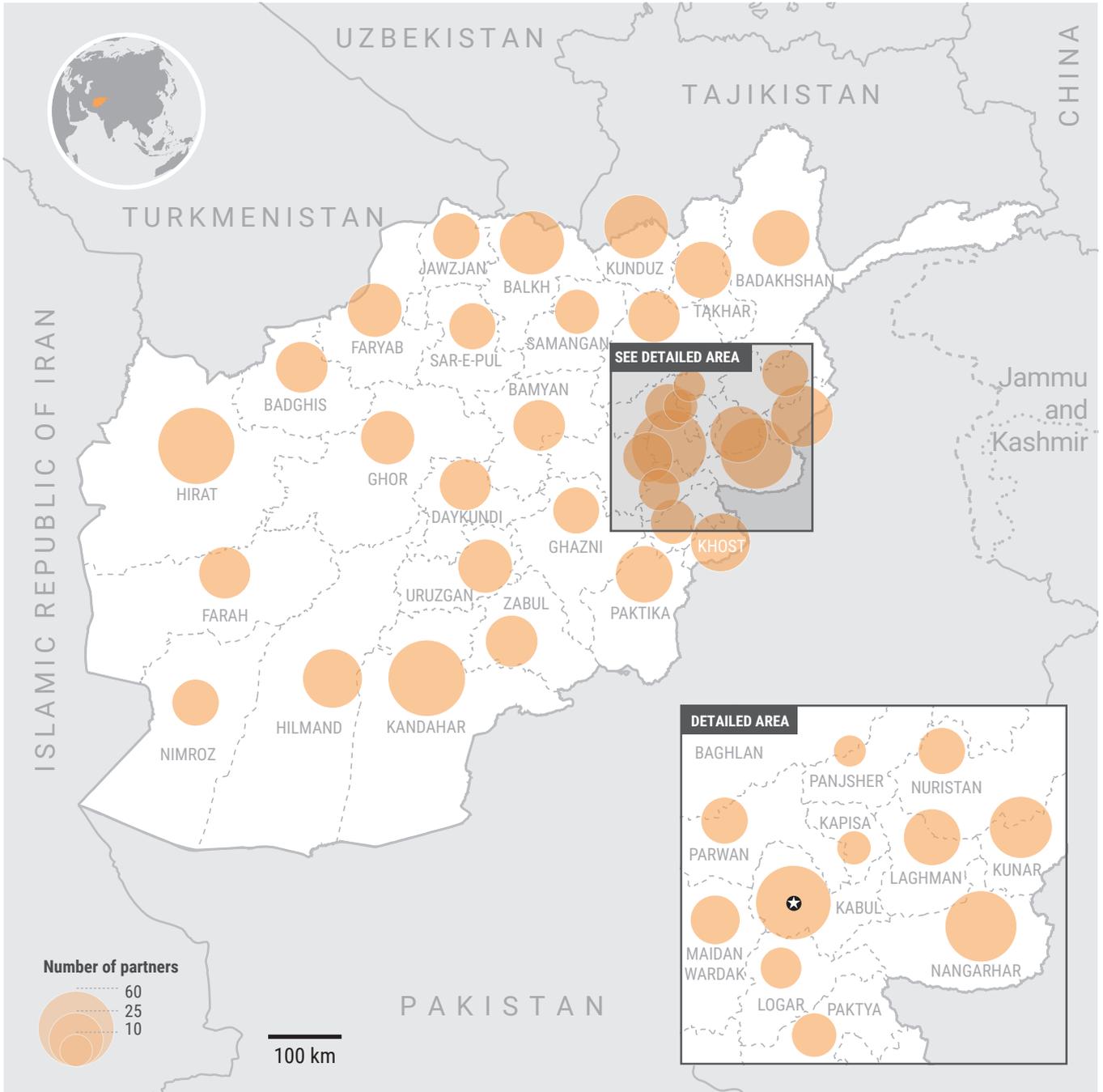


ACCESS INCIDENTS (JAN - DEC 2022)

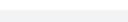
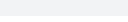
1,767

ACCESS INCIDENTS WITH GENDER DYNAMICS

407

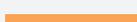


Operational Partners by Location (Q3, 2022)

PROVINCE	PEOPLE TARGETED	NO. PARTNERS
Badakhshan	917K 	33 
Badghis	555K 	27 
Baghlan	734K 	29 
Balkh	1.2M 	41 
Bamyan	421K 	27 
Daykundi	397K 	28 
Farah	390K 	27 
Faryab	984K 	30 
Ghazni	591K 	24 
Ghor	791K 	30 
Hilmand	730K 	37 
Hirat	2M 	62 
Jawzjan	462K 	23 
Kabul	4.5M 	56 
Kandahar	983K 	60 
Kapisa	420K 	13 
Khost	333K 	36 
Kunar	385K 	39 

PROVINCE	PEOPLE TARGETED	NO. PARTNERS
Kunduz	699K 	41 
Laghman	367K 	33 
Logar	319K 	19 
Nangarhar	1.2M 	54 
Nimroz	621K 	23 
Nuristan	205K 	22 
Paktika	515K 	34 
Paktya	432K 	21 
Panjsher	134K 	11 
Parwan	652K 	23 
Samangan	580K 	21 
Sar-e-Pul	513K 	22 
Takhar	706K 	33 
Uruzgan	257K 	30 
Wardak	448K 	25 
Zabul	262K 	27 

Operational Partners by Sector (Q3, 2022)

SECTOR	PEOPLE TARGETED	NO. PARTNERS
Education	3.1M 	47 
ES-NFI	1.3M 	75 
FSAC	21.2M 	106 
Health	15.6M 	83 
Nutrition	5.5M 	65 
Protection	6.5M 	93 
WASH	13.9M 	65 

Operational Partners by Type (Q3, 2022)

SECTOR	NO. PARTNERS
National NGO	127 
International NGO	79 
United Nations	12 

cent authored by DFA. The most prominent access challenge faced by humanitarian partners involve 'interferences in humanitarian programming' which accounted for 54 per cent of all incidents in this period. This includes attempts to influence beneficiary selection (81 incidents) and recruitment of staff (52 incidents) as well as demands to share other sensitive data, enforced through bureaucratic procedures involving signing of Memorandum of Understandings (MoUs), and other forms of pressures by the DFA at the provincial and national levels. The number of access incidents relating to interference in programming recorded by November 2022 represents a 61 per cent increase compared to figures in 2021 (461) and 68 per cent compared to 2019 (444). Furthermore, 'violence and threats against humanitarian personnel, assets, and facilities' have had a significant impact on the operational environment in 2022, with a total of 340 incidents (24 per cent) reported since the start of the year. Similarly, incidents related to 'restriction of movement of agencies, personnel, or goods within the affected country' continues to affect humanitarian operations, with 117 incidents (8 per cent) reported.

Participation in the humanitarian response has changed for national female staff – in virtually all aspects – since the takeover by the DFA in August 2021. Amid a growing set of restrictions curtailing their basic rights and freedoms, female humanitarian workers face daily challenges to carry out their work. A Female Participation Mapping Exercise was conducted in June - July 2022 across the country to better understand the challenges national female staff are experiencing in humanitarian action. The exercise revealed that the mahram requirement has had the most impact on women's ability to engage in humanitarian work, with potentially devastating consequences for conflict- and disaster affected women and girls who depend on their involvement to be able to access life-saving assistance and services.

Continuation of DFA policies around women's rights and other restrictions on, and interferences in humanitarian action continues to limit global engagement and affect donor contributions to life-saving activities. As of November 2022, 127 directives and instructions with direct and in-direct implications

for humanitarian operations, including 24 directives that were gender motivated, were issued by the DFA. These are directives, which have had or may have the potential to impact the access and operating environment, include 99 directives that allow for 'interference in the implementation of humanitarian activities', 17 which relate to the 'restriction of movement of agencies', personnel, or goods within the affected country' and four which could lead to/allow for 'violence against humanitarian personnel, assets and facilities. In addition, seven other directives affect civilians' access to livelihoods and education and are expected to further deteriorate poverty levels and thus compound humanitarian needs. Looking ahead, humanitarians anticipate that access challenges in relation to DFA's interference in humanitarian programming will persist as a result of these new procedures and directives. Gender related restrictions are also likely to increase, impacting women staff participation and affected women's access to assistance.

Access coordination and advocacy

To address the access challenges humanitarians will continue to invest in strategic advocacy and engagement with DFA's at the local, provincial and national levels to ensure humanitarian aid is delivered in a transparent, impartial and accountable manner and in line with the Humanitarian Principles, the HCT's Joint Operating Principles (JOPs) and Data Sharing Protocol.

The Humanitarian Access Group (HAG), with the support of the National Access Working Group (NAWG) and under the leadership of the HCT, remains the primary forum in Afghanistan through which operational coordination, analysis and discussion of humanitarian access issues take place at the national level. Through its advisory role to the humanitarian leadership, the HAG supports the engagement efforts with DFA's on critical issues such as expanding access and the humanitarian operational footprint, addressing violence and intimidation against humanitarian personnel, troubleshooting on protection of humanitarian assets and facilities, as well as on issues related to assurances for continued female participation in humanitarian work.. The HAG is also complemented by the national NGO Humanitarian

Access Group (NHAG) which provides a platform to ensure that unique and specific access concerns of national NGOs are better heard, tracked and addressed. In 2023, the HAG and NHAG will continue to provide a more efficient and coordinated humanitarian response, by supporting the HCT to advocate for and improve humanitarian access, whilst acting as an analytical and advisory body focused on addressing key access restrictions and constraints.

With the continued upsurge of humanitarian access constraints, most notably in relation to interferences in the humanitarian programming, heightened and decentralised engagements with the DFA's at provincial and regional levels are required. Engagement on access is decentralized to the regions and provinces through the leadership of Regional Humanitarian Team (RHT) leads with the support of Regional Access Working Group (RAWG) to ensure that challenges are discussed and addressed where they occur and are backed by advocacy at the national level as needed. Humanitarian orientation and sensitization sessions with members of the DFA's aimed to enhance coordination and engagement with key access gatekeepers as well as other proactive approaches to solving humanitarian access constraints will continue to be rolled out, building on lessons learnt from 2022.

The HAG will endeavour to advocate for principled humanitarian action, the December 2022 HCT

endorsed and reinforced JOPs, and the Access Strategy. The JOPs reflect humanitarian policies and established practices for interaction with duty bearers and other stakeholders, where all humanitarian actors, including sub-contractors and suppliers, have agreed to hold themselves accountable, whilst the strategy provides a framework to establish and maintain access to all people in need. Both the Access Strategy and the JOPs guide the humanitarian community with regards to ensuring the principle of distinction between humanitarian and political actors and appropriate coherence with other efforts.

The HAG will also continue to monitor access trends to support evidence-based advocacy with the donor community, humanitarian coordination entities and other stakeholders. In 2022, the HAG strengthened its access analysis by reviewing the Access Monitoring and Reporting Framework (AMRF) as well as developing several new products, including a 'Female Participation Map' which tracks female humanitarian engagement in the post-15 August environment, and 'Access Severity Mapping' to provide a common narrative on access in the country, complemented by response and area-specific analysis/products. The HAG will continue efforts to reach out to a broader audience with its publications to support advocacy efforts, while maintaining confidentiality of partners.

1.6

Accountability to Affected People

There is a growing awareness of the response-wide accountability to shift the power to people affected by crises in Afghanistan, as a result of country and global level commitments on Accountability to Affected People (AAP). The 2019 HCT Compact on accountability continues to guide humanitarian responders to design and adapt their interventions based on the views and preferences of crisis affected people, including displaced people, women and girls, persons with disabilities and other marginalized groups in all phases of humanitarian response. This is strengthened by the global standard and commitment to AAP in humanitarian response, outlined in the Statement by Principals of the IASC (14 April 2022)³ which states:

“We must be instructed by affected people to guide our actions and to measure how well we provide protection and assistance against their diverse needs, feedback and perceptions, throughout the humanitarian response.”

Within the collective AAP, HCT and organizations responding to crises in Afghanistan are committed to prioritizing meaningful participation of affected communities and acting upon their voices. This is done through three AAP pillars and coordinated by the AAP Working Group co-led by UNFPA (United Nations Populations Fund), ACBAR and Islamic Relief Worldwide:

- Affected people including women, girls, men, boys, persons with disabilities and other marginalized groups can **access information on humanitarian assistance and other lifesaving messages** timely, in formats and languages they prefer.
- Affected people are provided with localized mechanisms to **participate in humanitarian**

program cycle and their voices inform the humanitarian response.

- Affected people can **assess and comment on the performance of aid providers**, including reporting on issues related to sexual exploitation and abuse, using their preferred and trusted communication channels. In this light, **corrective actions** are addressed regularly by aid providers.

Progress against these commitments were made in 2022, despite disruptions in operationalization following new political administration (DFA) in country. These progresses include:

- **Improved accountability approach** in numerous agencies' programs/services as a result of the Afghanistan Humanitarian Fund's (AHF) mandatory requirement that requested humanitarian partners to tangibly indicate AAP strategies and methods in funding application process. As a result, there were efforts made to involve more community members in their needs assessments and program activities to ensure the appropriateness of their response.⁴
- **Capacity building and mentoring on AAP** for various humanitarian actors and clusters in 2022 created opportunities to scale up response-wide accountability and maximize the use of resources (for instance on messaging and community feedback) established at the interagency level.
- Various community-based messages for communicating with communities on humanitarian and disaster topics were developed collectively and translated into Dari and Pashto, and this supported the improvement of **communication and transparency with affected people**, especially marginalized groups.
- In response to challenges faced by women and girls to participate in response, a series

of consultations with women groups in local communities and IDP camps were held to **advocate the design of women-friendly feedback mechanisms** to aid providers to strengthen their active engagement in response.

Additionally, the WoAA conducted in March 2022 and August 2022 respectively showed slight progress of AAP, as suggested by the respondents via 17,219 household-level interviews (23 per cent female heads of household) across 34 provinces.⁵ The percentage of respondents who knew how to access humanitarian assistance changed from 31 per cent to 36 per cent. Meanwhile, the percentage of respondents who

were aware of feedback mechanisms to contact aid providers about their needs and the overall assistance, including reporting on bad behaviour/misconduct of aid providers, slightly changed from 21 per cent to 23 per cent. For the past several years, the response has been consistently guided by community insights captured through the WoAA. To further learn about community feedback and perception of humanitarian action to support HCT, Clusters, aid providers to adapt the interventions based on the evolving needs and priorities of affected people, several community perception indicators (see AAP indicators) have been established collectively (with clusters) and will be measured quarterly to inform the quality of response in 2023.

COMMUNITY INSIGHTS ON HUMANITARIAN ASSISTANCE⁶

Top three information needs among female respondents:

Food assistance (82 per cent)
How to request assistance (59 per cent)
Healthcare services (35 per cent)

Top three information needs among male respondents:

Food assistance (83 per cent)
How to request assistance (59 per cent)
Healthcare services (39 per cent)

Suggested feedback channels among female respondents:

Community focal points (70 per cent)
Local DFA offices (19 per cent)
Local aid facilities (16 per cent)
Awaaz helpline (14 per cent)
DFA contact number (12 per cent)

Suggested feedback channels among male respondents:

Community focal points (74 per cent),
Specific organization contact numbers (24 per cent)
Local aid facilities (16 per cent),
Local DFA offices (13 per cent)
Awaaz helpline (12 per cent)

Preferred channels of reporting abuse and exploitation among female respondents (top 3):

Community leaders (46 per cent)
Community committees/shuras (36 per cent)
Specific organization contact numbers (21 per cent)
I would not report (14 per cent)

Preferred channels of reporting abuse and exploitation among male respondents (top 3):

Community leaders (56 per cent)
Community committees/shuras (45 per cent)
Specific organization contact numbers (22 per cent)
I would not report (7 per cent)

Preferred method of assistance among female respondents:

Physical cash (67 per cent)
In-kind for food (28 per cent)

Preferred method of assistance among male respondents:

Physical cash (69 per cent)
In-kind for food (26 per cent)

Strengthening “people-centred approach” in humanitarian action

The vulnerability of communities affected by crises will continually be studied through innovative and localized community engagement approaches to ensure that the response is adaptive for different segments of communities. Given various restrictions currently faced by women and girls such as mobility and other power dynamics to access humanitarian information and engage with aid providers, community engagement

and accountability methods need to be tailored to comparative capacities of women and girls including those who are illiterate and with disabilities. This can include, but not limited to, exploring possibilities of collecting feedback and complaints from women and girls through door-to-door, and ensuring they can share their views in person as they are less likely to have independent access to other modes of communication such as mobile phone. Moreover, further updates and studies on local information and communication

ecosystems including the use of communication technologies, community influencers, social cohesion and other local decision-making structures in urban and rural areas are paramount for adaptive humanitarian response.

Following the challenges on finding information about humanitarian assistance and lifesaving messages in different formats within clusters and responding agencies to address inclusive response, an online information hub will be developed to augment Clusters and internal agencies' community outreach efforts. This platform aims to improve access to information needs of affected people as identified in programme assessments, community consultation and other community needs analyses. Timely information sharing is critical and enables affected people to make informed decisions and build their own resilience. Messages of community facing content including on pre-crisis and seasonal disasters on this centralized hub (co-created with Cluster and agencies) will be made available in languages and formats preferred and trusted by communities (based on WoAA findings and other assessments on information and communication landscape). This platform also aims to strengthen Clusters and individual agencies' inclusive effort in information dissemination by increasing access to expressed information needs of illiterate people and persons with disabilities.

Further, Awaaz helpline will continue to be promoted to affected people with access to mobile network across the country. Awaaz Afghanistan has been functioning as the interagency information and feedback centre that provides information about humanitarian services and enables affected people to feedback and complain to aid providers since 2018. From January to October 2022, Awaaz received more than 160,000 calls from 51,000 unique numbers. The call centre was able to handle averagely 5,288 calls per month. While there were gaps to attend some calls due to limited capacity, Awaaz aims to scale up its operations in 2023 by adding more operators, particularly women. The 2022 call handling data shows that 22 per cent of calls came from women and 78 per cent from men callers (this also includes 5 per cent from young people – under 18 years) that inquired about humanitarian assistance.

The highest call volumes were from Kabul, Nangarhar, Kandahar, Kunduz, Hirat, and Mazar-e-Sharif provinces.

An interagency community feedback and accountability platform – near real-time monitoring tool – that systematically collects/collates, analyses and responds to community feedback and complaints (disaggregated by age, gender, disability) will be explored to support Clusters and responding agencies to regularly track and address the feedback from communities. The AAP Working Group will coordinate the design and operationalisation of this interagency evidence-based platform and monitor corrective actions made across the response in close consultation with Clusters and its members, and in collaboration with the thematic working groups; Assessment and Analysis Working Group, Protection from Sexual Exploitation and Abuse (PSEA), Gender in Humanitarian Action (GiHA), Disability and Inclusion (DI), Access, Youth. A robust data protection system will be developed to ensure “do no harm” principles and mitigate/avoid potential risks in execution. The AAP Working Group will be guided by the Afghanistan HCT Data Sharing Protocol to conceptualize and undertake this initiative and will engage with UN Humanitarian Data Centre (HDX) at the global level to build on in-country data protection system.

Scaling up AAP milestones for 2023

A response-wide AAP strategy is currently under development to guide the AAP implementation for 2023. Using global guidance of Collective AAP Framework, the response-wide AAP in Afghanistan will be focused on five priorities.

- **Priority 1:** Strengthen the integration of information needs and communication preferences of affected people especially marginalized group in **coordinated needs assessment and analysis** to increase community participation in response (including inclusive assessment modalities such as female enumerators, organizations working for persons with disabilities etc.). This will build on the WoAA and other types of assessments and studies on information and communication landscape by agencies, Clusters, consortiums or through the AAP Working Group in collaboration with thematic

working groups; PSEA, GiHA, DIWG, Access and Cash and Voucher Working Group (CVWG).

- **Priority 2:** Collectivize community voices in a near **real-time platform to systematically influence response decision-making** through building on a myriad of existing modalities of collecting, analysing and responding to community feedback and complaints. Engagement with local actors such as community-based organisations, women-led organisations, organisations working with persons with disabilities is critical to achieve this to ensure the response is fully guided by the views and opinions of crisis affected people.
- **Priority 3:** Improve **referral mechanisms to respond to community feedback and complaints/close the feedback loop** including on issues related to sexual exploitation and abuse. Decisions on actions taken or not are communicated back to communities as a part of communication, transparency and accountability.

- **Priority 4:** Continue to advocate **financial and human resources for collective AAP** including for AAP coordination role, information management (IM) and collective interventions such as capacity building and strengthening for clusters, members of the AAP Working Group and other grassroots organisations to enhance information sharing, participation and feedback mechanisms.

These resources will support enhancing sub-national level coordination through timely guidance and mentoring, as AAP Working Group is aiming to contextualize its efforts through the Regional Humanitarian Team structures and other sub-national NGO coordination fora (via ACBAR).

- **Priority 5:** Evaluate the **collective performance of AAP** to strengthen collective accountability and promote learning with the relevant stakeholders. This process will be implemented through community perception survey on a quarterly basis to assess the appropriateness and quality of response, coordinated by the AAP Working Group.

INDICATORS (SEGREGATED BY AGE, GENDER AND DISABILITY)	BASELINE	TARGET
% of crisis affected people surveyed who feel informed about the humanitarian assistance available to them (information and communication)	36%	50%
% of crisis affected people surveyed who know how to make a suggestion or complaint about humanitarian assistance received, including on sexual exploitation and abuse (feedback and complaint mechanism)	23%	50%
% of crisis affected people surveyed who feel that aid providers consulted them in the project cycle (participation)	N/A	50%
% of crisis affected people surveyed who understand how humanitarian organizations decide who receives aid and who doesn't (selection and targeting)	N/A	50%
% of crisis affected people surveyed who think the assistance was of appropriate quality to meet their needs (quality of assistance)	N/A	50%
# of interventions with complaints and feedback mechanisms that meet standard for accessibility i.e., women without access to phone, with lower literacy, disabilities (inclusion, gender-responsive)	N/A	TBC

1.7

Protection from Sexual Exploitation and Abuse

The humanitarian and development community in Afghanistan under the guidance of the PSEA Task Force collectively developed a PSEA interagency strategy and standard operating procedures (both endorsed by the HCT in 2022), to reinforce commitments to and operationalisation of prevention and response to sexual exploitation and abuse (SEA) in humanitarian action. Given current level of implementation, SEA risks are anticipated, such that robust PSEA measures are critical to ensuring that UN and NGOs operations enact a zero-tolerance policy. Collective PSEA in Afghanistan is steered by the Resident Coordinator (RC)/Humanitarian Coordinator (HC) and senior leaders in the HCT with the technical and operational support from the PSEA Task Force.

In 2023, PSEA efforts will focus on four workstreams by continually building on the existing structures, augmented with new localized interventions to allow crisis affected people, especially women, girls and other marginalized groups to have a greater awareness of their rights and entitlements and feel safe to engage in humanitarian assistance.

Leadership and coordination

A collective effort to strengthen PSEA leadership and coordination is a priority within the 2023 HRP. The Afghanistan response recognises the PSEA Task Force comprises UN, national and international NGOs, as the primary coordination body for PSEA activities. A decision-making system will be established in 2023 through a Strategic Advisory Group (SAG) to complement the PSEA Task Force structures. Additionally, a regional PSEA coordination/network will be created to enable localised PSEA measures. The 2023 PSEA implementation will be guided by the PSEA strategy, supported by SAG and PSEA Task Force members.

Capacity building and strengthening for humanitarian aid workers

The PSEA Task Force will establish standardized training materials reflective of interagency procedures (linked to SOPs), including on standardized formats to report the SEA allegations at the interagency level for timely response to survivors. While aid responders follow internal PSEA protocols within their own organizations, these capacity building efforts will further complement and enhance their knowledge on strategic and operational aspects to encourage preventative measures and SEA reports in a safe and confidential manner, followed by appropriate referral mechanisms linked to protection services. The PSEA Task Force will create capacity building content and methodologies contextualized to the needs of aid responders, affected communities, and implemented at the regional and local level to suit the specific context, culture and locality. The PSEA Task Force will collaborate with the Agency Coordinating Body for Afghan Relief and Development (ACBAR), and sub-national mechanisms to improve the outreach to various responding agencies (NGO, Civil Society Organisations (CSOs) etc.) nationwide.

Awareness raising and reporting mechanism

The PSEA actions are guided by crisis affected people, and this will be leveraged in the 2023 HRP. The humanitarian and development community will continue to employ a “people-centred approach” in raising PSEA awareness with the communities served in humanitarian response, with particular attention to marginalized groups such as women, girls, young people, persons with disabilities and other minority groups. Two critical interventions on awareness raising will include:

1. Affected communities understand and know how to claim their rights and entitlements in humanitarian response, without exchange of any favour requested by aid workers. Within this action, aid providers will continue to support disseminating information on humanitarian assistance and PSEA in an inclusive and gender-sensitive manner to their program participants especially those who live in hard-to-reach areas as accessing information is a challenge for them, as well as people who face additional difficulties in accessing information such as women due to the current restrictions in place, as well as people with disabilities.
2. Affected communities know how and feel comfortable to raise their concerns and report on sensitive issues to aid providers using their preferred channels and structures. In this light, aid providers will enhance the complaints mechanisms that meet safety and confidentiality standards for reporting SEA allegations and relevant sensitive issues.

In undertaking these interventions, linkages with community engagement and AAP efforts will be made to allow complementarity and maximize the use of resources and existing systems. In particular, the PSEA Task Force in coordination with the AAP Working Group will continue to address joint efforts on complaints and reporting mechanisms through consulting with community members to ensure their preferred and trusted channels used in response. Engagement with national and local organizations, and other grassroots organizations will be enhanced to raise awareness about the rights of affected people, what constitutes appropriate behaviour of aid personnel, methods to submit complaints safely and confidentially and how to access assistance services in the communities.

With the changing context in Afghanistan and following the general free movement of circulation, IDPs might decide to return to their area of origin or to integrate locally and/or in new areas. This new dynamic will certainly impact the scale and living conditions of IDPs living in informal settlements (ISET). During this critical transition, the PSEA Task Force with the support of the Women Advisory Group (WAG) and the Camp Coordination Camp Management (CCCM) Working Group will support and collaborate with women groups established at ISET level to better understand their needs, challenges as well as exposure and mitigation required to the risks of SEA. The PSEA complaints mechanisms will be reinforced through knowledge sharing and awareness raising among community members. Women groups, community elders, and male community leaders will be engaged in this process to strengthen accountability to affected people. The PSEA Task Force will coordinate with CCCM Working Group, AAP Working Group, Awaaz helpline, to support addressing PSEA complaints on a priority basis. The CCCM Working Group members and Clusters' members will also be trained on PSEA.

Survivor centred approach

Timely assistance to SEA survivors is a high priority within the ongoing response, linked with the protection services. The PSEA Task Force will continue to map out the available services across the regions and localities and address the shortcomings to ensure that survivors are able to access required services as appropriate, including multi-sectoral services to address their needs.

In operationalizing these four workstreams, an Inter-Agency PSEA Adviser is currently under recruitment with the fund support from UNFPA and World Food Programme (WFP). This role will provide strategic and technical advice to the RC/HC, while coordinating operational work under PSEA Task Force, to achieve accountable humanitarian response in Afghanistan.

INDICATORS	BASELINE	TARGET
# of aid workers/organisations trained on PSEA including where and how to report allegations of misconduct disaggregated by male and female (including # of trainings/orientations conducted by PSEA TF)		
# of crisis affected people who have access to a safe and accessible channels to report SEA		
# of sites where awareness-raising activities on how to report SEA and how to access survivor-centred assistance have been reached annually (calculated per geographic region)		
# of crisis affected people engaged through awareness-raising activities and community mobilisation interventions on PSEA		
# of women groups established at informal settlements (ISET) to support PSEA awareness raising and reporting		

1.8

Promoting Gender in Humanitarian Action

The current emergency in Afghanistan is deeply gendered. As in all humanitarian crises, women, men, girls and boys face different impacts and challenges linked to gender norms and their different experiences of the crisis. In Afghanistan however, the impact of the emergency itself on women and girls has been compounded and exacerbated by the rights crisis faced by women and girls in the country. The Taliban takeover of the country in August 2021 has led to further curtailing of women's basic right to health, education and livelihoods. Various restrictions have been enforced by the DFA in the past year, in an attempt to control women's dress and movement, preventing them from traveling without a mahram and making the hijab and face covering mandatory in public. Women have also been banned from specific public spaces, while girls above grade 6 can no longer go to school, and girls and women are not allowed to go to university. While women in Afghanistan have long suffered from discrimination, the current restrictions put in place have further shaped women's experience of humanitarian assistance, and have had dire negative economic, social, physical and psychological consequences. These strict social codes have reinforced already existing suppressive social norms in Afghanistan and have led to greater disrespect,

violence, and abusive social practices against women and girls as well as increased family- and community-imposed restrictions.⁷

It is imperative that all humanitarian assistance is gender responsive and addresses the needs of women, men, girls and boys in line with the IASC guidelines on Gender in Humanitarian Action.⁸

To operationalize these commitments, the GiHA Working Group, together with the Senior Gender Capacity (GenCap) Advisor hosted by UN Women will continue to support the HCT and provide multi-pronged inter agency technical support for strengthening capacity, technical ability and institutional mechanisms for responding to the crises in 2023.

GiHA and GenCap will put a particular focus on developing guidance and mapping good practices in the field to enhance gender-responsive humanitarian programming. This will ensure that projects in all sectors assess implications both for women and men and respond to the different needs of women, men, girls and boys, through exploring their different capabilities and vulnerabilities. Guidance to develop

gender-responsive programming will be embedded with partner organizations through cluster leaderships.

Gender-responsive guidance for humanitarian programming and engagement will be provided through the following actions:

- **Continue the production and dissemination of evidence and data on gender concerns in humanitarian action** and advocate for the recognition of women and girls' experiences of women and girls of the humanitarian crisis and response. This will include two rounds of surveys looking at women's perception of humanitarian assistance as well as an interagency Rapid Gender Analysis (RGA) which will identify the specific needs of women, girls, men and boys and gaps in the humanitarian response in 2023, adopting a multisectoral approach. GiHA will also undertake pertinent research initiatives based on needs, to map good practices to continue reaching women and girls with humanitarian assistance, including looking at the role of women leaders and possibilities to scale up the engagement of women and girls in the humanitarian response. In collaboration with AAP and DI Working Groups, GiHA will also document good practices and evidence on effective accountability mechanisms for a more meaningful participation of women and vulnerable populations in response. In addition, perception surveys on women's access to aid and assistance will also feed into good practices for gender responsive humanitarian programming to improve the response.
- GiHA and GenCap will continue to **inform humanitarian planning, prioritization, decision-making and programme design with gender-responsive programming**. Technical assistance will be provided to Clusters, working groups, the ICCT and the HCT on analysing gendered data, and presenting gendered needs, issues and reporting on results. Clusters will also be supported in applying a gender responsive approach in various assessments, monitoring initiatives and reports feeding into the humanitarian response. Lessons from the 2022, including the earthquake response, will be built into strengthening localized gender responsive crisis preparedness plans. Clusters, ICCT and HCT will be advised on minimum gender commitments and supported in developing a monitoring mechanism for measuring and tracking these minimum commitments. Progress on monitoring of these commitments will be regularly reported on to the ICCT and the HCT.
- **Build the capacity of humanitarian actors and Clusters on gender responsive and inclusive programming** including on the use of Gender and Age Markers (GAM) through contextualized and localized trainings and mentoring support. GiHA and GenCap will aim to strengthen facilitation and training skills of gender focal persons on the principles of gender responsive programming in humanitarian assistance. PSEA Working Group will also be supported in developing localized and contextualized training package on PSEA.
- In order to **facilitate women's participation as humanitarian workers** GiHA and GenCap together with OCHA will continue to work with the UN and ACBAR led human resources (HR) working groups to strengthen strategies for overcoming the barriers to women's staff recruitment. Packages will be designed to support women applicants in developing skills to qualify for roles in the humanitarian response, as special measures to overcome the societal gender imbalances. Support will also be provided to the HAG and Clusters to design creative solutions to enhance the engagement of women humanitarian workers in the field.
- In order to **strengthen gender responsive coordination mechanisms** GiHA and GenCap will actively participate in and work closely with the AAP, DI and PSEA Working Groups and Task Force to ensure all cross-cutting issues are mainstreamed in the response and support a continuous engagement with Clusters to promote intersectionality in the engagement with affected and vulnerable populations. The PSEA Task Force will also be supported in developing interagency localised, gender responsive SOPs for PSEA reporting.

- In order to support the **contextualization of humanitarian support** the GiHA Working Group will be localized in five regions to ensure local challenges and issues can be analysed in a gender responsive manner and local approaches to reach women and girls are mainstreamed in the humanitarian response. The local GiHA Working Groups will be a continuation of the national GiHA at the regional level and will promote engagement with all humanitarian actors, cluster and coordination mechanisms in the field as well as collaboration with women CSOs and NGOs to further engage them in the humanitarian response through promoting their inclusion in decision making platforms and support to access humanitarian and other sources of funding. GiHA will convene additional research on

women CSOs to assess the challenges, barriers and opportunities for Women CSOs to strengthen their operation.

- **Provide support, technical assistance and mentoring to the WAG to the HCT** in implementing its 2023 objectives. This will include increasing the localized advisory function of the WAG through linking it to RHTs and other regional mechanisms. The role of the WAG in advocacy and negotiations will also be built into the humanitarian response and engagement with the DFA in 2023. Finally, the WAG will continue to provide localized gender inputs to improve women’s participation and bring about gender equality in the response.

INDICATORS							
ACTIVITY	INDICATOR	UNIT	BASELINE	TARGET	METHODOLOGY	FREQUENCY	RESPONSIBLE
AAP	% Interventions with Complaints and Feedback Mechanisms that meet standards for accessibility (e.g. for women without access to phone, lower literacy, disabilities)	Interventions	Baseline survey to be conducted by December 2022	50%	Survey to be shared with clusters	Twice a year	GIHA & AAP WG with support from clusters
Reaching women and girls beneficiaries	% WHH/CHH/EHH/DHH reached through humanitarian interventions/projects	WHH	Unavailable	TBD	ReportiHub (question to be included)	Twice a year	clusters
	% of women who say they can safely access assistance through distribution points or mobile teams	women	GTS perception surveys (forthcoming)	30%	GTS perception surveys	Quarterly	GIHA
	% PDM reaching asking about women beneficiaries and women HH members	PDM	0%	10%	Survey to be shared with clusters	Twice a year	GiHA and DI WG with support from clusters
Promoting women's participation in the humanitarian response	% of interventions consulting with women and people with disability (including through partnerships with women CSOs and CSOs of persons with Disabilities and through mechanism for community engagement: women shuras, women volunteers, older women, women CSOs)	Interventions	Baseline survey to be conducted before end of December 2022	50%	Survey to be shared with clusters	Twice a year	GiHA and DI WG with support from clusters

INDICATORS							
ACTIVITY	INDICATOR	UNIT	BASELINE	TARGET	METHODOLOGY	FREQUENCY	RESPONSIBLE
	# of interventions carrying out sensitization/awareness raising activities for communities on women humanitarian workers' participation in the response	Interventions	Baseline survey to be conducted before end of December 2023	20%	ReportHub (question to be included)	Twice a year	GIHA with support from clusters
Coordination and system related change	# of women led and focused CSOs and NGOs provided with information and capacity building through involvement in GiHA WG at national and subnational levels	CSOs	24	35	GIHA survey	Twice a year	GIHA
	# assessments and gender related analysis developed to increase and guide gender mainstreaming in the humanitarian response	Products	5 (baseline 2022)	At least 3 additional products	GIHA survey	Twice a year	GIHA
	# of clusters members with improved knowledge on gender inclusion and women's participation in humanitarian action	Individuals	TBD	At least 40	GIHA training reports	Twice a year	GIHA

1.9

Consolidated Overview on the Use of Multi-Purpose Cash

Since it was introduced as a modality in 2009, cash and voucher assistance (CVA) in Afghanistan has grown rapidly and become one of the preferred response modalities among humanitarian and development actors. In addition, cash continues to be vulnerable households' preferred assistance modality of choice: 69 per cent of respondents surveyed as part of the 2022 WoAA identified cash as their preferred modality of assistance. Despite an increase in interference in humanitarian programming by the DFA during 2022, the main cash actors have gradually adapted to the current context and as of the 3rd quarter of 2022, at least 35 partners are implementing CVA responses,

which is a small decrease as compared to the same period in 2021. However, due to the prevailing access constraints brought on by the ban on women NGO workers, the CVWG assesses that the impediments in directly accessing women beneficiaries by employing women staff may hamper the uptake of CVA and may bring on additional implementation risks.

2023 CVA in numbers

In 2023 it is estimated that at least \$972 million of the \$4.63 billion requested for Afghanistan responses is planned to be delivered in cash, this includes both sectoral and multipurpose cash.

Sectoral Cash:

The principal Clusters employing CVA as a modality, are the Food Security and Agriculture Cluster (FSAC) – mainly Cash for food and ES-NFI mainly cash for shelter/winterization/transportation, with protection and WASH sectors occasionally employing CVA.

STANDARD CASH AND VOUCHER PACKAGES; FROM MEB GUIDANCE	
MONTHLY RECURRING PACKAGES	MONTHLY AMOUNT
MPCA	\$180
Reduced MPCA	\$84
Cash for food	\$96
Cash for rent including utilities	\$45
ONE-OFF AND IRREGULAR PACKAGES	AMOUNT
Cash for winterization	\$200
Cash for shelter repair	\$330 to \$550

Multipurpose Cash Assistance:

14 CVWG partners indicated a collective planned budget of just under \$182 million with a planned reach of around 284,000 households across the country. The calculation is based on an average household size of 7 and the recipients are expected to receive an average of 3 months assistance with monthly instalments ranging between \$100-\$180 aligned with the latest updated MEB guidance and ensuring complementarity with in-kind sectoral provisions.

The share and scale of cash transfers may be adjusted based on the stability of the overall financial system, socio economic stability and addressing the risks associated to Cash Distributions. CVA working group has also developed risk mitigation recommendations to address risks and used and reference for cash partners in the country.

CVA enabling factors

There are several encouraging elements that point to the continued feasibility of CVA in most locations (both rural and urban) in Afghanistan. The key operational drivers for the successful implementation of CVA as a humanitarian response modality in the current political landscape are:

1. continued market functionality,
2. availability of multiple efficient, safe, and effective cash delivery mechanisms
3. sufficient cash liquidity within the financial sector that can be accessed by Financial Service Providers (FSPs) mainly propped up by Hawalas
4. inflation or devaluation of the local currency is not abrupt.

As demonstrated by WFP and REACH’s Joint Market Monitoring Initiatives (JMMI) latest reports, markets are functioning, and essential commodities continue to be readily available in acceptable quality and sufficient quantity. Access of women and girls to markets and restrictions on their movement continue to be major challenges that the CVWG partners are navigating with various degrees of success, dependent on location and piecemeal local negotiations. The HAG can play a pivotal role in providing this support of coordination between Humanitarian actors especially through CVWG and DFAs.

Local economy and financial ecosystem

The extraordinary currency devaluation experienced at the start of 2022 has subsided since April 2022. Market price increases of essential/basic needs were recorded at varying degrees, this in turn was accounted for by revising the Minimum Expenditure Basket (MEB) in September 2022. The continuation of United States Dollars (USD) cash shipments through the UN facility to Afghanistan is believed to have an important role in maintaining this stability by ensuring an external cash supply into the local markets - akin to foreign investments. CVA has become essential to preserve people’s purchasing power and enable access both to food and NFIs within their local markets and at their time of need.

The capacity of FSPs to access cash and ensure liquidity at any point in time remains variable and unpredictable. However, the availability of multiple tried and tested financial service providers, including within the hawala network, makes CVA a feasible option for humanitarian programming as the formal banking system slowly recovers. Additionally, the

planned shipments of newly printed AFN banknotes in the first half of 2023 are expected to improve the overall availability of physical notes which may in turn empower the banks that are expected to disburse them into the economy. Humanitarian agencies in Afghanistan remain committed to strengthening and scaling up CVA responses through effective coordination to ensure that they can address the diverse needs of target populations. CVA continues to be a crucial multi-sectoral response modality that empowers people to meet a range of immediate basic needs in a dignified manner. The multiplier effect of CVA interventions may be viewed as a stimulus to a struggling local economy and hence play a contributory role in the stabilisation of the Afghan financial ecosystem.

Inhibiting (impeding) factors for CVA

In the foreseeable future, there are several challenges threatening the implementation of CVA operations in Afghanistan. At the time of writing, cash liquidity continues to be a significant challenge given the suspension of loan packages by International Financial Institutions (IFIs) and the freezing of the financial assets of the Central Bank of Afghanistan. The lack of liquidity within the formal financial sector has impacted the operations and functionality of banks, mobile money operators, and remittance exchange companies. The previously mentioned injection of newly printed banknotes in the market is expected to ease access to cash but it will not solve the underlying lack of liquidity in the country. Similarly, as seen at the start of 2022, the fluctuation of the USD-AFN exchange rate is another key risk which can have significant consequences on purchasing power of vulnerable households. The current stability of the Afghani remains fragile and partially depends on the continuation of cash shipments to Afghanistan and the flow of humanitarian aid into the country. The CVWG has been working with different Clusters and actors and agreed to peg the transfer values in USD which can then be converted to local currency at the time of payment to beneficiaries to protect households against loss in purchasing power. This is in line with global best practices and plays a role in supporting the local currency. It is expected that sudden exchange rate fluctuations will continue to be a key challenge in

the coming year. Market functionality and availability of key commodities (food, NFIs) on the market are key considerations for the continued use of cash as a disbursement modality. In cases, where market functionality gets impacted due to border closures and limited local production, cash might not be a suitable disbursement modality. To this end, the CVWG works closely with partners to continuously assess the feasibility of CVA and stands ready to provide guidance on switching modalities as the operating environment evolves.

While the situation remains challenging, the CVWG is leading on the provision of guidance on key thematic areas as prioritized by its membership. The main competencies for 2023 include:

- Interagency guidelines as requested by partners and Clusters
- FSP and cash activity mapping country wide
- In collaboration with Clusters and working groups, designing, and administering contextualized capacity building initiatives ensuring safe spaces for women participation
- Providing CVA technical support to clusters and evidence-based analysis to the ICCT as required
- CVA implementation minimum standards setting and close follow up for implementation
- CVA Risk analysis and mitigation with a focus on gender and protection risks
- Revision of the MEB and transfer values on an ongoing basis to ensure harmonization of transfer values and common delivery mechanisms.
- Market monitoring in collaboration with REACH/ JMMI and WFP.
- Facilitating linkages between FSPs, digital solutions providers and CVWG members to create an enabling environment for creative solutions for CVA implementation.
- Providing CVA technical support to AHF partners during allocation releases and other clusters/ partners including but not limited to shelter, WASH, Protection etc.

Part 2:
Response Monitoring



2.1 Monitoring Approach

To ensure timely, safe, and relevant assistance in 2023, regular monitoring of the operating environment and response progress is critical. Sector-specific and country-wide multi-sector needs assessments will continue to monitor the evolution of needs, the response delivered and its impact, residual and unmet needs, and people's preferences in assistance. Regular operational situation reports detailing Cluster responses to existing and emerging needs will continue to be published regularly providing a detailed picture of assistance being provided. Response preparedness capacity will be evaluated through regular analysis of critical commodity pipelines. Snapshots showing the status of stockpiles at the national level and regional levels will continue on a quarterly basis. This will provide an early warning of looming pipeline breaks.

Close monitoring of partner presence and geographical access trends will be critical to ensure response targets remain realistic given the dynamic situation. Careful analysis of cross-border movement trends will also be a feature of the 2022 monitoring framework following a record year for returns of undocumented Afghan nationals in 2022.

The WoAA and other multi-sector assessments have made progress on this with the inclusion of the Washington Group Questions – condensed to fit the assessment format. Data on mental health issues is also collected by assessing people's perceived changes in behaviour as a proxy. The WoAA will be undertaken once during 2023, while Humanitarian Situation Monitoring (HSM) reports will continue to be issued quarterly, and two Integrated Food Security Phase Classification (IPC) exercises will be conducted – one at the end of the lean season and one following the harvest in the fall.

Lack of data on gender issues and inability of monitoring women's access to and their satisfaction with humanitarian assistance has remained an issue in 2022. In 2023, key capacity building efforts will be undertaken to ensure women are reached through all major assessments and their voices feed into the response.

To strengthen the monitoring framework and ensure a more nuanced and regular understanding of the humanitarian response in Afghanistan, a number of areas have been strengthened:

Humanitarian Programme Cycle Timeline

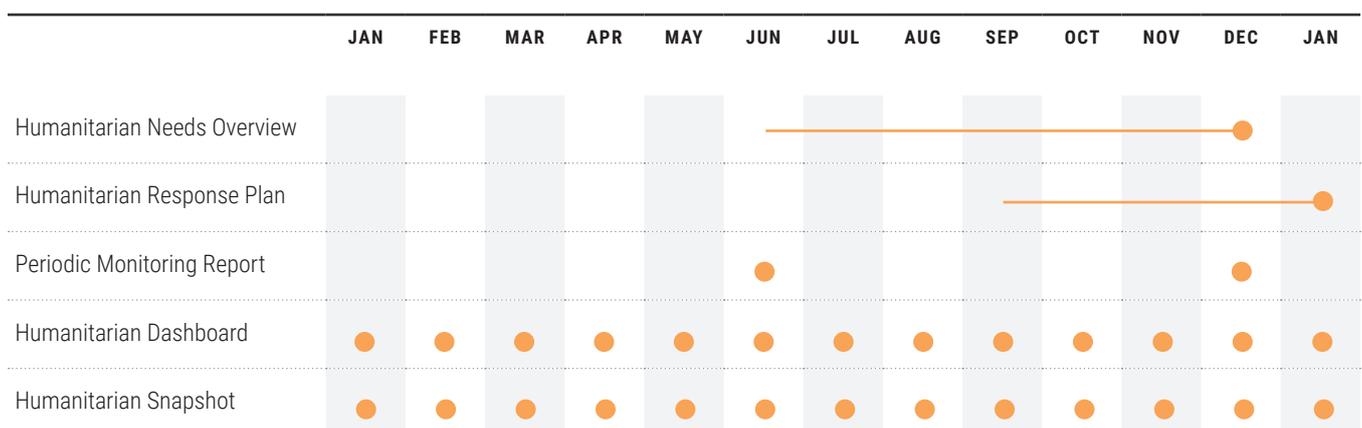




Photo: Jim Huylebroek

- The ICCT will issue monthly HRP monitoring reports and regular dashboards (up from quarterly at the time of the launch of the last HRP).
- Cluster indicators have been classified as either Direct or Indirect to allow for a more nuanced tracking of reach. Direct indicators refer to activities which in-kind, cash or services are provided to households or individuals. Indirect indicators refer to those activities that have an impact at the community level or for which detailed tracking of the number of recipients of assistance is not possible. For example, provision of clean water or hygiene kits will be considered a direct indicator, while hygiene promotion through different mediums will be considered an indirect indicator. Total reach, reach by direct and reach by indirect indicators will be provided for all Clusters.
- Response data will be disaggregated by urban and rural areas, as well as reach to Female-Headed Households, as well as continuing Sex and Age Disaggregated Data (SADD) and disability reach tracking.
- Enhanced tracking of people, particularly women and girls, perceptions of humanitarian assistance and other accountability issues around quality, accessibility and other factors has been integrated into quarterly and monthly tracking tools.
- Additional tracking tools on the participation and perceptions of women in all aspects of humanitarian response.
- In response to the ban on female NGO workers on the humanitarian response and subsequent disruptions to after the issuance of the decree by the de facto Ministry of Economy on 24 December 2022, the IASC has agreed to a set of priority indicators, some designed specifically to track the impact of the ban, and others drawn from existing monitoring structures on AAP, Gender and the core HRP Cluster indicators to understand the impact of this and related decisions of the DFA.

Part 3:

Cluster/Sector Objectives and Response

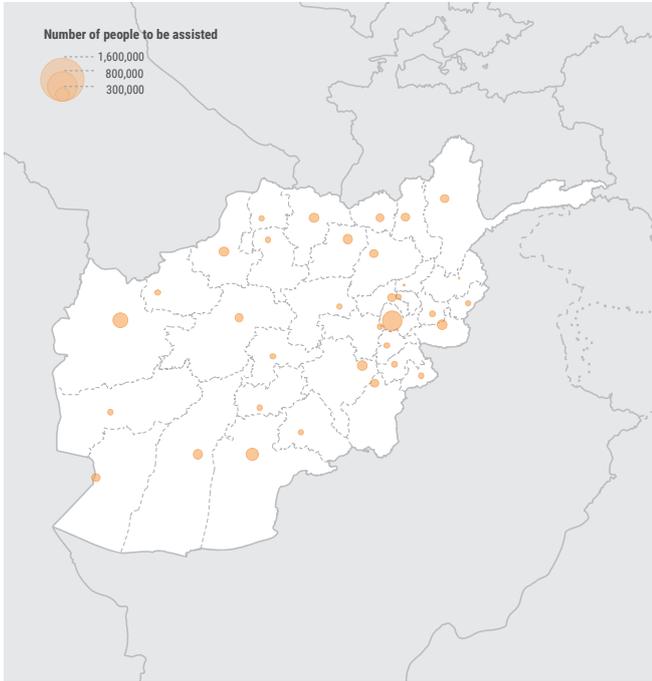


Overview of Sectoral Response

SECTOR	FINANCIAL REQUIREMENTS (US\$)	PARTICIPATING ORGANISATIONS	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED
Education	215.2M 	32	8.7M	3.1M	
Emergency Shelter & NFI	276.0M 	65	9.7M	1.3M	
Food Security and Agriculture	2.59B 	237	21.2M	21.2M	
Health	449.9M 	99	17.6M	15.6M	
Nutrition	384.2M 	64	7.2M	5.5M	
Protection	169.6M 	62	20.3M	6.5M	
<i>General Protection</i>	42.1M 		14.1M	3.1M	
<i>Child Protection</i>	50.7M 		7.5M	4.9M	
<i>Housing, Land and Property</i>	9.1M 		5.9M	620.7K	
<i>Gender-Based Violence</i>	49.5M 		10.1M	2.0M	
<i>Mine Action</i>	18.3M 		5.0M	1.4M	
Water, Sanitation & Hygiene	479.4M 	51	21.2M	13.9M	
Aviation	33.0M 		-	-	
Coordination	33.6M 		-	-	
Total	4.63B	349	28.3M	23.7M	

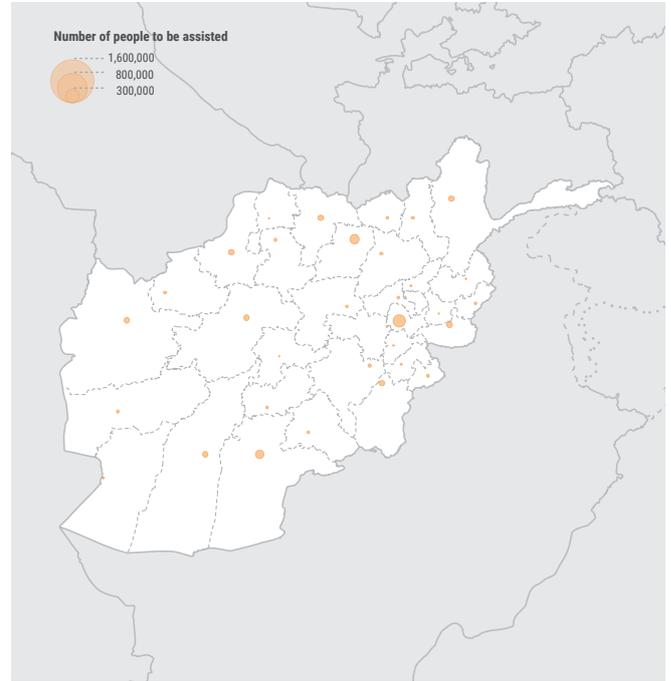
3.1 Education

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
8.7M	3.1M	215.2M



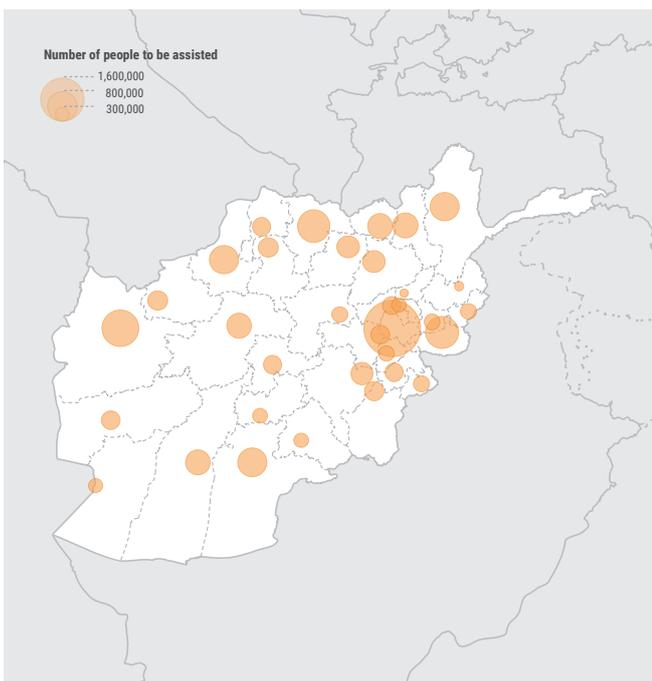
3.2 Emergency Shelter and NFI

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
9.7M	1.3M	276M



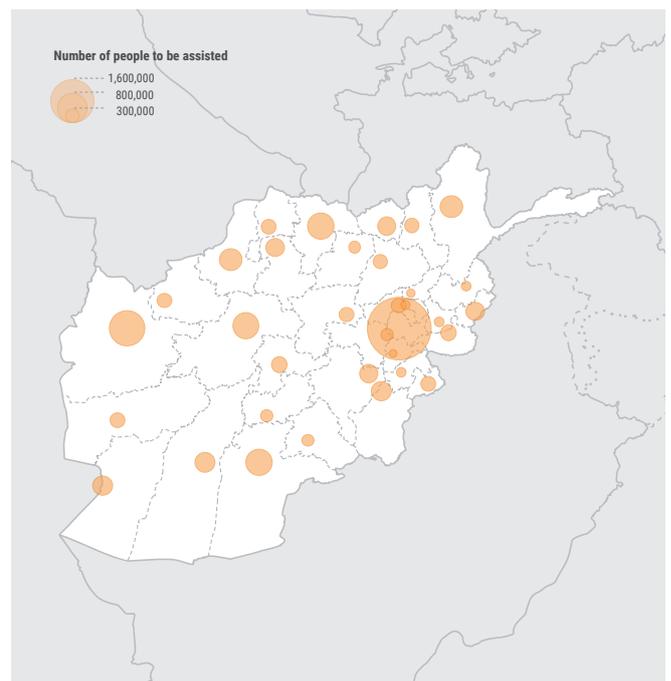
3.3 Food Security and Agriculture

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
21.2M	21.2M	2.59B



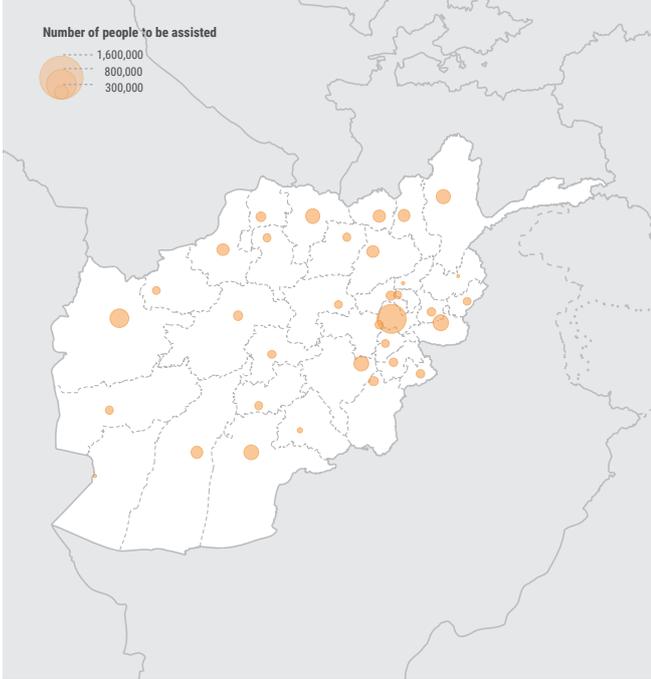
3.4 Health

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
17.6M	15.6M	449.9M



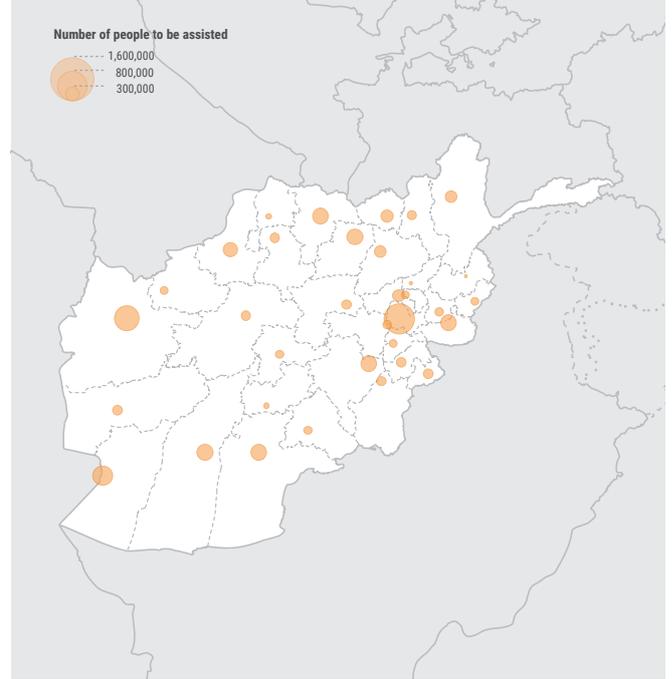
3.5 Nutrition

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
7.2M	5.5M	384.2M



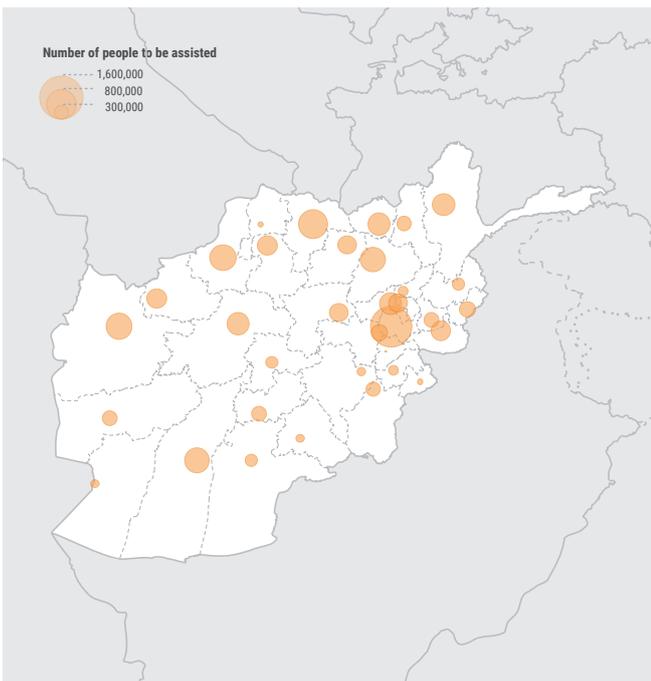
3.6 Protection

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
20.3M	6.5M	169.6M



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
21.2M	13.9M	479.4M



3.1 Education



PEOPLE IN NEED	PLANNED REACH	GIRLS	BOYS	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
8.7M	3.1M	1.5M	1.6M	108K	215M	32

Cluster Objectives

The Education Cluster is focused on providing life-saving assistance to vulnerable girls and boys who have been affected by the multiple shocks to the education system in the last several years, underpinned by the economic crisis and restrictive policy environment. As the global Education in Emergencies (EiE) response has structural linkages to longer-term development assistance, the Cluster prioritizes strengthening these linkages in Afghanistan to ensure that children who receive EiE support, especially in rural and underserved areas, can continue accessing education beyond the humanitarian mandate, linking to basic services activities.

In 2023, the Education Cluster response includes:

- Support to girls and boys who experience multiple barriers to accessing education through the provision of community-based education (CBE) initiatives.
- Emergency support to shock-affected public school-enrolled girls and boys through provision of teaching and learning supplies (including tents) and light rehabilitation to infrastructure; and
- Support for out-of-school adolescent girls affected by the ban on girls' secondary education through alternative learning modalities.

In 2019, sector data estimated 4.2 million children out of school (60 per cent girls)⁹ and this figure is likely to have increased though official data on the school

census is not yet public. For those who have been able to access education, their learning has been interrupted multiple times in the last three years due to COVID-19 school closures, the escalation of conflict leading to the Taliban takeover in August 2021, floods, and earthquakes. In 2023, the EiE response is focused on providing continuity of learning for vulnerable children, focused on a do-no-harm approach and necessarily linking to medium-to-longer term initiative through basic services providers to improve the ability of public infrastructure to absorb transitioning EiE students. Likewise, the Cluster will draw on other sectors to ensure an integrated approach, enhancing CBE and public-school materials with psychosocial support resources and life skills for both children and teachers, particularly in disaster response and preparedness. The Cluster will continue to build on partners' teacher well-being work undertaken during COVID-19 response to help teachers to cope with continued instability.

Response Strategy and Modalities

The Education Cluster's 2023 priorities respond to the current drivers of need, including poverty and a reliance on humanitarian activities like CBEs and light touch support to public hub schools to prevent the collapse of public infrastructure due to the sanctions-related suspension of development assistance, prioritising girls (54 per cent) and other marginalized groups.

The Cluster targets school-aged girls and boys (age 6-17, approximately 35 per cent of the population)

who experience the greatest barriers to accessing education or who are at high risk of drop-out due to a convergence of household poverty, food insecurity, shock or natural disaster, and displacement, and other factors. The Cluster targets approximately 20 per cent of vulnerable children in IPC 3 and above, as lack of adequate food and nutrition significantly impacts school attendance, noting that underlying drivers of need must be addressed systematically by basic services providers as a longer-term strategy and not through humanitarian aid. To respond to the needs of this population group, the Cluster prioritizes CBE response for children (50 per cent girls) who cannot access public school due to distance, lack of physical infrastructure or teachers, and/or poverty, amongst other factors. Under this umbrella, the Cluster response includes accelerated learning classes (ALCs) for children, 70 per cent of which are adolescent girls, who are too old to enrol in public school at the appropriate grade for their age and who can then complete two grades per calendar year to catch up. These responses are designed to work within communities to increase demand for education and prevent negative coping mechanisms brought on by the economic crisis, such as early marriage and child labour.

To address sudden onset emergencies, the Cluster prioritizes the delivery of teaching and learning materials (TLM), textbooks, tents, and other supplies to public schools or CBE classes affected by shock or emergency, whilst utilizing referral pathways to psychosocial support and protection services.

In addition, in 2023, the Cluster will also target the approximately 1.1 million adolescent girls who were previously enrolled in secondary education but who can no longer attend due to the DFA ban. While this

sub-group is typically not the focus of EiE response, given the current barrier to access, the Cluster prioritizes flexible and viable alternative learning modalities to ensure that these girls have a pathway to return to school once secondary schools are reopened.

The EiE response applies to both rural and urban settings; however, the duration of support and the ability of integration into public schools (for CBE) depends on the existing infrastructure, which is generally more abundant in urban settings. Giving due consideration of the quality and cost effectiveness as per the existing MoE CBE Policy urban responses may require more focused support to existing infrastructure, whereas rural areas which have been traditionally harder to reach or inaccessible to partners, require longer-term support to mobilize communities and enrol children who previously had no access to education.

Geographic prioritization

All provinces are considered ‘severe’ by the 2022 WoAA. In terms of numbers of vulnerable people with acute humanitarian needs, Kabul, Hirat, Nangarhar, Balkh, Hilmand, Ghazni, Kandahar, Kunduz, Takhar, Faryab, and Badakhshan present the highest PiN. Across all provinces except for Kabul, rural areas present higher needs as compared to urban areas. Given the lack of public education infrastructure in rural areas, particularly areas which have been historically underserved or have compounding factors such as incidence of natural disaster (i.e., Paktika), these areas present a higher PiN figure. Given the scope of education needs, the Cluster targets both urban and rural settings; however, the majority of EiE needs are in rural areas given the lack of infrastructure. 6.7 million out of 8.7 million people in need (approximately 77 per cent) are in rural areas.

Projected 2023 needs and planned reach

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNEES	SHOCK-AFFECTED NON-DISPLACED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	278.4K	206.6K	70.5K	8.1M	18.5K	2.0M	6.7M	8.7M
Planned reach	278.4K	206.6K	70.5K	2.5M	18.5K	687K	2.4M	3.1M



Seasonal prioritization

Seasonality of EiE response varies from programme to programme and is dependent on location and alignment with the academic calendar. Winterization will be considered through CBE/ALC classroom heating and fuel/wood support as well as locally procured clothing and other winterization kit items during winter months. Partners that procure winter clothing as part of their response will be required to coordinate through the ES-NFI Cluster to ensure equitable coverage and prevent duplication, particularly in camp settings. Provinces which are hardest hit by winter and where populations have the least resilience to its effects, therefore requiring dedicated winterization support, are Badghis, Farah, Jawzjan, Kabul, Kapisa, Kunduz, Nimroz, and Sar-e-Pul. In the summer months, in hot climate provinces where CBE/ALC classes remain operational, cooling equipment (i.e., solar powered fans) will also be prioritized for the response.

Cash Programming

From 2019 to date, none of the EiE partners have reported the use of cash as a modality, even though the Cluster has planned for it and some partners have been known to implement CVA. Cash responses are mainly on winterization or multi-purpose cash (MPC) distribution so attribution or reporting directly to the

Education Cluster may have proved challenging for the partners concerned. While not recommended for short-term response, the Cluster acknowledges the use of cash to promote attendance, especially in urban areas or for specific groups of children who are at risk of drop-out (including girls in upper primary).

The Cluster therefore will not plan directly for cash but will influence MPC distribution to include educational needs of vulnerable children while at the same time building the capacity of partners to use cash as a modality to deliver on education outcomes in the future.

Integrated Programming

Several key activities remain outside the scope of humanitarian education response, including but not limited to support to core functions of the public education system, school feeding, literacy and adult learning programming, and technical and vocational training. EiE response typically provides a short-term response which requires a functioning public infrastructure to absorb beneficiaries following the response. If there is no 'basic services' support to the public system, including hard and soft activities (i.e., WASH, construction, teacher recruitment and training, etc.), the number of children who require EiE

interventions will increase whilst the capacity of the public system to provide continuity of learning beyond humanitarian response will decrease. From the WoAA 2022, the largest barrier to education for both girls and boys was lack of physical school infrastructure, which significantly limits the impact of EiE response if not addressed by basic services providers. Complementary basic services provisions from other sectors will also help to address the underlying drivers of need, namely poverty and food insecurity, which will reduce the burden on EiE response and/or improve the sustainability of EiE interventions.

Cross-cutting Issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

The Education Cluster relies on its partners and particularly its local partners to participate in decision-making through attendance in Cluster and SAG meetings. Particularly for advocacy and risk-informed programming for adolescent out-of-school girls, the Education Cluster has sought strategic guidance from women-led NGO partners and activists through a closed group dedicated to sharing information and best practices in reaching girls affected by the ban on secondary education. The Cluster also refers to guidance from GiHA and relies on referrals from other key partners that support women-led or women-focused CSOs to ensure that risk-informed alternative learning initiatives are connected with funding opportunities. The Cluster notes that highly visible, collective decision-making with women and minority groups can also put them at risk as well as the intended beneficiaries; thus, this approach is targeted and may therefore not be as inclusive at the public advocacy level as desired.

Centrality of Protection

EiE is fundamentally both an education and child protection response given that children targeted through EiE have complex needs. EiE interventions offer both a safe, protective learning space and a

platform for service delivery for psychosocial support and other referrals. CBE teachers are recruited from within communities wherever possible and referred based on community trust. Training on child safeguarding is embedded in all EiE teacher training, including identifying referral pathways where possible. The Education Cluster also promotes training on the Comprehensive School Safety Framework (CSSF), which was adapted for Afghanistan in 2021-22 and provides practical exercises to engage school management shuras on mapping hazards and mitigating risks to teachers and children in and around the school or CBE class. The CSSF will continue to be promoted for adaptation across all EiE programmes in 2023.

In particular, community-driven outreach on preventing early marriage and child labour will continue to be an important facet of the EiE response, especially if the economic crisis is sustained or deepens. Restrictions on women's access to public life and work may also impact their ability to work as teachers in CBE classes; however, continued community dialogue, particularly with religious leaders, has proven to reduce the likelihood of this and safeguard girls' attendance in CBE.

Age and disability inclusive programming

The Education Cluster targets 3.5 per cent persons with disabilities (50 per cent women/girls) – based on the latest prevalence data from the WoAA. Cross-pollination with the DI Working Group and inclusion-focused Cluster partner participation enables partners to adopt new practices to provide accessible education opportunities for persons with disabilities. The CBE Costing Framework also includes specific costing for CBE class rehabilitation (and related latrines) to increase accessibility for persons with physical disabilities. The Cluster also encourages all partners to use the Washington Group Questions (short set) to better understand and respond to the needs of children with disabilities within their programmes.

Accountability to affected people

The Education Cluster is engaging with Awaaz and the AAP Working Group to ensure community feedback and complaint mechanisms are part of

partners' response. Community acceptance and feedback in the design of the programme is integral for EiE programmes to be successful. Continuous feedback loops through partners' M&E functions, focusing on in-person monitoring, is a core element of CBE design. For example, the Cluster recommends child-friendly feedback mechanisms such as focus group discussions, confidential suggestion boxes with picture-based feedback options in classrooms, in addition to dedicated hotlines. Education partners are committed to ensuring that girls, boys, children with disabilities, parents, teachers, and CBE/school stakeholders are involved in planning and implementation of the Education programme and provide feedback. Several feedback mechanisms and post-distribution surveys contribute to monitoring education needs. These enable children, parents, and teachers to inform partners about their satisfaction and provide feedback on interventions. Gender, age, disability, and protection specific needs in CBEs will all be addressed accordingly.

Prevention of sexual exploitation and abuse

SEA risks in the EiE response include risks to teachers, partner staff, and other community stakeholders in addition to child safeguarding risks. The Cluster coordinates with the United Nations Children's Fund (UNICEF) to provide multiple opportunities for PSEA training for its partners. CBE teacher training is guided by the EiE Teacher Training Manual, which includes specific modules on PSEA and child safeguarding trainings and be aware of reporting mechanisms and referral pathways. Education Cluster strongly encourages their partners to implement functional policies that will prevent Sexual Exploitation and Abuse against children and other vulnerable people.

Cluster capacity and operating environment

Partner capacity has largely returned to pre-August 2021 levels after a period of reduced capacity. There are currently 32 partners providing EiE response in 31 provinces across the country. While access has ostensibly increased, EiE partners are experiencing

increasing demands from DFA in programming, including in site selection, hiring of teachers and project staff, and authorization to work in certain locations. Decision-making has become extremely centralized, though some de facto Provincial Education Directorates (PED) wield more power than others, which can disrupt or suspend EiE response when there are disagreements between de facto authorities and implementing partners.

Given the sanctions environment, though challenging in some locations, the UN and NGO partners are required to fulfil certain roles which were previously covered or led by government entities, such as large-scale sector data collection, public school teacher training, and integration of child protection, WASH/school construction activities. The lack of coordinated technical engagement from basic services partners and the restrictions on capacity building of the MoE continue to pose challenges to implementing the humanitarian response.

Likewise, continued restrictions and due to longstanding cultural barriers on women and girls, including the further segregation of the education system preventing men from teaching girls and women from teaching boys, has led to shortages in available teachers in some areas more specifically for secondary levels. Where previously, the Afghan education system was already segregated, the requirement by DFAs to have separate buildings—rather than the practice of separate shifts for boys and girls—will inevitably limit the ability for children to attend school without investment in new or expanded infrastructure and additional education personnel.

Cost of response

While the average cost per person appears to have decreased from \$108 to approximately \$70, however, this is not the case. The decrease is caused by the inclusion of the 1.1 million adolescent girls who have no access to education due to the ban on girls' secondary education. EiE partners will pilot alternative modalities to reach out of school secondary school aged girls to remain engaged in education through

self-learning, distance learning/alternative learning modalities. The average cost per beneficiary remains largely the same as that of 2022 reflecting the support required to address the deterioration of the public education system, increased access to previously hard-to-reach areas (requiring additional operations costs), and elevated unit costs for standard activities due to market price increases.

Complementarity with development programming

Several key activities remain outside the scope of humanitarian education response, including but not limited to support to core functions of the public education system, school feeding, literacy and adult learning programming, and technical and vocational training. EiE response typically provides a short-term response which requires a functioning public infrastructure to absorb beneficiaries following the response. If there is no 'basic services' support to the public system, including hard and soft activities (i.e., WASH, construction, teacher recruitment and training, etc.), the number of children who require EiE interventions will increase whilst the capacity of the public system to provide continuity of learning beyond humanitarian response will decrease.

From the WoAA 2022, the largest barrier to education for both girls and boys was lack of physical school infrastructure, which significantly limits the impact of EiE response if not addressed by basic services providers.

Monitoring

In 2022, the Cluster has developed a CBE Database with the support of UNICEF to accurately log and track the establishment of CBE classes across the country – irrespective of donor. This database will enable the Cluster and its partners to better understand where CBE classes are located, which will allow for improved planning and equity of response. In addition, the database will allow for more targeted fundraising to ensure that CBE initiatives are financially supported to continue where there is no capacity to transition students to nearby hub schools. The CBE Database disaggregates all student, teacher, and school shura data by gender.

Access will be measured through student attendance, disaggregated by gender and disability, to track progress and to follow up with dropouts. Likewise, the Cluster continues to link its partners to PSEA and Safeguarding training opportunities and includes provisions for community feedback mechanisms in its CBE costing framework.

Given the interruption to regular EMIS data collection following August 2021, the Education sector has relied largely on humanitarian-driven data, which, by design, does not holistically capture the status of the public education system (i.e., public enrolment data, number of functioning public schools, availability of public-school teachers, etc.). To fill this gap, the Education Cluster Co-Lead Agency (UNICEF) has conducted a nationwide school census; however, the data cleaning process is ongoing and as such, findings will not be available in time to inform the HRP. Instead, the data and analysis will be available for 2023 humanitarian and development planning, in addition to other planned assessments, including the WoAA and partner-led needs assessments.

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3.2 Emergency Shelter and NFI



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
9.7M	1.3M	311K	776K	107K	374M	65

Cluster objectives

While some 9.7 million people have humanitarian ES-NFI needs in 2023, the ES-NFI Cluster has planned to reach a target of 1.3 million people. In 2023, the ES-NFI Cluster will continue all its core activities – emergency shelter; non-food items; transitional shelter; shelter repairs and winterization support – to meet needs created by the aftereffects of conflict and natural disasters, as well as the lack of recovery, driven by the multi-faceted crises. The ES-NFI Cluster response is based on three broad objectives:

- Ensure crisis-affected people of all gender and diversities have immediate and adequate access to emergency shelter, core relief household items, and seasonal assistance.
- Ensure crisis-affected people of all gender and diversities are protected from the elements with adequate access to shelter materials, transitional and permanent shelter, enabling safer and more dignified living conditions.
- Ensure the prioritisation of people with disabilities, women and girls in design and delivery of ES-NFI assistance.

Shelter needs remain acute with a staggering 79 per cent of all households are in need of shelter repair according to the WoAA 2022; while 79 per cent of households are using inadequate heating sources for winter; and some 62 per cent require basic household items. Women and girls are particularly disadvantaged

and marginalised. Due to their limited access to income generating activities as well as mobility, most remain indoors for extended durations in very poor shelter conditions. Particular attention will also be brought to ISETs in meaningful need of care and maintenance after many years of subsistence. The Cluster plans to support more shelter activities i.e., shelter repairs/upgrade and transitional shelter support given the reduction in conflict related displacements and the increased need for shelter repairs.

With the reduction in conflict displacements, natural disasters and economic shocks are expected to continue as the main drivers of need into 2023. Given the ever-present risk of earthquakes, floods and drought events, the Cluster will put in place measure to respond to these needs in a timely manner including ensuring that adequate stocks are prepositioned across the country. The improved security situation is anticipated to increase the return of conflict-displaced populations to their place of origin and in turn drive need for shelter repairs and upgrade, transitional shelter and legal assistance towards land tenure.

In 2023, the Cluster will continue its progressive shift and support towards more shelter activities i.e., shelter repairs/upgrade and transitional shelter in effort to address underlying driver of needs - the lack of recovery, driven by the multi-faceted crises. Particular attention will also be brought to ISETs in need of meaningful care and maintenance after many years of subsistence.



In 2023, the Cluster aims to prioritize increased response to field demands, with emphasis on promoting localized and gender-sensitive coordination capacities. Greater attention will be given to sub-national coordination architecture, and the strengthening of knowledge-change cycle through robust capacity building and training. The Cluster will further continue to prioritize evidence-based responses with greater consistency in independent needs assessments, including a handover of the Rapid Assessment Mechanisms, aimed at enabling the Regional Cluster Coordinators initiate independent assessments at regional level for response and advocacy purposes.

Response strategy and modalities

In 2023, the ES-NFI Cluster aims to support 1.3 million vulnerable people with shelter, NFI and winterization assistance. This includes more than 310,000 people displaced by natural disasters and conflict, 49,000 refugees, 200,000 people affected by natural disasters, and more than 700,000 acutely vulnerable people

affected by multiple shocks. Among this last vulnerable target, the ES-NFI Cluster in closed cooperation with the CCCM Working Group aims to reach 430,000 IDPs living in precarious condition in informal settlements scattered all over the country. The Cluster will prioritize the provision of timely and targeted life-saving assistance through the delivery of emergency shelter and household items to affected people. Standard NFI kits will continue to be distributed where needed. Affected families will also be provided with seasonal items (such as warm clothing, heating materials and blankets in winter) to save lives, reduce their exposure to the harsh winter conditions and mitigate against the risk of respiratory infections, hypothermia and preventable mortality among children and the elderly.

In addition to emergency shelter and NFI assistance, the Cluster recognises that transitional shelter needs remain high across the country, with people reporting shelter as their second highest priority need after food. The situation is pronounced for those still living in displacement. 76 per cent of IDPs report having either severe or critical shelter needs and 82 per cent reported to need shelter repairs/upgrade assistance.

Similarly, across other population groups, 59 per cent report having either severe or critical shelter needs and 79 per cent reported to be in need of shelter repairs/upgrade assistance. The range of shelter issues reported by households includes, a lack of insulation (25 per cent), leaking during heavy rain (45 per cent) and unsafe shelters (doors or windows missing, broken, unable to shut properly, cracks in roof or walls) (29 per cent).

The Cluster has included in its response plan transitional shelter and shelter repair/upgrade interventions for the affected household's immediate needs that also support in rebuilding their resilience. In 2023, 53 per cent of the Cluster funding will be directed toward durable shelter responses aimed at rebuilding resilience and simultaneously addressing related needs. While the unit cost of a transitional shelter is higher than the cost of a tent, it contributes (in part or in whole) to a more durable shelter solution, which could be the start of a permanent home. It also provides a household with the flexibility to adapt it according to their preferences, needs, resources, capacity and state of security of tenure. While a tent only lasts between six months to one year before requiring repair or replacement, the transitional shelter approach provides sustainable housing for more than 5 years, representing a better return on investment and reducing other related needs, such as the requirement for winterization support.

As a result, the Cluster's financial requirement for these activities remains high however it is important to note that improving the shelter condition of a household has multisectoral implications on livelihood, health,

nutrition, protection sectors and their capacity to withstand the winter season, thereof reducing people's dependence on humanitarian aid, mitigating protection risks and further displacements, and contributing to resilient communities. The Cluster will continue to prioritise the use of localised shelter solutions that are culturally acceptable and are adapted to each region's climatic variations, cyclical disaster events and the availability of materials. Where applicable, implementation of shelter projects will be done through owner-driven or neighbourhood approaches that encourage community participation and that offer a level of flexibility and choice to beneficiaries.

Limited participation of female staff in shelter activities, compounded by restrictions imposed on women necessitating their extended stay indoors remains a major challenge with impact on programme quality. Consultations particularly with women and girls, women headed households on GBV, adequacy of shelter solutions in terms of design, size, location, appropriate separation of spaces, has an impact on their privacy and wellbeing and will remain a key priority for the Cluster.

Geographic prioritization

ES-NFI assistance has been geographically prioritized according to the severity analysis in the HNO. IDPs residing in areas affected by previous conflict and natural disasters have been faced with increased needs for shelter and NFI assistance and for those that have returned to their places of origin, the need for shelter repairs and upgrade remains high. These areas of IDP returns included provinces like Kunduz, Takhar, Badakhshan, Faryab, Baghlan, Nangahar, Kunar

Projected 2023 needs and planned reach

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNEES	SHOCK-AFFECTED NON-DISPLACED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	690.8K	1.1M	200.0K	7.7M	49.0K	1.8M	8.0M	9.7M
Planned reach	310.9K	-	200.0K	768.1K	49.0K	279.5K	1.1M	1.3M

and Badghis. In 2023, the Cluster will also prioritise transitional shelter support and shelter repair/upgrade assistance for people residing in these areas in addition to those in informal settlements.

Seasonal prioritization

Seasonality of response will be considered with heating, blankets and winter clothing prioritized during winter; while emergency shelters, NFIs, shelter repairs and transitional shelter support (earthquake and flood responses) will be prioritised over spring and summer seasons where typical and atypical disaster shocks are expected. Given the current climate outlook, during the spring period from March to June, it is anticipated that many provinces will be exposed to flood risk due to heavier river flows, flash flooding associated with precipitation and snow/ice coverage. The ES-NFI Cluster will continue to prioritize the provision of ES-NFI support, repair tool kits, shelter upgrade assistance for households whose homes are partially or severely damaged. The Cluster will prioritize rebuilding support for those that were affected by natural disasters (earthquakes and flooding) in 2022 who are yet to receive assistance.

High altitude areas and priority provinces which witness cold winters will continue to be prioritized for winterization support. This includes Nuristan, Badakhshan, Parwan, Baghlan, Bamyán, Daykundi, Kabul, Wardak, Ghor, Panjshir, and Ghazni provinces. Cash modalities will be prioritised in urban areas while in-kind modalities will be preferred in rural areas where markets do not allow. The Cluster will prioritize winterization support in these locations and introduce more sustainable winterization options in 2023 which will include improvement of shelter conditions through installation of insulation, sealing off kits and solarised veranda (as applicable) to protection against harsh winter. Strengthening and maintaining these activities is not only critical to directly prevent loss of life, dignity and mitigating against the risk of respiratory infections, hypothermia and preventable mortality among children and the elderly, but also to sustain an enabling environment for humanitarian action.

Cash programming

While at a time of grave constraints, the ES-NFI Cluster recognizes the need for novel approaches on the use of cash, embedded on robust evidence of need and impact. The response outlined in this plan will be delivered via a combination of in-kind, cash and voucher assistance. Cash or in-kind ES-NFI assistance will be provided in line with the Cluster minimum standards. The use of cash modality will be prioritized in urban areas where the markets are functioning, informed by Cluster guidelines, market assessment and post-distribution monitoring (PDM). The Cluster will continue to engage and further enhance its collaboration with the CVWG to coordinate cash and voucher activities, particularly on shelter and winter activities.

Integrated programming

The ES-NFI Cluster will continue to work closely with Protection, Nutrition and FSAC in coordinating of assessments, targeting of beneficiaries and joint distribution of emergency relief items wherever possible. The Cluster will also closely coordinate with the WASH Cluster to mainstream both shelter and WASH core competencies in transitional shelter programmes, supporting beneficiaries' access to adequate shelter and sanitation facilities. To address shelter needs for persons with specific needs (PSNs), the Cluster will prioritise the collection and analysis of SADD to inform its response. As such, the Cluster will work with the Protection Cluster and CCCM Working Group to support capacity building of field staff (such as protection monitors, psychosocial support (PSS) counsellors and case managers) with complementary competences. Timely safe identification and referral of protection cases in ES-NFI assessments and response will also be prioritised.

Child Protection will work closely with Education, GBV and Protection cluster for safe identification and referral of vulnerable and at-risk children and families in need of care and protection. Joint activities at the CFS including targeting children and youth for life skills programmes will be undertaken within education facilities.

Shelter activities will be undertaken in coordination with the DFA, incorporating all the relevant HLP components, safeguarded by evidence of legal and/or customary ownership and occupancy. The threat of eviction for informal settlements will be addressed through strengthened coordination with the CCCM Working Group and the Housing, Land and Property (HLP) Sub-Cluster through supporting rental subsidy to those with insecure tenure and a high debt burden.

Cluster capacity and operating environment

After an exceptional year in 2021/2022 where a massive scale up of ES-NFI response was driven by evolving political context, and the earthquake in June 2022, the Cluster will continue to expand its operations in 2023 focusing on the most acute needs. Having increased its membership by 30 per cent in 2022, with 62 partners operating in all 34 provinces in the country with the ability to respond to emerging humanitarian needs, the Cluster anticipates this level of presence to remain the same in 2023. Nonetheless, continued innovative approaches that encourage partners to stay and deliver will be required, given that operational capacity and the reach of partners in Afghanistan is closely linked to sustained and unfettered humanitarian access and adequate and predictable funding from donors.

The operating environment remains challenging, with increased restrictions on women participation in the response, lack of independence in conducting assessments, staff recruitment and granting of visas for international staff, increased costs of financial transactions and in some cases, interference in the delivery of humanitarian assistance. To address these constraints and where possible, the Cluster and its partners will continue to explore exemptions and localised arrangements.

Cost of response

To respond to severe and extreme shelter and NFI needs of 1.3 million people across the country, the ES-NFI Cluster seeks \$276 million in 2023. Of the total requirement for 2023, \$72 million is needed for emergency shelters and non-food items assistance, \$82 million for transitional shelter, \$60 million for shelter repair/upgrade, \$53 million for winterization activities and \$9 million for Site Care and maintenance. Dedicated budget up to almost \$4 million will be allocated to the care and maintenance of ISETS, including but not restricted to shelter maintenance and upgrade for the most vulnerable households' shelters, improvement of drainage and circulation within the ISETs, establishment and equipment of maintenance committees.

The average cost per person has increased from \$193 in 2022 to \$203 in 2022, due to increase in the provision of costlier transitional shelter support and shelter repair and upgrade assistance with a reduction in other activities. Aside from contributing to other multisectoral needs, these durable shelter solutions are more cost-effective in the long run, reducing dependency on aid.

Complementarity with development programming

In 2023, the Cluster's activities are geared towards establishing concrete links between short-term emergency response and sustainable development programmes, including more durable shelter and sustainable seasonal responses. To this end, the Cluster will strengthen its engagement with key de facto government line ministries, including the Ministry of Urban Development and Land (MUDL), Ministry of Rural, Rehabilitation and Development (MRRD), Ministry of Refugees and Repatriation (MoRR), Afghanistan Natural Disasters Management Authority (ANDMA), development actors where possible, and the private sector to enhance the durable shelter solutions strategy. In line with UN Transitional Engagement

Framework (TEF) outcome 2, the Cluster prioritizes shelter repair and transitional shelter activities aimed at preventing affected households from falling back into acute vulnerability, mitigating protection risks and contributing to resilient communities. The Cluster will continue to support relevant DFA ministries through capacity-building efforts, including by the provision of technical support for shelter and settlement planning, emergency preparedness and response.

Cross-cutting issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

The Cluster will ensure protection principles promoting meaningful access, safety and dignity in humanitarian aid are mainstreamed within the ES-NFI response, prioritizing the differentiated needs of various groups and placing special attention towards vulnerable persons. Meaningful access to groups often faced with barriers to receiving humanitarian assistance, including women-headed households, and people with disabilities will be mitigated through encouraged presence of women on assessment teams, proper awareness or socio-cultural sensitivity, design of culturally appropriate housing modalities including provision of doors, windows, partition, compound walls etc. Distribution sites will be selected cognizant of safety risks and access constraints, including those faced by specific groups, women heads of households, elderly heads of households, and people living with disabilities. PDMs will take feedback from all age/gender/diversity (AGD) groups with results informing future programming. Additionally, the women committees established in informal settlements will be consulted about their living conditions and shelter and settlement improvement.

Centrality of protection

The right to adequate housing is a human right recognised in international human rights law as part of the right to an adequate standard of living. ES-NFI Cluster will continue to work closely with the

Protection Cluster to support capacity building of field staff (e.g., protection monitors, PSS counsellors and case managers). Timely identification and referral of protection cases collated during ES-NFI assessments and response will also be prioritized. ES-NFI will work closely with the CCCM Working Group and the HLP Task Force, to support people at risk of eviction and in need of rental support, and in site selection and settlement planning. Areas of focus will include AAP, equitable and impartial access to services, safety, dignity and do no harm.

Age and disability inclusive programming

The Cluster will increase its efforts to identify barriers, risks, and enablers for people with disabilities and take concrete steps to strengthen the inclusion of people with different types of disability. The Cluster will aim to ensure partners identify disability considerations, including ensuring that shelter programmes disaggregate data by disability, consultations with people with disabilities are undertaken, and that physical barriers faced by people with disabilities are addressed in programme and shelter design.

Inclusion and meaningful participation will guide the Cluster's work particularly with women, girls and persons with disabilities. Working with partners, the Cluster will ensure that shelter, NFI or seasonal assistance is delivered in a timely manner and that people in need are well informed across all phases in the Humanitarian Programme Cycle. The Cluster will promote disaggregation of data, including age and gender and disability, the use of harmonised packages by all members of the Cluster. Partners will be supported to ensure timely, relevant, and accurate information about available services is provided to beneficiaries, a two-way communication between partner and beneficiaries is maintained with prompt action on complaints and feedback from the community. In 2023, a qualitative study on gender-based responsiveness of ES-NFI activities will be completed. The Cluster will also continue to strengthen its collaboration with the Disability and Inclusion Working Group (DIWG).

Accountability to affected people

The ES-NFI Cluster's response strategy affirms its commitment to AAP and integrates AAP principles, actions and budgeting into its programming. Cluster partners will mainstream AAP by meaningfully engaging communities in all project phases including; establishing multiple feedback and response channels so project participants can comment on, file a complaint or ask questions about humanitarian assistance, organisations and organisation staff; providing information on humanitarian assistance in appropriate language either written, visual, and verbal forms; and making extra efforts to reach marginalised populations, including women and girls. This will be done through independent Complaint and Feedback Response Mechanisms (CFRMs) set up by partners, and through the inter-agency Awaaz Afghanistan channel; The Cluster will also undertake PDMs and assessments to ensure relevance and appropriateness of activities and further feed into future programming. All Cluster activities will adhere to the do-no-harm principle and inclusive programming with emphasis on women's participation in design of shelter solutions and selection of modalities for assistance. The Cluster will encourage partners to establish MoUs with organizations working in the same locations to enhance accountability towards protection of personal data.

Prevention of sexual exploitation and abuse

ES-NFI Cluster response strategy integrates PSEA and GBV guidelines covered in the protection mainstreaming checklist for ES-NFI programmes and provided as guide to partners during project implementation. Additionally, and in collaboration with PSEA Task Force, the Cluster will continue to provide trainings to partners on PSEA prevention, integration in ES-NFI activities, risk assessments and in dissemination of common messaging. In addition, SEA reported, and issues identified during distribution and household visits will be referred to the right persons/sectors/clusters according to the PSEA SOPs for processing and recording SEA complaints. As part of the efforts to ensure that all incidences of PSEA and GBV are reported, partners will set up a feedback and response mechanisms that communities can use to submit feedback/complaints relating to their projects.

The Cluster will work closely with PSEA Task Force to ensure all the project proposals submitted under AHF mechanisms are thoroughly reviewed and PSEA measures fully incorporated prior to formal approval. Cluster partners will ensure that there is adequate information provision, community engagement and participation all through their project cycle. The Cluster partners will also ensure that PSEA and GBV mitigation measures are put in place as per the checklist for protection mainstreaming in ES-NFI Cluster.

Monitoring

The Cluster will continue to rely on the WoAA and Cluster-led assessments as its key data sources. Other proxy sources will be sought including individual partner assessments, DTM data, Emergency Response Mechanism (ERM) data, Humanitarian Situation Monitoring (HSM), Multi-Sector Rapid Assessment Form (MSRAF), and the IOM Health Assessment Programmes (HAP).

Response will be monitored through monthly reports provided by partners via ReportHub. The results of the analysis will be published monthly to reflect gaps in the response against the HRP. Monitoring of stocks and funding will continue to be undertaken via ReportHub and the Financial Tracking Service (FTS) respectively. Impact monitoring will be done through PDMs to further feed into future programming. Static and online interactive dashboards will continue to be updated to provide real time information on gaps, achievement, coverage by partners at national and subnational level.

The Cluster managed to conduct two rounds of the Rapid Assessment Mechanism in 2022 and this data will guide the Cluster on the critical gaps for shelter and NFI in 2023. Other rounds of the Rapid Assessment Mechanism will be conducted as and when needed to provide a more detailed area-based assessment with a view to providing a more nuanced understanding of the key challenges and coping strategies related to ES-NFI needs in Afghanistan. Narrative observations will be included in the mid-year monitoring report to take stock of the trajectory of

ES-NFI needs across the country, even if numerical comparisons may not be feasible.

The Cluster will also continue to monitor displacement, cross-border movement, and the impact of disasters throughout the year to guide preparedness and response to needs. The success of the assistance and specific coordination brought to IDPs living in informal settlements will particularly depend on the accuracy of the new assessment of all informal settlements scheduled by the CCCM members earlier 2023 and

the regular monitoring by the mobile CCCM teams along the year. Additionally, ES-NFI partners will also undertake field missions to hotspot areas to verify key drivers of emergency shelter and NFI needs. Throughout 2023, the Cluster will continue to work with Awaaz to respond to ES-NFI-related referral calls to ensure communities' concerns are heard and duly incorporated in the understanding of needs as well as the response.

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3.3 Food Security and Agriculture



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
21.2M	21.2M	4.8M	11.5M	1.7M	2.6B	237

Cluster objectives

FSAC's major objectives are:

- Ensure continued and regular access to food for the acute food insecure people across the country while leaving no one behind.
- Protect the livelihoods of urban and rural populations facing acute food insecurity, mitigate distress sale of productive assets, and sustain local food production.
- Income support to the most vulnerable population through vocational skills and asset-creation activities for improvement of community infrastructure
- Reduce the effects of natural shocks and stressors on communities and their livelihoods through asset-creation activities in affected communities
- Emergency preparedness through early warning systems and timely assessments

Food insecurity remains a major humanitarian priority with nearly 20 million people estimated to be in Emergency (IPC Phase 4) or Crisis (IPC Phase 3) levels of acute food insecurity through March 2023 (IPC Preliminary Findings October 2022, FSAC-unpublished). Chief drivers of acute food insecurity include an expected third year of La Niña-induced drought conditions, and its continuing negative effects on both irrigated agriculture and rainfed agriculture and the livestock sector, significant increases in plant and animal diseases, the macroeconomic crisis,

exacerbated by absence of a political solution, and its enormous impacts on rural and urban incomes, jobs and markets which negatively impact both rural and urban livelihoods and purchasing power.

FSAC's planned response will address urgent food and livelihoods needs in IPC Phase three and above areas, through a coordinated response integrating the provision of timely and adequate nutritious food or cash assistance and will also provide urgent support to protect agricultural livelihoods, in particular, though urgent support to domestic crop and livestock production, and support urban livelihoods households.

FSAC has identified 21.18 million people in need¹⁰ - including displaced populations - and plans to reach them with cash and in-kind food assistance combined; 9.16 million people out of these 21.18 will be reached with emergency agriculture and livelihoods interventions aiming to safeguard and boost resilient local food production, protect livestock, promote nutritious food and increase and diversify income opportunities. Food assistance will be prioritized in proportion to levels of need across the 34 provinces of Afghanistan with a focus on people in IPC Phase 3 and above, while agriculture, livelihoods and resilience assistance – also targeting all 34 provinces – will focus on the rural areas, hardly hit by recurrent shocks since late 2020, and likely to be impacted by the continuing La Niña in 2023 as well as growing outbreaks of plant and animal pests and diseases.

Response strategy and modalities

Food assistance

The largest group that is targeted under the food assistance component is represented by 20 million people identified in IPC Phase 3 and above in the IPC projection period going through March 2023. Priority is to be given to ensure that all families facing IPC 4 level outcomes are assisted throughout the year, with the most vulnerable of those facing IPC 3 outcomes assisted as much as possible based on resourcing levels and especially during the winter lean season.

FSAC is also targeting an estimated caseload of 690,787 people displaced due to conflict and natural hazards, 200,000 people affected by sudden onset natural hazards, 332,991 undocumented returnees from Iran and Pakistan, and 52,007 Pakistani refugees. Therefore, the overall number of people targeted for food in-kind and cash assistance amounts to 21,179,779 people (5,945,528 boys, 5,530,714 girls, 4,862,788 men and 4,840,751 women); rural (4,594,461 boys, 4,276,023 boys, 3,756,567 men, and 3,740,489 women); urban (1,351,067 boys, 1,254,692 girls, 1,106,221 men and 1,100,261 women, and estimated 3,176,967 people with disabilities) as per estimation of the number of people in need until March 2023, this includes IPC Phase 3 and above areas.

Livelihoods

Food assistance is combined with support to protect agricultural livelihoods and asset creation to boost local food production and protect vulnerable rural and urban livelihoods. Supporting local agricultural production is a key factor for protecting rural livelihoods that are exposed to a variety of shocks and have to deal with a difficult economic environment,

including a rise in inputs prices¹¹ and an increase of the already high overall level of indebtedness that is currently an issue for 78 per cent of the population (WoAA, 2022). Both farmers and herders will receive a series of tailored packages to support their livelihoods and prevent further erosion of local productivity capacity.

The asset creation activity will target 1,700,000 people and is a key response in rural areas to address two main goals: 1) to provide immediate cash income or food package to targeted beneficiaries especially during months when the need for agricultural jobs is low, and 2) to support communities with the creation of key community assets as well as rehabilitation to core infrastructures with direct impact in food security and resilience to (climatic) shocks and stressors like water and resource management infrastructure (e.g. irrigation channels, small dams, watershed management) and other community assets.

Vocational training activities will allow food insecure people in both rural and urban areas to build long-term skills that can be used in the local markets. Vocational training will be complemented with monthly cash assistance. This will help participants to offset the opportunity cost of participating in the training activities and help them meet their households' needs during the training duration.

Agricultural support will prioritize sustaining wheat production on irrigated land through in-kind seed and fertilizer distribution and technical training in improved planting and climate-smart techniques in wheat-growing districts across all provinces, complemented by support to the production of nutritious foods (vegetables, poultry) mostly targeting women in the same households and communities. Priority will be given to women-headed households,

Projected 2023 needs and planned reach

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNEES	SHOCK-AFFECTED NON-DISPLACED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	690.8K	333.0K	200.0K	19.9M	52.0K	4.9M	16.4M	21.2M
Planned reach	690.8K	333.0K	200.0K	19.9M	52.0K	4.9M	16.4M	21.2M



elderly households and households with people with disabilities. Livestock protection assistance will prioritize those provinces having a higher density of livestock holdings. Vulnerable food insecure households with small livestock holdings will be provided with in-kind animal feed and animal health support, as well as pastoralist (kuchi) households. In addition, FSAC will support emergency livestock vaccinations against existing and emerging livestock diseases in all regions of the country that might be exposed to animal diseases that cannot be managed by the de facto authorities. Locust and other plant pests' surveillance and - if required - emergency control operations will target the areas at higher risk of locust upsurges and outbreaks.

Geographic prioritization

Geographical prioritization is based on the findings of the (unpublished) October 2022 IPC Acute Food Insecurity analysis, and it will be further guided by the subsequent IPC analyses around March and October of 2023 as well as other assessments (e.g., Food and Agriculture Organization's Data in Emergencies (DIEM) and Resilience Index Measurement and Analysis (RIMA) and similar periodic WFP and other FSAC Cluster member assessments). FSAC partners undertake additional analysis and review to define relative levels of assistance down to the district and community levels.

Twelve rural provinces in the projection period are classified in IPC Phase 4. These are: Badakhshan, Badghis, Balkh, Daykundi, Faryab, Ghor, Jawzjan, Nuristan, Nimroz, Paktika, Samangan, and Sar-e-Pul. A total of 5.54 million people are estimated to be in IPC3+ phases, representing 53 per cent of the population living in these provinces.

As the majority of people facing IPC 4 conditions (63 per cent) do not live in provinces classified as IPC4, it is critical that FSAC assistance maintains a broad focus across rural and urban areas in all of Afghanistan's 34 provinces. In short, a narrow focus on exclusively IPC 4 provinces and urban areas will not achieve objectives to reduce acute food insecurity, extreme hunger and avoid the risk of catastrophic outcomes in multiple areas of Afghanistan. While the large majority of people in IPC Phase 3 or above and an even higher proportion of people in IPC Phase 4 live in rural areas – and will therefore continue to represent the largest proportion of the FSAC caseload – the most recent IPC analysis finds a significant deterioration of the food security situation in urban areas with approximately 3.9 million people in urban areas facing acute food insecurity in IPC Phase 3 or above. All of Afghanistan's 11 major urban centres are classified in IPC Phase 3, with significant pockets of people in more severe conditions (Takhar, Baghlan, Balkh, Faryab, Hilmand, Hirat, Jawzjan, Kabul, Kandahar,

Kunduz, and Nangarhar). The prevalence of people in IPC Phase 4 in the urban domains is 11 per cent or 890,000 people. These urban areas will be targeted with food assistance, primarily through market-based approaches (MBA) (including CBT), as well as with livelihoods support.

Support to agricultural livelihoods will focus on rural areas, which have been most affected by drought and have also been significantly affected by the deep economic crisis that affected all parts of Afghanistan in the later parts of 2021 and throughout 2022.

Cash for work programmes for community asset-creation, will be focused on rural areas characterised by high levels of acute food insecurity and affected by high exposure to sudden onset natural disasters and shocks over the past five years.

Seasonal prioritization

FSAC priorities differ between spring, summer, and winter due to the different hazards affecting the periods as well as the impact of the harvests. The harshness of the winter and the magnitude of the La Niña phenomenon will accentuate the seasonality of needs, and therefore of the related response, although similar to previous years the complex economic, political, environmental, and food security crises, coupled with the growing size of urban centres will keep millions of households under acute food insecurity even during the summer periods. Although emergency food assistance will be required nationwide in all months of the year, needs are expected to be highest in the winter months. In case of resource shortfalls, the priority will be to ensure assistance to all those facing emergency or higher levels of hunger throughout the year.

During the lean season (January to March) which coincides with the winter period, FSAC will scale up its support to vulnerable households with food assistance and support to winter cultivation. Given changing climatic conditions and the acute levels of food insecurity observed in the past, even after the end of the winter, assistance levels might be maintained until May-June, when food assistance will be gradually scaled down in line with the main (wheat) harvest season and priority agricultural activities will

take place. Pastures are normally covered by snow over winter and vulnerable livestock owners will need immediate livestock support.

Given the current climate outlook, during the spring period from March to June, many provinces will continue to have flood risk and heavy river flows with flash flooding due to sporadic spring storms damaging crops, damaging or degrading agricultural land and damaging property. Flooding, both large-scale and localized, generates an immediate peak of humanitarian assistance for those most affected. The required response might be further extended in case of displacement due to flooding or other shocks. FSAC response will focus on immediate food assistance and prompt emergency assistance followed by prompt livelihood re-establishment and protection through individualized livelihoods support, food for asset creation activities, and food for training. To reduce the adverse effects of natural shocks on communities, medium-term resilience-building measures in particular asset creation interventions will be implemented in communities with high exposure to natural shocks and recurrent food insecurity.

October to December is the winter planting season for wheat and FSAC will prioritize supporting farming households with agriculture inputs and begin a scale-up of emergency food assistance that will peak in the winter. FSAC partners will also support off-season agriculture and second-crop plantings in areas where food insecurity is highest but agricultural production is still possible. To ensure food availability during the peak of winter, food items will be pre-positioned in strategic locations in hard-to-reach districts across the country (notably in Daykundi, Badakhshan, Ghazni, Ghor, Bamyan, Uruzgan, Sar-e-pul, Faryab, Badghis, and Maidan Wardak) during the summer period.

A total of 3,850,000 people are planned to receive a winter wheat cultivation package while 105,000 people will be targeted with the summer/second-season cultivation packages. The seasonally tailored packages are designed to meet the particular seasonal needs of farmers, supporting them to timely execute basic agricultural practices to protect their harvest yield. A total of 1,050,000 people will be supported to start or

improve their backyard vegetable cultivation capacity. For the livestock protection package, the plan is to reach 2,100,000 people. Through another key livestock response, FSAC is going to provide a poultry package to 130,000, while unconditional cash transfer will be provided to 70,000 people. The beneficiary group represented by people affected by sudden onset natural hazards will also receive livelihood support, tailored according to the situation and the need that will be assessed.

Cash programming

Under FSAC response, cash-based activities are used in both food assistance and livelihood support. Cash will be used over in-kind when advisable and feasible in terms of community acceptance and especially against verification of market functionality in the selected areas. Despite the partial collapse in the banking system, the use of cash modality will be prioritized in urban areas where the markets are functioning and will use as one of the modalities of assistance in rural areas. The proportion of FSAC programming delivered via cash is 30 per cent of the total target in 2023.

FSAC and CVWG will continue to encourage program integration and will explore ways of complementary approaches that allow program synergies. FSAC will continue to engage and further enhance its collaboration with the CVWG to coordinate cash and voucher activities.

In consultation with the CVWG, FSAC will regularly update the MEB to facilitate a more streamlined approach and to establish a basis for scaling-up cash assistance. Furthermore, through the Seasonal Food Security Assessment (SFSA) and WFP market monitoring tools, FSAC will continue providing information on market functionality, price movements and trader information for use by partners in CTP. In addition, CVWG and FSAC will embark on joint capacity-building sessions related to markets sensitive approaches.

Asset creation activities, implemented through the Food Assistance for Assets (FFA) programs, will include the provision of cash-based transfers in rural areas to make sure participants can meet the basic needs of their households while engaging in

the creation and rehabilitation of key community and agricultural assets that will improve community capacity to produce food and reduce the effects of climatic shocks and stressors. Similarly, vocational training activities, implemented through the Food Assistance for Training (FFT) program, will couple the provision of technical training with cash-based transfers to offset the opportunity cost of attending the classes. FSAC and CVWG will utilize lessons gathered from previous similar projects to refine humanitarian livelihood interventions using cash-based transfers guidance and ensure that partners are aligning with the recommendations.

Integrated programming

Critically, FSAC and the Nutrition Cluster interventions are coordinated, leveraging the food assistance platform to deliver a malnutrition prevention package – in turn maximizing outreach as well as impact of the nutrition assistance by ensuring that women and children benefit from both a nutrition and food assistance support. FSAC will also work on the implementation of a post-IPC monitoring system that captures information on food utilization and provincially representative anthropometric data.

With WASH Cluster, FSAC will explore the assessment of groundwater resources for agricultural development. Such data and information collected will help FSAC in refining the various assistance packages and targeting to ensure assistance is provided where the critical needs are.

Cross-cutting issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

- FSAC coordinates with UN-WOMEN and GiHA to ensure FSAC-recommended packages remain gender sensitive. Livelihood activities will be sensitive to women and other vulnerable individuals (elderly, people living with disability) needs.

- Women or child-headed households are included in the FSAC recommended beneficiary selection. This includes households where the women are effectively the head of the household, e.g., responsible for income generation or with adult men with disability.
- Similarly, persons with disabilities or elderly-head of households, households with one or more members having disability or chronic illness, and households referred by protection agencies are included in the beneficiary selection criteria.
- As part of the AHF project proposals, FSAC ensures gender, AAP, protection, and people with disabilities are amply mainstreamed across various partners' work. One example is that FSAC checks whether service delivery points are established close to the target beneficiaries that will ensure safe and easy access to vulnerable groups including women, adolescents, children, older people, and persons with disabilities.
- Some of the emergency agriculture livelihoods assistance packages such as kitchen gardening and poultry support have been designed to address the gender and disability-specific needs pertaining to food and livelihood security, which when coupled with prioritization of selecting households headed by women.
- For mainstreaming gender into the FSAC work, FSAC established a women's network in early 2021. As part of its first deliverable, the women network developed a Mahram Policy, and it was shared with all the partners. The objective of Mahram policy was to enable women staff to travel to the field.
- To improve women's participation in the response, FSAC developed a guideline on asset creation to improve women's participation in this activity. With the support of partners, FSAC brainstormed avenues and included specific activities in which women can take part. The guideline is now integrated into a broader set of guidelines on asset creation.

FSAC has prioritized the inclusion of women enumerators in the SFSA and PLSA assessments. Around 15 per cent of the PLSA 2022 data was collected by women enumerators. As part of the SFSA and Pre-Lean Season Assessment (PLSA)

methodology, FSAC recommends that both men and women household heads should be interviewed together. This enables FSAC to capture both men's and women's perspectives in terms of household's needs. The SFSA household's questionnaire has been shared with relevant Clusters and working groups and its protection and gender sensitivity.

FSAC continues to work towards increasing the role of women staff and mainstream gender in the IPC analysis. In 2021, FSAC/IPC collaborated with GiHA and for the first time, the GiHA introduced two of its members to participate in the IPC analysis. FSAC also asked its NGO partners to introduce their female staff to participate in the IPC workshop where possible.

Centrality of protection

FSAC and its partners continue implementing principled, people-centric, non-discriminatory, and impartial approaches that promote safety, dignity, and integrity that consider the different needs of women, men, girls, and boys (IDPs, returnees, and host populations) receiving food assistance, agricultural and livelihood support. FSAC will ensure the do-no-harm principle is considered in the response. FSAC partners will ensure safe and accessible access to distribution points. The packages recommended by FSAC allow for safe and orderly distribution, ensuring that food, agricultural, and livelihood assistance reach and are accessible to all vulnerable groups, including women, children, and persons with disabilities.

Age and disability inclusive programming

FSAC partners identify and prioritize the most vulnerable groups while ensuring that people of all ages and persons with disabilities have equal and fair access to food assistance and livelihood opportunities, including through the design of assistance programs and distribution and assistance sites to ensure safe access and inclusive participation. FSAC checks whether service delivery points are established close to the target beneficiaries that will ensure safe and easy access to vulnerable groups including women, adolescents, children, older people, and persons with disabilities.

Accountability to affected people

FSAC and its partners mainstream AAP by partners substantively engaging beneficiaries in all project phases, so they feel respected and are involved in decisions regarding the assistance meant for them. Assistance, including decision-making and policies, will be regularly communicated to people regularly so they are treated with dignity and respect.

To strengthen AAP, FSAC has been closely working with Awaaz in the past several years. A clear referral pathway exists between Awaaz and FSAC. Complaints received via Awaaz are being forwarded to partners in the field and the response is being provided to Awaaz once it's received from the field. FSAC regularly receives such referrals from Awaaz.

As part of the AHF project proposals, FSAC ensures gender, AAP, protection and persons with disabilities are amply mainstreamed across various partners' work. One example is that FSAC checks whether service delivery points are established close to the target beneficiaries that will ensure safe and easy access of vulnerable groups including women, adolescents, children, older people, and persons with disabilities.

Prevention of sexual exploitation and abuse

The ongoing emergency and challenging humanitarian context as well as the large scale of interventions in Afghanistan are likely to maintain the increased power imbalances between men and women, boys and girls, and may exacerbate GBV and SEA. Some of the potential issues which are likely to escalate SEA risk include the: displacement of people due to fresh conflict, hazards such as drought, earthquakes and floods, due to the rapid turnover of staff since August 2021, the rapid increase in the number of humanitarian workers working in remote areas with limited knowledge on SEA prevention and limited supervision, increased loss of jobs and livelihood opportunities of the Afghan people, adding to more vulnerability of the affected people to SEA, the delivery of humanitarian aid in remote and difficult-to-access areas of the country, among others, restrictions of movement for women and girls, hindering their access to humanitarian services and work opportunities. Furthermore, the increased food and livelihood needs

which are compounded by the high food prices, reduced income, and expected impacts of the third La Niña climatic episode will also be key drivers of SEA and overall negative coping mechanisms.

FSAC will continue to work with the PSEA Task Force to capacitate partners and staff on PSEA as well as provide materials and tools to mainstream PSEA across programs, and ensure staff have the relevant tools and skills to identify, monitor and minimize/mitigate the impact of PSEA risks. Similarly, FSAC is promoting the mainstreaming of PSEA in their food assistance, agricultural and livelihood activities, especially during beneficiary selection, trainings, and distributions, to ensure there is a strengthened PSEA complaints mechanisms and simple but safe procedures for recording and processing complaints in line with the organizational SOPs or according to the PSEA Task Force SOPs for processing and recording complaints of SEA. Partners will also be encouraged to ensure there is specialized assistance for the SEA victims through GBV and child protection programs and the availability of PSEA information, education and communication (IEC), for instance audio-visual materials as reference for staff to use.

Cluster capacity and operating environment

FSAC provides an action-oriented coordination forum bringing together over 272 registered partners, of which 82 are operational¹² in all 34 provinces. While there are many partners, FAO and WFP, with their NGO partners, will account for the bulk of the FSAC response, and the agencies will continue addressing the bulk of the needs in the ongoing and scaled-up response. FSAC partners have good access across the country, especially in hard-to-reach areas, and can deliver a humanitarian response in 100 per cent of the targeted locations. The Cluster has a good mix of partners that use cash, in-kind, voucher, and mixed modality approaches (wherein in-kind inputs are complemented with unconditional cash transfer) to respond where appropriate. Sometimes access is compromised because of active conflict and natural hazards, resulting in a delayed response. Still,

partners continue negotiating access on humanitarian grounds to reach the most vulnerable. In addition, FSAC is also operational at a sub-national level in five regions of the country to provide an action-oriented forum for bringing together national and international humanitarian partners to improve the timeliness and effectiveness of humanitarian assistance on the lives of crisis-affected populations.

Despite the financial sanctions imposed on the country and the impact of Ukraine and global economic crisis on supply chains and commodity prices, FSAC partners have adapted their operations to ensure business continuity by diversifying suppliers and corridors and pre-emptively acting to procure goods and services including food assistance, livelihoods support and cash-based transfers under the current environment. FSAC partners will implement Cash Based Transfers utilizing international and national financial service providers, mobile money, local banks, and remittance agents as well as launch new modalities including commodity vouchers. Despite the reduced capacity of the banking system, the use of cash modality will be prioritized in urban areas where the markets are functioning and will be used as one of the modalities of assistance in rural areas. FSAC will continue its strong collaboration with the CVWG, to monitor the feasibility of implementing CVA and ensure issues that might affect its effectiveness are detected and addressed early. In areas where markets are not functional, FSAC partners continue to provide quality agriculture inputs, despite inadequate availability, quality, and pricing of critical inputs in the local market.

The operating environment remains challenging, especially with some restrictions on women's participation in the response, lack of independence in conducting assessments, staff recruitment and granting of visas for international staff, and in some cases, authorities trying to influence the selection of beneficiaries, implementing partners, and staff. Despite these challenges, FSAC will continue to operate independently and also collaborate with the authorities at a limited level to facilitate independent administration of food security assessments.

Cost of response

FSAC requires \$2.59 billion to support 21.18 million people with food assistance and 9.16 million people through livelihood assistance. The cost of food assistance per beneficiary per month has increased from \$17 to \$20 compared to last year. This is mainly because of increased food commodities prices in the market. Additionally, the winter wheat cultivation package cost has increased from \$23 to \$31.5, and the livestock protection package has increased from \$23 to \$28.5 in 2023. A revision of the unit cost of the food and livelihood packages has been carried out, indicating increasing costs in all commodities. Also, the introduction of the livestock and crops contingency packages represents an increase in the cost. Compared to 2022, the 2023 total financial requirements have decreased by 3.3 per cent, primarily due to the adoption of an adjusted costing methodology reflecting seasonal fluctuation of humanitarian food assistance as per the achievements reported in 2022.

Complementarity with development programming.

The findings from the PLSA and SFSA will provide humanitarian and development actors and donors with information to estimate the characteristics of food-insecure households, contributing to planning activities beyond humanitarian response. The suspension/reduction of developmental initiatives and institutional support since the summer of 2021 has put a lot of pressure on humanitarian aid to address people's needs amidst reduced government capacity to provide basic services, and without alternative safety net mechanisms.

FSAC emergency response is not directly dependent upon the continuation of development and Government programs, although FSAC advocates for the need to invest resources in creating more robust livelihood solutions, including for long-term IDPs with both on and off-farm income-generating opportunities. This would include expanding small-scale projects in climate-resilient farming, soil and water conservation in

disaster-prone areas, and focusing on building holistic value chains.

FSAC response is currently a necessity to address humanitarian needs that emerges from the current crisis, but it is not intended to replace national or international responsibilities to properly address infrastructural and socio-economic problems that will provide longer terms solutions to reduce unemployment, improve the financial system, and are better placed to support agricultural livelihoods stability.

Monitoring

FSAC will collect partners' response through 4W data collection reported monthly through the ReportHub. Results are published monthly feeding into the HRP monthly reporting. To enhance the quality of the Cluster's monitoring of the response in 2023, FSAC will conduct a series of refresher trainings on basic food security and livelihoods, including assessments and the effective use of the ReportHub. With an improving security situation, FSAC will conduct regular independent and joint monitoring field missions, especially to IPC Phase 4 hotspot areas throughout the year to verify the results of the assessments and to better understand the regional drivers of food insecurity. Through the annual SFSA and PLSA, the biannual IPC analysis (pre- and post-harvest) complemented by other ad-hoc and partners assessments such as WoAA, DIEM information system and PDMs, FSAC will be able to timely monitor the impact of the response, identify new and emerging needs and advocate for the required funding.

FSAC partners – both national and international organisations – have experienced interference and

restrictions from DFAs in some provinces. Interference and security restrictions and limitations included collecting beneficiaries' information, recruitment of staff, selection of beneficiaries, restrictions on carrying out national food security surveys, forced redistribution of assistance, constraints on female staff working without a mahram especially in the field, and on women's participation in assessments. These limitations have affected the quality and availability of food security data, the quality and effectiveness of field monitoring for humanitarian food assistance and the effectiveness of the assistance provided.

FSAC with the support of the Cluster Lead Agencies- FAO and WFP - will advocate for a blanket humanitarian exemption to allow for humanitarian assistance operations to continue and guarantee that all humanitarian workers are allowed to do their vital work with limited restrictions, using necessary tools and processes, in safety, without harassment, intimidation, or fear; FSAC will also work with partners to develop and implement appropriate alternatives, where required – to ensure that the response continues to be flexibly and accountably implemented, regardless of changing context.

FSAC is jointly working with all its partners across the country for the timely provision and sharing of provincial-level information on the food security situation. If FSAC continues to face significant challenges in terms of data gathering, particularly for example in conducting the PLSA and SFSA, FSAC will resort to triangulation of available datasets feeding into the IPC analysis. Despite these limitations, FSAC will engage the de-facto authorities to facilitate the independent administration of the next PLSA and SFSA.

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3.4 Health

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
17.6M	15.6M	3.5M	8.3M	1.3M	450M	99

Cluster objectives

- Maintain and increase access to life-saving and life-sustaining coordinated health services and information for those most vulnerable and in need
- Strengthen health sector capacity to prepare for, prevent, detect and deliver timely response to disease outbreaks
- Ensure access to safe, equitable and inclusive health services and information to the survivors of violence
- Strengthen provision of integrated rehabilitative care to improve resilience of vulnerable people

The Health Cluster aims is to protect people's health by ensuring the delivery of quality health care, preventing the transmission of communicable diseases, and managing outbreaks and other incidents which threaten public health. The strategic priority actions include maintaining and increasing access to lifesaving and life-sustaining health services and information through supporting delivery of primary and secondary health care services including maternal and reproductive health, MHPSS, trauma care, non-communicable diseases; procurement and provision of medicines, medical supplies and equipment, and vaccines; strengthening disease outbreaks prevention, preparedness and response; support disability and physical rehabilitation services; and capacity building of health care workers. In conjunction to the above, community-based

interventions and community engagement will also be strengthened.

The delivery of healthcare services will be supported through static and mobile health facilities. COVID-19 response will be re-oriented towards support to integrated infectious diseases hospitals/units. Mostly, the priorities will remain the same in urban and rural settings, however, support to primary health care services will be prioritized in rural and underserved areas under humanitarian action.

Response Strategy and Modalities

The Health Cluster response priority is to maintain and expand access to lifesaving and life-sustaining health services and information at community, primary and secondary health care levels. The Health Cluster will ensure availability and accessibility to routine, emergency, and specialized health care which is essential for meeting the needs of the most vulnerable groups. Taking a holistic approach to humanitarian health assistance enables the health system to perform its essential functions, respond to emergencies, prevent, detect and respond to communicable diseases outbreak and protect the health of vulnerable populations. This includes IDPs, refugees returning to their communities of origin, and survivors of violence.



To ensure safe access of women and girls, health partners will prioritize recruitment of female staff both in urban and rural settings. Additionally, health services will be delivered in areas that ensure safe and easy access of vulnerable groups including women, adolescents, children, older age people and persons with disabilities. Service delivery site will be culturally appropriate and ensure the privacy of the clients.

The Health Cluster's key response priorities include:

- Improve access to primary and secondary health care services through static and mobile health teams with the particular emphasis on underserved areas and vulnerable populations who lack access to the assistance.
- Prevent, detect and respond to epidemic-prone diseases through strengthening infectious disease outbreak preparedness and response mechanism including support to Risk Communication and Community Engagement (RCCE) activities.
- Support trauma care services and emergency referral system.
- Provide comprehensive maternal reproductive health services including minimum initial service package (MISP), emergency obstetric and new-born care, health response to the survivors of violence, and tailored services for adolescents.
- Support the delivery of disability and physical rehabilitation services.
- Expand MHPSS services capacity and coverage including training of healthcare workers on mental health prevention and treatment.
- Provide in-service training to healthcare workers including health response to the survivors of violence and PSEA identification and reporting.
- Support management of severely acute malnourished cases with complications in children under the age of five.
- Prevention, screening, diagnosis and initial treatment of non-communicable diseases.
- Ensure supply of quality medicines, medical supplies, and equipment.
- Ensure communication, information management and sharing, and coordination among Health Cluster partners to improve the delivery of healthcare services to the vulnerable population.

- Maintain and enhance collaboration with all clusters including Nutrition, WASH, FSAC, Education, Protection, ES-NFI.

The 15.6 million people targeted for humanitarian health assistance in urban (4.4 million) and rural (11.2 million) areas with a particular focus on vulnerable groups that include: children under the age of five: 3.1 million; women of reproductive age (15-49): 3.1 million; persons with disabilities: 2.3 million; elderly aged people (over 60): 0.4 million; cross border returnees: 1.1 million; IDPs and vulnerable migrants: 0.7 million; and shock affected non-displaced people: 0.2 million.

The core information management and monitoring functions such as analysis of 4Ws, continuous monitoring of early warning systems for suspected disease outbreaks and tracking of health system functionality via health resources and services availability monitoring system (HeRAMS) are critical for the rapid and flexible response based on the needs, severity and emerging threats. The protection of health care remains a critical concern for the cluster. This requires making risk mitigation measures, reporting of attacks on health care, and engaging in advocacy at all levels.

The Health Cluster will continue delivering humanitarian health services through static and mobile health facilities to ensure reaching the most vulnerable and in need people. Newly displaced, rural, or access-constrained populations may be targeted through mobile health teams. To ensure people with urgent conditions have timely access to care, health partners will support the operation of ambulances to move patients to and between facilities while people with

routine conditions and those in need of non-emergency referrals, including diagnostics, may be supported through in-kind transportation.

Geographic prioritization

Based on the overall severity ranking, 21 provinces (Badakhshan, Baghlan, Balkh, Daykundi, Farah, Ghazni, Ghor, Helmand, Kabul, Kapisa, Khost, Laghman, Nimroz, Nuristan, Paktika, Paktya, Panjshir, Parwan, Sar-e-Pul, Wardak and Zabul) have been identified with critical/extreme needs and the remaining 13 provinces with severe needs.

Rural areas of 20 provinces (Badakhshan, Baghlan, Daykundi, Farah, Ghazni, Ghor, Hilmand, Kabul, Kapisa, Khost, Laghman, Nimroz, Nuristan, Paktika, Paktya, Panjshir, Parwan, Sar-e-Pul, Wardak and Zabul) have been identified with critical needs while the remaining 14 provinces with severe needs. In the urban areas, four provinces (Balkh, Kabul, Panjshir and Parwan) have been identified with critical needs, 23 provinces (Badghis, Baghlan, Farah, Faryab, Ghazni, Ghor, Hilmand, Hirat, Kandahar, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Nimroz, Nuristan, Paktika, Paktya, Samangan, Sar-e-Pul, Takhar and Uruzgan) with severe needs, and the remaining seven provinces with the stress level of needs.

Kabul and central provinces of different regions that include Balkh, Hirat, Kandahar, Kunduz, Nangarhar, and Paktya with the focus on urban areas will be given priority due to disease outbreaks and possible displacement to these locations. People in urban areas have better access to health services than those in rural areas, however, the lack of comprehensive free of

Projected 2023 needs and planned reach

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNES	SHOCK-AFFECTED NON-DISPAECED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	604.7K	1.1M	200.0K	15.6M	52.5K	4.8M	12.8M	17.6M
Planned reach	604.7K	1.1M	200.0K	13.6M	52.5K	4.3M	11.3M	15.6M

charge treatment, inclusive of medicine and supplies, is a challenge in all settings.

Seasonal prioritization

The Health Cluster will support the development of seasonal prioritization plans for winter, summer, and spring. In the prioritization process, Health Cluster will consider a comprehensive district-level analysis that includes: coverage of the services, disease outbreaks, seasonal scenarios, potential health risks and hazards, partners' presence, and consultation with the Regional Health Cluster team.

Winter season contributes to respiratory infection outbreaks with diminished immune response.

Health Cluster's priority activities for winter include: Supporting primary and secondary health care facilities in hard to reach areas including support to community referrals for ensuring safe motherhood, pre-positioning of medical kits/supplies for the management of acute respiratory infections including delivery and new-born kits in fully and partially inaccessible geographical areas, training of health care workers in the management of acute respiratory infections and hypothermia, disease surveillance, and awareness raising on the prevention and mitigation measures for respiratory infections and other winter-related risks and diseases.

In the summer, due to the limited access to safe drinking water and low public awareness, the incidence of Acute Watery Diarrhoea (AWD) cases usually remains high. Health Cluster's priority activities for summer include: provision of emergency health services at primary and secondary health care facilities, provision of medical kits/supplies for the management of diseases outbreak (e.g. AWD, Dengue fever, Crimean-Congo Haemorrhagic Fever (CCHF), COVID-19), training of health care workers in the management of AWD and other communicable disease outbreaks, surveillance of communicable diseases, support of AWD case management facilities and establishment of rehydration points, and multisectoral preparedness and response to AWD, and RCCE.

In the spring, Health Cluster's priority activities include: the provision of emergency health services at

primary and secondary healthcare facilities, disease surveillance, and provision of essential medicine and medical supplies for the management of disease outbreaks (e.g., AWD, COVID-19, measles).

The multisectoral collaboration will be enhanced with all Clusters. Delivery of the integrated health and nutrition response will be supported through static and mobile health facilities.

The Health Cluster will work with the WASH Cluster to support integrated Health and WASH AWD outbreak preparedness and response.

Cash programming

The Health Cluster has not been using cash programming widely, however, some partners piloted Maternal and Child Cash Transfer (MCCT) in the limited scale.

It is recognized that the cost of transport is a barrier to accessing health care. The 2022 WoAA showed that health costs were one of the most common reasons, after food, for a household to have taken on debt. These issues will be addressed with the modest provision of cash to the most vulnerable households including pregnant and lactating women (PLW), persons with disabilities with identified health needs mainly to support vulnerable households through the provision of cash to cover their transportation costs. Health Cluster with support from CVWG will identify the implementation modality including lessons learned from MCCT. The eligibility criteria for the cash will be finalized in consultation with the CVWG although limited cash capacity and systems among health partners remain a constraint.

Integrated programming

Delivery of health services is inherently multisectoral and has a role to play in ensuring access to health, nutrition, WASH, and food services for vulnerable people including PLW, children under the age of five, IDPs, elderly aged people, persons with disabilities, and survivors of violence. Within primary health care facilities, the essential health services package should include the MISP for emergency sexual and

reproductive health including comprehensive antenatal and postnatal care.

The health response will be integrated with nutrition through the delivery of integrated health and nutrition services in primary and secondary healthcare facilities. Children aged 6-59 months and PLW will be screened for acute malnutrition. Non-complicated cases of acute malnutrition will be treated in primary health care facilities, and complicated cases will be referred to the referral facilities for inpatient care. Infant and young child feeding, and maternal nutrition practices will also be promoted in the health facilities.

Health Cluster will continue to work jointly with the WASH Cluster for AWD outbreak response. Health and WASH Clusters will update the integrated AWD preparedness and response plan 2023 based on the lessons learned in 2022. The health partners will engage with WASH partners for better WASH at health facilities and will form joint rapid response teams for the affected households to better tackle risk factors at risk transmission contexts and epicentres.

Health interventions will be implemented in coordination with other clusters, related task forces, and technical working groups or AoRs (e.g., AAP, MHPSS, RCCE, Disability Inclusion, HAG, GBV). Health Cluster partners will ensure accountability mechanisms are in place such as establishing a two-way communication system and informing the communities of the Awaaz toll-free number for raising any issues and complaints as well as partners' own complaints reporting mechanisms.

Cross-cutting Issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

To ensure the provision of equitable and meaningful participation of women and other vulnerable groups in the humanitarian response, Health Cluster suggests the following actions:

- Ensure women's meaningful, equitable and safe participation in access to and benefit from humanitarian assistance, services, communication, information and assessment.
- Promote active participation of community members and project beneficiaries through the community engagement process to discuss challenges faced by women and vulnerable groups and possible solutions to address them.
- Train frontline health care workers to recognize signs of abuse and violence as well as appropriate referral mechanisms.
- Prioritize retention and recruitment of female staff to promote safe access to services for women and girls.
- Provide mahram cost for the female staff.

All data will be sex and age disaggregated at activity/indicator level. This will ensure that women, girls, men and boys are equitably included in the project benefits.

Centrality of Protection

The health partners are required to consider mitigation strategies for possible protection risks that may emerge during the delivery of humanitarian health assistance including violence against health care workers, SEA, discrimination against vulnerable groups, and inequitable access to health services, particularly for persons with disabilities. Health sector-specific guidance is provided not only to address these risks throughout the humanitarian program cycle, but also to ensure health partners implement appropriate duty of care for personnel, safe closure of facilities, and conflict-sensitive programming.

Key strategies such as ensuring the availability of healthcare workers trained on health response on the survivors of violence, retention and recruitment of female staff, training on PSEA for all health staff, and protection of sensitive patient data are among the recommended interventions.

Age and disability inclusive programming

Humanitarian crises affect each person differently depending on their gender, age, disability and

other personal characteristics. The Health Cluster will support the inclusion of elderly aged people and persons with disabilities in the programs and encourage the use of minimum standards for the inclusion of individuals with age and disability in humanitarian action. The implementation of these standards needs to consider how disability and age can affect women, men, girls and boys differently and ensure that people with disabilities and elderly aged people receive humanitarian assistance that is responsive to their gender-specific vulnerabilities, needs and capacities.

Persons with disabilities require disability-friendly and disability-specific health services and solutions. However, social, economic, and health system barriers significantly limit their access to health care and information. These include inaccessible health facilities and medical equipment, lack of appropriate health services, inadequate skills and knowledge or negative attitudes of health workers, communication barriers and prohibitive costs (e.g., transportation). Persons with disabilities are more likely to live in poverty, which makes them more vulnerable to poor health and often leaves them unable to afford necessary health care. Women with disabilities are more likely to experience sexual and domestic violence. Prejudices among service providers about sexuality and disability exclude particularly women with disabilities from maternal and reproductive health services.

Health Cluster will build alliances with different stakeholders and engage them at all levels- from local to national- to strengthen the capacities and ownership for the inclusion of persons with disabilities in health services and programming. At the same time, it is important to leverage existing relationships and develop strong linkages between the health and disability sector. Broader partnerships beyond the health sector are vital to address those social and economic factors outside the health sector which prevent people with disabilities from using health services.

To accommodate the needs of patients with disabilities the following activities are suggested:

- Emphasis to ensure prioritization of people with disability in the provision of health care and rehabilitation services.
- Remove infrastructural barriers and adapt disable friendly universal design standards in healthcare construction.
- Include rehabilitation within essential health care services and define referral pathways.
- Include disability and persons with disabilities in health care surveillance and advocate for disability data disaggregation.
- Ensure all the data collected from health projects is disaggregated by disability, sex, age and geographical location.
- Promote inclusion of the assistive devices and related procurement systems within essential healthcare services.
- Promote inclusion of disabled people in appropriate elements of health service delivery.

Accountability to affected people

The Health Cluster aims to ensure people-centred approach to achieve better health outcomes and improve accountability by placing affected populations at the centre of decision-making and at the centre of the action to promote meaningful access, safety and dignity with a desire to meet humanitarian needs, systematically reduce those needs, and to increase resilience. Individuals accessing humanitarian assistance are the primary stakeholders of any humanitarian action. It means they must be able to receive communications in a form they can understand, provide feedback on the delivery of humanitarian assistance and be included in decisions that affect their lives. For health actors to be held to account by affected populations, mechanisms for AAP need to be inclusive of people with disabilities.

The Health Cluster will operationalize AAP within the Cluster via following actions:

- Discuss key issues around community engagement, identify opportunities, challenges and barriers to community engagement/participation

– discuss potential solutions and identify and share best practices to enhance representative participation of different groups of the community.

- Communicate back to the community through health partners on how these community engagements and feedback/complaint mechanisms are working and ensure communities are informed on action that has been taken by the cluster in response to complaint and feedback from the affected populations.
- Discuss key issues emerging from complaint and feedback mechanisms and identify collective solutions and track progress on addressing complaints.
- Facilitate training and orientation for health partners on AAP, gender, protection, mental health, and diversity.
- Discuss key issues for meeting the needs of various and diverse groups in communities such as women, men, girls, boys, older population, people with disability, and other specific groups at risk of discrimination or who are particularly vulnerable. Identify challenges, discuss potential solutions, and identify and share best practices.
- Provide ways to bridge communication gap with women: Including women in consultations through the women staff, ensuring gender-responsive feedback mechanisms, etc.
- Support partners to ensure AAP, protection and diversity-related issues are incorporated into health partner program cycle.
- Collaborate with the Awaaz team for addressing the complaints received from the health project beneficiaries as an inter-agency mechanism which can be leveraged to serve the inter-cluster AAP mechanisms.

The Health Cluster will proactively engage in discussion on AAP, protection and diversity in ICCT meetings by sharing the experience and learning from the experience of other Clusters.

Prevention of sexual exploitation and abuse

The ongoing emergency and challenging humanitarian context in Afghanistan are likely to increase the risks of SEA. Some of the potential issues which are likely to escalate SEA risk include:

- Restriction of access for females to humanitarian services and work
- Loss of jobs and livelihood opportunities raises vulnerability to SEA
- Delivery of humanitarian aid in remote and difficult-to-access areas of the country
- Low awareness of the humanitarian workers on SEA
- Rapid increase in the number of humanitarian workers

The U-Report survey found that only 16 percent of respondents felt safe reporting SEA concerns to the health facilities/staff.¹³ Hence, the Health Cluster will coordinate with the PSEA Task Force to ensure that PSEA policies and mechanisms exist to encourage the affected population and clients/patients to report SEA and feel protected from SEA by health care staff. In addition, the Health Cluster will ensure that each project and program include the following indicators:

- Number of health care workers trained and compliant with PSEA mechanisms;
- Percentage of affected people reporting SEA allegations;
- Percentage of project-related contracts with a clause on PSEA under IASC principles and guidelines; and
- Percentage of affected people who have been consulted about establishing/strengthening the SEA reporting mechanisms in health programs.

In 2023, it is anticipated that there will be a better focus on solidifying the reporting and response mechanism. This will be done through the provision of quality multi-sectoral services to the survivors of SEA in collaboration with the GBV Sub Cluster, awareness raising about the complaint mechanism, mobile

response messages through the U-Report, engaging partners working in hard-to-reach areas including additional support to Awaaz as the interagency community feedback mechanism.

Other mitigation measures include regular training of first-line health care personnel on PSEA, raising community awareness about PSEA and how to report misconduct, introduction or reinforcement of PSEA codes of conduct for all health care providers, ensuring access to safe and appropriate complaints and feedback mechanisms in health care settings, establishing internal SEA reporting and investigation systems.

Cluster capacity and operating environment

The Health partners operational capacity has considerably increased during 2022. More than 60 Health Cluster partners had an operational presence across all 34 provinces to deliver humanitarian health response with the proven ability to maintain and scale up their presence and operations if more resources are made available and provided. However, restrictions from DFA continued to increase including mobility of female health care workers and beneficiaries as they are expected to have mahrams while visiting health facilities.

Delays in signing the MoUs, and regulations from the DFA can lead to delays in the delivery of humanitarian health services and affect the mobility of female healthcare workers to deliver health services, particularly in remote and underserved locations. Due to the sanctions, supports to the DFA has been suspended which has disrupted development initiatives and piled pressure on humanitarian assistance efforts. It also had an impact on the supply chain, which led to delays in the import of essential medical supplies to enable prompt response during emergencies. The current supply chain disruption will be mitigated in 2023 by local and pooled procurement.

Cost of response

The activity-based costing is used for costing the response plan. The average cost per beneficiary will increase from \$26 to \$28.4 in 2023. The cost per beneficiary for health services is broken down into separate cost estimates per beneficiary for primary health care, secondary health care, trauma care, outbreak preparedness and response, rehabilitative care for persons with disabilities, and other activities. The Health Cluster's budget increased by 19 per cent as compared to 2022. It is primarily due to an increase in the target (6 per cent), inflation, and the cost of mahrams for female health workers. The cost of health assistance is mainly driven by the procurement of medicines, vaccines, medical supplies and equipment, and salaries of health care workers. The local market is unable to meet demands at scale for medicine and medical supplies due to current economic sanctions and other restrictions, therefore health partners rely on international procurement. Due to the country's economic crisis and the local currency depreciation, the cost of delivering health interventions is likely to increase further.

Complementarity with development programming

Over the years, humanitarian support has been complementary to the Health Emergency Response (HER) project, the basic public health program in Afghanistan supporting more than 2,300 primary and secondary healthcare facilities across the country. HER project forms the backbone of the health system delivering basic and essential health services including maternal and child health, immunization, infectious diseases control, nutrition, mental health, non-communicable diseases, etc. As staff and existing health facilities are used for the provision of humanitarian support and services, there are direct linkages between development and humanitarian assistance. Any disruption in the provision of health services through the HER project will negatively affect the humanitarian response in the health sector. The number of people in need of health care will increase

considerably which will significantly increase the cost of the humanitarian response. Health Cluster partners currently have inadequate capacity to address such an increase in needs and will require more resource.

To overcome the potential challenges, the humanitarian response must consider alternate service delivery approaches through maintaining key health facilities and use of mobile teams for the provision of services.

Monitoring

Health Cluster partners are actively reporting through ReportHub on the monthly basis. Response data shared by the partners are regularly collected, analysed, and interpolated with other inputs outside of the reporting platform. With data consolidated monthly as information products enabling partners to chart the overall response by the Cluster, patterns, trends, and gaps in the respective interventions can be identified. Coupled with regular Cluster meetings/discussions, monitoring of the Cluster's response through this information-sharing mechanism will continuously inform their decisions related to re-aligning, reprogramming, and planning their projects strategically.

In addition to ReportHub, the Health Cluster partners support 519 surveillance sentinel sites across 34 provinces. The epidemiological surveillance data is collected on a regular basis and analysed for the planning and monitoring of the evolving health situation. Outbreaks situation reports are produced on a weekly basis that includes AWD, Measles, COVID-19, dengue fever, CCHF, etc.

Health partners updated HeRAMS for more than 1,500 health facilities under human health response. HeRAMS aims to provide decision-makers and health partners with vital and up-to-date information on the availability of health resources and services and help them identify the gaps and determine the priorities for intervention.

Potential improvements related to ReportHub:

- Enhance collaboration with Information Management and Mine Action Programs (iMMAP) for the orientation/training of the Health Cluster partners who are reporting through the ReportHub.
- Improve the data quality in terms of timeliness, completeness, and consistency.

The ReportHub also collects information on the services for persons with disabilities. Health Cluster considered an indicator “number of people with disabilities received rehabilitative care” to track the provision of rehabilitative care to people with disabilities.

Health services will be gender-sensitive and frontline healthcare workers will be trained on recognizing the signs of abuse and violence, as well as appropriate referral mechanisms. All data will be sex and age disaggregated at activity/indicator level. This will ensure women, girls, men and boys are equitably included in the project benefits.

There are various communication mechanisms already in place that will continue to coordinate between Health Cluster partners – regular cluster coordination meetings, Health Cluster Information Management Working Group, updating health partners' contact list, phone calls, remote/virtual consultations, emails, etc. These will enable health partners to overcome information exchange challenges and facilitate constant updating of the health partners. The data collection mechanism and tools including data management system and rapid needs assessment further need to be strengthened.

Completeness, timeliness, and consistency of the data reported by health partners remain a concern. Delay in reporting leads to delay in data validation, analysis and production of infographics. Some health partners who support humanitarian health projects are not using ReportHub, some are not reporting regularly through the ReportHub, few are reporting for non-humanitarian projects, and some reports are overlapping.

Health Cluster will address these issues through:

- Capacity building of health partners on data management including completeness, consistency and timely reporting, and provision of regular feedback on the data submitted.
- Enhance functionality of the Health Cluster Information Management Working Group.
- Stress the importance of information sharing and which activities to be reported during Health Cluster coordination meetings.

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3.5 Nutrition



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
7.2M	5.5M	2.9M	2.6M	497K	384M	64

Cluster objectives

With the aim to reduce suffering, morbidity and mortality related to malnutrition among vulnerable populations, the Nutrition Cluster will continue prioritizing life-saving treatment of acute malnutrition while, at the same time putting more emphasis on prevention efforts to reduce the burden of undernutrition on children, women and their families. This will consist of expanding services that protect and promote appropriate Maternal, Infant, and Young Child Nutrition (MIYCN) practices, especially promotion of optimal breastfeeding and complementary feeding to children 0-23 months, investing in social behaviour change communication, providing specialized nutritious food, strengthening community outreach support and further widening the response with services addressing the underlying causes of malnutrition.

The Nutrition response scale-up strategy in 2022, grounded on a reflection of past experiences and lesson learnt in nutrition programming in the country, improved the coverage of treatment services. In 2023, the Nutrition Cluster and partners will further enhance access and utilization of quality nutrition services, with the assumption that the health system will be kept functional, with expansion of the community-based health care component.

Nutrition service delivery will be conducted through static and outreach facilities integrated to the health system. All health facilities will be targeted for support

to start, improve or sustain effective integration of nutrition services at both static and outreach sites. Community participation will be sought as path to improve access and utilization of decentralized nutrition services, including:

Treatment services. The Nutrition Cluster will expand screening for acute malnutrition, facilitate access to treatment points, and ensure functionality of treatment points.

- Screening for acute malnutrition: The approaches to reaching children for screening will comprehend:
 1. Routine passive screening by health and nutrition workers on children and PLW presented at the health facilities for curative or preventative service;
 2. Population-based active house to house screening; and
 3. Family middle upper arm circumference (MUAC), an approach whereby mother and/or other family member is trained and provided with a MUAC tape for regular screening of her child.
- Inciting and facilitating access through community outreach as per the Integrated Management of Acute Malnutrition (IMAM),¹⁴ bringing services closer to the people in need, contextual adaptations of service delivery for more acceptance, strengthening of referral services, and investigating into and addressing specific barriers to access for more marginalized groups, such as persons with disabilities.



- Providing uninterrupted treatment by trained and mentored frontline workers, timely supplies prepositioning, and adequate follow up, including defaulter tracking.

Preventative services. Nutrition specific services, such as, supplementary feeding, Infant and Young Child Feeding (IYCF) counselling and micronutrient interventions will go alongside treatment services.

Integrated services. By strategically engaging with Health, WASH and FSAC Clusters, and linking with basic services and development programmes, the Nutrition Cluster aims to strengthen the integrated multi sectoral response package of interventions for enhancing the performance of the treatment program

and meeting the most vulnerable households with nutrition-sensitive interventions that build resilience and prevent undernutrition, including micronutrient deficiencies.

Response strategy and modalities

In 2023, the Nutrition Cluster plans to reach 5.5 million children and PLW in all provinces with life-saving services. In line with the Cluster's sectoral areas of need, nine categories of response will be delivered through static and mobile sites, as well as community-based nutrition services. These include:

1. Treatment of children under five with SAM;

Projected 2023 needs and planned reach

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNEES	SHOCK-AFFECTED NON-DISPLACED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	115.1K	92.6K	33.9K	6.9M	7.9K	1.6M	5.6M	7.2M
Planned reach	87.0K	70.7K	26.0K	5.3M	6.0K	1.2M	4.3M	5.5M

2. Treatment of children under five with MAM;
3. Treatment of PLWs with acute malnutrition;
4. Blanket Supplementary Feeding Program (BSFP) for children under five;
5. BSFP for PLWs;
6. Vitamin A supplementation;
7. Home fortification with multiple micronutrient powders (MNP); and
8. IYCF counselling to primary caregivers of children aged 0-23 months.

In addition to those activities, multipurpose cash will be used to prevent further deterioration of the food and nutrition situation in prioritised provinces only – initially Paktika, Uruzgan and Zabul.

Treatment services will be complemented by preventative services, so that children and women are not trapped in the repeated cycle of malnutrition. BSFP will cover all under five children and PLWs in all provinces. Alongside IYCF counselling, BSFP and multipurpose cash are expected to help promote a well-balanced, diversified, and nutritious diet starting from infancy. This is expected to contribute towards maintaining a strong immune system - a requisite to fight infections, survive illnesses and recover faster. In synergy with the above-described activities, the provision of WASH kits to children with SAM intended for utilization in their vulnerable households for improving quality of drinking water and hygiene practices, will not only improve immediate wellbeing but boost longer-term health resilience of children, positively contributing to children's development.

As part of the IMAM Programme, community outreach and sensitization will be conducted, to raise awareness and promote participation for a responsive nutrition service delivery, as per guidelines.

Geographic prioritization

The national IPC Acute Malnutrition (AMN) was conducted in October 2022, using the anthropometric data from the National Nutrition SMART Survey (NNS),¹⁵ as well as sets of data related to the

determinants of malnutrition (feeding practices, morbidity, sanitation and hygiene, food security etc.) and to coverage of nutrition programs. The historical data and trends were drawn from various robust sources, especially the national Nutrition Information System (NIS), the national Health Management Information System (HMIS), the Health Epidemiological Records, and analysed as per the IPC AMN guidelines.

Overall, all provinces with exception of Paktika province are currently or projected to be in IPC Phase 3 and above. Provinces projected in IPC Phase 4 (November 2022 to April 2023) and therefore on top of the priorities for emergency nutrition services includes Badakhshan, Badghis, Balkh, Farah, Faryab, Ghazni, Ghor, Jawzjan, Kandahar, Logar, Nangarhar, Nuristan, Paktika, Panjshir, Uruzgan and Zabul. District prioritization will be based on the response capacity, as indicated by the partner presence and capacity and the previous treatment coverage. The NNS and IPC AMN further disaggregated Kabul provinces, indicating that urban Kabul is as prone to acute malnutrition as rural Kabul and projected urban Kabul to be in IPC Phase 4. While both health system and mobile teams will be used as platforms for service delivery in rural areas, the focus will be on the health system for service delivery in urban areas.

Seasonal prioritization

Each year, freezing winter temperatures, especially in high altitude add to complexities in supply and uptake of nutrition services. Physical access to some locations of the country is blocked due to snow or muddy roads. Access to people in need by service providers and/or service seeking by people in need become even more challenging without additional protection. While the service package and delivery modalities will be promoted throughout the year, additional measures are required during winter season to ensure continuity of service delivery and uptake. Hence, the supplies will be prepositioned ahead of the winter; this requires timely procurement of supplies, taking supplier and transportation delays into consideration. The Nutrition Cluster will contribute to the joint, inter-cluster winterization planning, and engage with the ES-NFI cluster for support to PLW with acute malnutrition with winterization kit and clothing.

Cash programming

The Global Nutrition Cluster has released guidelines and position paper on cash in nutrition as well as linkage with other sectors. To contextualize this learning and inform the strategy and scope for cash into nutrition programming, the Nutrition Cluster piloted a cash incentive to compensate mothers and mahram for the transportation and accommodation for reaching to in-patient nutrition treatment hospitals.¹⁶ Lessons learnt from the pilot as well as first year of implementation in 2021 and 2022 will guide the scale up of cash for inpatient treatment. In 2023, 0.8 per cent of the nutrition targeted people will be assisted with cash to compensate mothers and mahram for the transportation and accommodation for reaching to in-patient nutrition treatment hospitals.

The Nutrition Cluster is working with the CVWG contributed to the establishment and review of the MEB value, ensuring that the multipurpose cash provision covers macro and micronutrient requirements of children under five and PLWs, as well as facilitate utilization of nutrition service delivery points. More importantly, for the first time, the Nutrition Cluster will mobilize resources for multipurpose cash provision to households with a SAM child in the three prioritised provinces, i.e., Paktika, Uruzgan and Zabul provinces, being in IPC 4 and currently having the highest SAM rate. In total, 1.3 per cent of the nutrition targeted people will additionally be assisted with multipurpose cash.

Integrated Programming

The Nutrition Cluster, in partnership with other Clusters, systematically includes integration as one of the pillars of the nutrition HRP. It entails the use of the nutrition sites as platform to deliver intersectoral WASH services, as well as support from Health, FSAC, ESNFI in delivering nutrition services or enhancing utilization.

By strategically engaging with Clusters and technical Working Groups that have the highest potential impact on the nutrition status of children, the Nutrition Cluster aims to strengthen the integrated multi sectoral response package of interventions for enhancing the performance of the treatment program, and reaching out to the most vulnerable households with nutrition-

sensitive interventions that build resilience and prevent undernutrition:

- To align with the national health strategies and programmes, the Nutrition Cluster is committing with the Health Cluster to enhance effective integration of management of acute malnutrition into the health system. The nutrition sites will benefit from a systematic screening for acute malnutrition performed on children 6-59 months and PLW attending health facilities for curative and preventatives services, and referral for treatment as needed.
- With WASH Cluster, children 6 to 59 months of age with SAM attending nutrition sites will be provided with WASH kits for household utilization to improve hygiene practices. This will be facilitated by an orientation of nutrition frontline staff on household water treatment and hygiene promotion for improving hygiene messaging to vulnerable households.
- With FSAC, BSFP will continue to be delivered through the GFD to jointly reach all beneficiaries with food distribution, nutrition messaging and MUAC screening. The integrated nutrition messaging package, jointly developed with FSAC will be rolled out.
- Nutrition will work with ES-NFI Cluster to provide of PLW affected by acute malnutrition and their children with a winterization kit comprising of heaters and fuel, winter clothing and blankets/quilts during the winter season.
- With support from the GBV AoR, the Nutrition Cluster will mitigate GBV risks through safety audit/assessment of nutrition service delivery points to identify and address women and children's protection/safety needs and ensure that nutrition service delivery is not an avenue for GBV. Furthermore, nutrition frontline workers will be trained on referral pathways and reporting.

Cross-cutting issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

Accessing women and children for delivering the nutrition services could be challenged by gender and culture-based restrictions. Involving women and women-led organizations in the nutrition service delivery is critical to that access. All IMAM activities, from community sensitization to delivering of quality lifesaving nutrition services will continue to be delivered by trained facility and community frontline male and female workers, consistently with the endorsed guidelines. The advocacy will continue at the various level for female worker involvement in both facility and community-based service delivery. The intended work on AAP and PSEA, with a focus on community outreach and sensitization to raise awareness and promote participation as per the IMAM guidelines,² together with the counselling of PLW on IYCF through mother-to-mother support groups, will contribute to empowering women for an effective meaningful participation.

Centrality of protection

As more and more families face severe financial hardship, and women continue to face restrictions to their freedom of movement, the Nutrition Cluster will escalate effort to ensure that the neediest are reached, by further emphasizing on decentralized, community-based activities. The Cluster will work on ensuring that interaction with the beneficiaries does not cause unintended consequences, but rather contributes to comprehensively addressing vulnerabilities and risks. The Cluster has revised its country-specific guidance on protection mainstreaming and partners will be oriented accordingly. This was a participatory exercise whereby children and PLW at risk have been identified and risk specific risk mitigation measures recommended.¹⁷ In this context, children with disability, girls, children below six months of age, children with comorbidity, orphans, IDP children, and children of underage mothers, as well as PLW with disability, PLW in early motherhood, PLW with no mahram, and PLW head of household, have been identified as people in

need of additional protection measures for access to quality nutrition services. The measures will be closely monitored from national and subnational levels to ensure that service delivery complies with guidance. In order to improve meaningful access, not only to specific cluster assistance/services, the Cluster will also increase cooperation with the Protection Cluster, to strengthen the partners' capacity to identify and safely refer people at risk. This will include improving partners and frontline worker's knowledge and understanding of GVB risk reduction and referral pathways.

Age and disability inclusive programming

The extent to which programming addresses gender, disability and minority/disadvantage groups will be monitored closely by Nutrition Cluster partners in 2023. In proposal designs, the Nutrition Cluster will advocate for inclusion of minimum of 15 per cent of persons with disabilities of the target.

Accountability to affected people

Cluster partners will continue to use recommended guidance on AAP mainstreaming and monitoring,¹⁸¹⁹ for mainstreaming AAP, Gender and Age considerations into programming and improve program responsiveness to evolving and varied needs of the affected population. Firstly, AAP and Gender will feature more prominently within the roles of the SAG and Technical Working Groups (TWG) for enhanced accountability in the response. Secondly, the response will strengthen local capacity, especially nutrition managers, frontline workers and communities. Thirdly, the Nutrition Cluster will strengthen community participation by expanding on the content, the coverage and monitoring of the community outreach, first of the four components of the IMAM program.

All AAP activities will conform to the Nutrition Cluster guidance⁷, which provide for specific actions under each AAP commitment, i.e., leadership/governance, transparency, feedback and complaints, participation, design monitoring and evaluation.

Prevention of sexual exploitation and abuse

The ongoing emergency and challenging humanitarian context and the scale-up of interventions in Afghanistan are likely to increase power imbalances between men and women, boys and girls, and increased SEA risks. The efforts to prevent and respond to SEA will be heightened by building on the measures already achieved through the Afghanistan PSEA Task Force in previous years. Building on the PSEA statement of commitment issued by the UN Secretary General's Deputy Special Representative for Afghanistan, United Nations Assistance Mission in Afghanistan (UNAMA), UN RC/HC, to actively prevent and respond to SEA, in 2023, the Nutrition Cluster will have a better focus on the orientation of the nutrition implementing partners for a systematic utilization of the PSEA field Prevention and Mitigation Checklist, operationalize the UN partners capacity assessment tool. The tools outline standard good practices that prevent SEA, including in nutrition service delivery points. Furthermore, the Nutrition Cluster will engage with the GBV AoR on partner training frontline workers on GBV and SEA referral pathways and reporting.

Moreover, the Nutrition Cluster will work with the PSEA Task Force to capacitate partners and staff on PSEA and provide materials and tools to mainstream PSEA across programs. Team with the relevant tools and skills to identify, monitor, and minimize/ mitigate the impact of PSEA risks. Partners will be encouraged to mainstream PSEA in their nutrition activities and ensure there are strengthened PSEA complaints mechanisms and simple but safe procedures for recording and processing complaints in line with the interagency or organizational SOPs for processing and recording complaints of SEA.

Having effective feedback mechanisms will contribute to ensuring AAP. Partners will be encouraged to empower the affected people to understand their rights and protections during program implementation and the mechanism available to raise any SEA risks. Additionally, partners, through the support of the PSEA task force, will be encouraged to incorporate awareness-raising sessions in the interventions done for communities on the availability of unconditional specialized assistance to survivors of SEA. Partners

will also be encouraged to ensure technical assistance for the SEA victims through GBV and child protection programs and availability of PSEA IEC, i.e., audio, visual, materials as reference materials for staff to use.

Cluster capacity and operating environment

The number of sites managing severe and moderate acute malnutrition has reached 2,576 in 2022 (an increase by 77 per cent from 2021), operated by 31 operational implementing partners. These static sites were complemented by 465 mobile health and nutrition teams (MHNTs) deployed by 25 implementing partners. Partner presence in all districts, together with the strategy for capacity strengthening and mentorship of local and/or new partners by stronger and more experienced partners ensures the ability to timely scale up response once gaps are identified. The strengthening of national and subnational cluster communication and collaboration has enhanced utilization of data and information for decision-making at subnational level to address location and context specific issues. Overall, from January to September 2022, despite an operating environment constrained by interferences of the DFA (limitation in female workers involvement, delays brought about signature of MoUs), 1.6 million children under five years of age affected by acute malnutrition were admitted for treatment, i.e., 2.9 times the number of admissions in the same period 2021. With the ongoing advocacy for the DFA shortening the delays in signing the agreements with implementing partners, and a sustained response capacity, the Nutrition Cluster anticipates a higher number of admissions in 2023. All IMAM activities, from community sensitization to delivering of quality lifesaving nutrition services will continue to be delivered by trained facility and community frontline male and female workers, consistently with the endorsed guidelines.

However, threats to meeting targets in 2023 are represented mainly by the stress on global supply chains, as well as a potential limitation of absorption

capacity contingent to the mentioned issues regarding policies of the DFA if not resolved.

Cost of response

Nutrition response cost consider a wide range of parameters including procurement, delivery, and storage of ready-to use specialized foods and essential medicines for treatment of acute malnutrition, and specialized foods for BSFP, as well as operational cost. The increase in the unit costs by \$21.3 (from 48.3 in 2022 to 69.6 in 2023) is related to different factors, mainly:

Increased cost of the nutrition commodities due to the supplier and freight costs;

- Increased operational cost as the Nutrition Cluster will support operational cost related to the purposive system strengthening for a more effective integration into the health and community systems.
- Multipurpose cash that constitutes 11 per cent of the unit cost, i.e., \$7.6.

Unit cost-based approach was used to estimate the overall resources needed for nutrition in the 2023 HRP. In total, the 2023 budget amounts to \$384 million, 34 per cent higher than the previous year to enable a higher number of admissions for treatment.

Complementarity with development programming

Malnutrition is a multi-causal problem which requires integrated and holistic programming for effective results. Therefore, the package of emergency nutrition interventions is designed to take advantage of and is complementary to ongoing, longer-term health and nutrition service delivery mechanisms funded by development actors.

The Nutrition Cluster is committing to enhance institutionalization of management of acute malnutrition into the health system, all those included

in the HER project or not, by first mapping the health facilities and districts with low coverage of nutrition services, then developing and rolling out the capacity strengthening plan. Should the health system not be sustained, the Nutrition Cluster will review various alternatives that ensure continuity of services, in consultation with all stakeholders. If key programmes fail, such as, health, food security, WASH, the nutrition situation will worsen, leading to increased number of people in need.

The Cluster advocates that nutrition-sensitive preventative interventions are stretched to address the underlying causes of malnutrition in the various relevant development sectors. Additional to the collaboration with the other clusters, the Nutrition Cluster will coordinate with the UN agencies' Nutrition Thematic Collaboration Group to identify specific areas of convergence and collaboration in establishing the humanitarian and development nexus.

Monitoring

The Nutrition Cluster will oversee and follow needs through field monitoring visits and the Nutrition Information System. Spot checks, supervision and monitoring visits will be conducted to monitor the program and engage the community and other stakeholders to gauge evolving needs. The use of the nutrition information system entails:

- Data collection from nutrition sites and mobile teams, compilation and analysis to monitor admission of children and women with acute malnutrition and performance indicators of the therapeutic programs. A three-layer quality control system will be applied to ensure reliability of the data.
- Population-based data, including anthropometric data will be collected and analysed through a national SMART survey, as well as separate surveys in prioritized provinces to determine the prevalence of acute malnutrition among children and women, as well as factors affecting the nutritional status.
- The sentinel site-based surveillance will be expanded, with increased number of facility

and community sites as well as regular data compilation and analysis for action.

The Cluster will also coordinate with other clusters and partners in joint assessments to identify the specific needs of people displaced by conflict, returnees and disaster affected people.

The current estimates were based on the NNS using the SMART methodology and the national IPC acute malnutrition analysis. The survey results were with good or excellent quality for all surveys as per the SMART methodology quality scoring system. Furthermore, the evidence level of the contextual data used for the IPC analysis was rated 2 (medium) for

13 provinces and 3 (high) for 21 provinces, on a scale from 1 to 3. However, at the time of the data analysis, results from three provinces were not available, due to delays in data collection. The data utilized for these provinces came from expert consensus during the IPC analysis based on previous survey data, historical contextual data and data from neighbouring provinces with contextual similarities.

In addition to scaling up the facility and community-based sentinel sites as part of the surveillance system, the NNS will be repeated in 2023 to monitor malnutrition trends in the years. The Nutrition Cluster will manage for timely implementation while ensuring the same level of data quality.

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3.6 Protection

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
20.3M	6.5M	1.3M	4.1M	484K	170M	62

Cluster objectives

In 2023, the Protection Cluster will focus on a wide range of protection responses and advocacy through systematic information collection and protection analysis. This will allow the Cluster to identify protection risks and people with specific needs with the aim of reaching the most vulnerable with life-saving protection services that support their resilience and reduce the adoption of negative coping strategies. Vulnerable individuals and households’ groups such as IDPs and vulnerable internal migrants, international returnees, refugees, people with acute needs, and shock-affected non-displaced people will receive specialised protection services, both in rural areas and urban centres, to mitigate and respond to protection needs. In addition, the Protection Cluster will provide guidance and technical expertise to all clusters, to support in strengthening protection mainstreaming and addressing protection risks.

The Protection Cluster will develop its intervention strategy through the following key objectives:

- Key protection issues are monitored to identify the protection needs and persons in need of assistance to inform the humanitarian response, provide life-saving assistance, and advocate for the protection of civilians.
- Protection assistance and services are provided to vulnerable, women, men, boys, and girls, including GBV survivors, persons with specific needs,

including persons with disabilities and those affected by explosive hazards.

- Strengthen the capacity of partners, service providers, civil society organizations and others, through the establishment of guidelines and SOPs, training, resource support and advocacy to ensure centrality of protection and protection mainstreaming.

Child Protection (CP)

The CP Area of Responsibility will provide prevention, mitigation, and response services through comprehensive and integrated services for all identified children in need of care and protection both in the urban and rural areas, using community-based and integrated child protection approaches including specialised services targeting children across all vulnerable populations (shock affected, IDPs and returnees, refugees, and overall people with acute needs). The above approach is expected to address all forms of violence against through scaling up integrated case management and rollout of Child Protection Information Management Systems (CPIMS+), strengthened psychosocial support both focused non-specialised and specialised services including referral to specialised mental health services. CP will strengthen coordination efforts both at national and the five sub-national levels to improve capacity for services delivery, strategies, workplans, resource mobilization, communication, monitoring, reporting



and advocacy for better response to children's needs. The CP's key objectives are as follow:

- Vulnerable families; girls and boys at-risk have access to well-coordinated age-and gender sensitive child protection services, including psychosocial support and case management, and are protected against life threatening risk including abuse, neglect, violence and exploitation.
- Girls and boys are protected through coherent and meaningful engagement with communities, caregivers and duty bearers by promoting evidence-based awareness raising and advocacy and use of community -based child protection mechanisms.
- Increased and strengthened capacities of partners, service providers, civil society, and authorities, including through established guidelines and SOP, training, and resources to safely prevent, mitigate, mainstream, and respond to protection issues.
- Community dialogues with influential key stakeholders, as well as men and youth networks, are in place and will support the access to vulnerable populations while ensuring the provision of information on service availability.
- Targeted vulnerable populations (shock affected, IDPs and returnees, refugees and overall people with acute needs) with protection needs receive support through services such as customised case management, health, mental health and psychosocial support using both focused and non-focused approaches provided by qualified service providers.
- Increased and strengthened partner capacities to ensure partner compliance with minimum standards and through established guidelines, trainings, resources and tools that are tailored to the current context.

Gender-Based Violence (GBV)

- Targeted population have access to provision of services through a more tailored approach which is adapted to the current context.

Housing, Land and Property (HLP)

In 2023, HLP partners will work to address three drivers of risk: First, conflict and climate displacement risks, particularly for IDPs residing in ISETs and subject to increasing risks of eviction, and for returns to place

SUB-SECTOR

General Protection

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
14.1M	3.1M	632K	1.6M	265K	42M

SUB-SECTOR

Child Protection

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
7.5M	4.9M	515K	3.8M	277K	51M

SUB-SECTOR

Gender-Based Violence

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
10.1M	2M	832K	1M	165K	50M

SUB-SECTOR

Housing, Land and Property

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
5.9M	629K	143K	340K	51K	9M

SUB-SECTOR

Mine Action

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
5M	1.4M	224K	601K	136K	18M

Overall projected 2023 needs and planned reach by population group

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNEES	SHOCK-AFFECTED NON-DISPACED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	690.8K	1.1M	181.4K	18.2M	52.5K	4.3M	16.0M	20.3M
Planned reach	600.3K	778.7K	133.0K	5.0M	52.5K	1.5M	4.9M	6.5M

of origin, local reintegration or resettlement requiring urgent support to access land or housing. Second, socioeconomic risks, which have resulted in challenges for vulnerable households meeting rent payments and other HLP costs. Third, HLP risks associated with post-2021 institutional environment, including restrictions on women accessing their formal and informal HLP rights. Additionally, HLP AoR's key objectives are:

- Vulnerable populations under threat of eviction and/or engaged in land conflicts are supported to access secure land and housing.
- HLP rights promoted by focusing on integrated responses with GBV, shelter and camp management activities.

Mine Action (MA)

Despite the significant reduction in armed conflict in 2022, Afghans continue to be harmed by explosive ordnance, abandoned improvised mines (AIM) and explosive remnants of war at high levels. These devices not only pose threats to civilian populations and humanitarian workers but hinder the delivery of humanitarian assistance and access to essential services, in addition to affecting livelihood. Mine Action AoR, will focus on:

- Provide land clearance, survey, quick response, explosive ordnance risk education (EORE), Explosive Ordnance Disposal (EOD) activities and assistance to the victims and survivors of explosive ordnance.
- Ensure that mine and ERW victims' rights are advocated for, and their needs are embedded in response activities.
- Continue to scale up mitigating measures and engage in survey and clearance of AIM that require a mine action professional to have corresponding technical skills and be given specialised equipment. The MASC will also focus on ensuring the delivery of technical training for mine action professionals and acquisition of specialised equipment.
- Disseminate EORE messages, to promote safe behaviours, with special consideration for AIM

and ERW. Both interpersonal EORE and mass media EORE will be utilised to target vulnerable groups such as IDPs, returnees, and marginalised communities.

- Act as an enabler of intersectoral responses and create synergies.
- Advocate for support of an effective and efficient mine action coordination mechanism in various forums to ensure successful delivery of humanitarian mine action activities.

Response strategy and modalities

General Protection (GP)

Protection partners will monitor protection risks in rural and urban locations to inform the response and support evidence-based advocacy. Protection monitoring at household and community level will be implemented in IDP and refugees' sites, locations of people impacted by sudden-onset natural disasters, and in the various localities of returnees as well as along the international borders to monitor the continuous cross-border movement that occur both from and back to Afghanistan.

Community based protection activities will focus on prevention, response and strengthening protection environment and durable solutions, and will be implemented in rural and urban locations. Protection partners will capitalize on already established community networks, community committees and shuras, including women shuras and community leaders, as well as establishing and expanding networks in newly accessible areas. The Cluster will undertake a collective effort to build the technical and operational capacity of local actors including community-based mechanisms, women-led CSOs and Organizations of Persons with Disabilities (OPDs), and ensure the responses are delivered in a timely manner and people in need are well informed at all programmatic and operational stages.

The CBP activities foresee building the capacity of the community to use the existing resources and minimize protection risks for affected people and to

develop self-protection mechanisms and bolster their recovery in communities. Hence, protection partners will fortify the community protection centres to provide comprehensive protection services to the affected population and to liaise with other clusters to provide various and integrated services. Awareness raising events will be conducted in communities on RCCE activities including access to rights and available services, protection risks and mitigation measures.

Persons with Specific Needs (PSNs), including persons with disabilities, will be reached through the provision of case management and Individual Protection Assistance (IPA), which can be in-kind or cash. Referrals to specialized services where available will be offered. IPA aims to address protection risks that are time-sensitive and require immediate action. Partners will continue to deliver and scale up cash-for-protection to vulnerable households identified through protection monitoring and other interventions to address protection risks and respond to immediate concerns or to prevent negative coping strategies. Cash-for-Protection is a one-time cash top-up grant to the most vulnerable households identified through multi-sectoral assessments and through protection monitoring. Cash-for-Protection aims to prevent the imminent exposure of those most vulnerable to further risks that may jeopardize their physical and mental wellbeing. Follow-up through case management will enable these households to better adapt to shocks such as sudden loss of income.

Protection partners will continue providing PSS services to affected population groups to assist in overcoming pre-existing conflict-related trauma, the psychosocial impact of displacement, and additional stress and anxiety due to recent political changes and economic hardships. Provision of legal assistance and counselling on civil documentation will be offered to marginalized population groups especially women to obtain Tazkira or other civil documentations which facilitate access to services, government benefits and other rights such as inheritance, HLP documentations and passport.

Finally, Protection cluster will continuously monitor protection risks and provide a robust and

timely analysis of the protection situation and its developments, on which the HC and the HCT can base their decisions and consult around appropriate system-wide responses.

General protection priority response activities in 2023 include:

- Conduct advocacy activities including dissemination of key messages on protection concerns
- Conduct capacity building of partners, civil society, and other stakeholders
- Promote and mainstream into humanitarian programming and projects, risk mitigation and prevention in the response plan of the protection
- Provision of IPA to PSN in emergency cash or in-kind, and cash for protection (aligned on MEB)
- Provision of Legal Counselling and Assistance including identity and support Civil documentation process
- Provision of PSS assistance and referrals
- Conduct protection monitoring, border monitoring, community-based protection activities, and awareness raising

In 2023, Protection Cluster prioritizes, intersectoral collaboration and integration through cross-sectoral programming and delivery, which will increase live-saving activities and access to beneficiaries. General protection direct interventions will prioritize the most vulnerable population groups amongst women, men, girls, boys, elderly women and men. Those vulnerable group include but are not limited to women and child head of households, the elderly head of family, people with specific needs or living with disabilities, undocumented returnees with legal need, refugees, and those extremely impacted by the displacement, sudden-onset natural disasters and or socio-economic hardships. Protection Cluster will prioritize the provision of assistance to population in locations informed by the sector severity scale.

Also, general protection indirect activities are intended to reach the 20.3 million individuals identified in need by the Protection Cluster. All those population will benefit from monitoring activities and community based-protection services, advocacy events outcomes and awareness raising messages on protection concerns.

In 2023, the protection response strategy will rely on direct and alternative modalities according to an evolving environment and context. Using both static and mobile approaches (Community Protection Centres, Women Friendly Health Spaces, static facilities, mobile teams) depending on the needs and the situational context. Cross-sectoral programming and Integrated programme modalities will be prioritized.

The Cluster will use approaches in protection response that include:

- Individualized approaches for those in most need; these approaches aim to reduce protection risks for people with specific needs through the strengthening of case management, the provision of inclusive and adapted specialized services to people with specific needs such as multi-sectorial service provision approach, psychosocial support, legal documentation including identity cards, birth registration, documents related to HLP, MHPSS services, GBV assistance packages as well as child protection packages and persons with disabilities packages.
- Protection monitoring and assessment; information collection and protection analysis, to identify protection risks and people with specific needs will be prioritized to orient protection responses to the most vulnerable with life-saving protection services that support their resilience and reduce the adoption of negative coping strategies.
- Strengthening of local partners capacity and community based-protection mechanisms; this approach aims to ensure sustainable local protection systems in the long term, localization of protection activities and empowerment are crucial for local actors, including displaced, returnees,

host communities, local civil society, women-led organisations, OPDs, and local authorities. Training and awareness raising on protection will continue throughout 2023.

Remote, Virtual Safe Spaces and/or hybrid modalities of assistance will be explored by GBV AoR partners to compound the challenges driven by restrictions of movement, to ensure people do receive appropriate care when needed. These strategies will require continued monitoring, supervision, adaptation, and possible expansion to guarantee increased meaningful access to services for women and girls.

Gender-Based Violence (GBV)

The GBV AoR response aims at continuing with the provision of life saving case management, mental health and psychosocial support, health, and where possible legal aid and shelter to vulnerable populations in both urban and rural settings. The AoR will seek enhanced access to survivors through tailored community dialogues with influential members of the community as well as men, boys, and youth networks. Prepositioning of kits for timely response as well as guidance notes on distribution will continue to be on the agenda of the AoR. The AoR will work on the capacity building of actors (both specialized and non-specialized) to deliver higher quality and harmonized services in line with minimum standards, and will continue to support safe spaces, survivor-centred services, services in the best interest of the child, adapting the design of service modalities and entry points to meet the specific needs of diverse groups, including persons with disabilities.

GBV AoR will also work through a survivor centred approach and in the best interest of the child which will allow agencies to respond to the gendered and personal differences of the population that is being served. As the environment continues to evolve, regular and timely analysis is necessary to inform and shape how to tailor service modalities to constraints. Efforts to strengthen the protective environment and support mechanisms must be approached through community dialogues with influential community members as well as men, boys and youth networks.

With the dissolution of specialized police units and courts established in the framework of the 2009 Elimination of Violence against women, no uniformed legal support is available in the country for survivors of violence and there are little to limited spaces where survivors can seek sanctuary from abusive situations. Provision of lifesaving services is enshrined in the ability of health actors to scale up MHPSS. Limited access of women and girls to services has been compounded by restrictions of their movement and the ability of female humanitarian workers to reach women and girls them. The GBV AoR will continue the activities initiated in 2022 to provide access to multi-sectoral services and will continue to advocate for the re-institution of a clear legal framework for survivors. To complement, community engagement will help provide more access to services and strengthen the skills of affected populations to mitigate risks of violence. The AoR will continue mobilizing emergency relief support to at-risk women and girls including distribution of dignity kits that contribute to women and girls psychosocial and physical wellbeing as well as facilitating dignified access to life saving services, allow for budget substitutions for families to purchase other important items as well as contribute to the protection of women and girls during a humanitarian crisis.

Child Protection (CP)

The CP will continue to provide both preventive and response services. This includes participation in Protection Monitoring to identify the risks and vulnerabilities that will inform evidence-based awareness raising. The response will include comprehensive and integrated services to all identified children at risk and in need of care and protection both in urban and rural areas, using community-based and integrated approaches targeting children across all vulnerable populations (shock affected, IDPs and returnees, refugees, and overall people with acute needs). To strengthen the protective environment, priority CP activities shall include:

- Provision of integrated case management including Unaccompanied and Separated children (UASC) and Caring for Child Survivors (CCS) of sexual abuse and exploitation programming and

rollout of CPIMS+. Provision of rehabilitation and reintegration services including skills development and cash assistance.

- Provision of Psychosocial Support (PSS) both focused, non-specialized and specialised including referral to specialized mental health services. Explosive ordnance victims and GBV prevention, risk mitigation and response services. Conduct community engagement using community-based structures and volunteers for evidence-based awareness raising on key child protection issues and concerns including use of mass media (TV, radios, social media etc)
- Build capacity of humanitarian actors and social workforce including community-based structures/ volunteers on CP minimum standards for services, Psychological First Aid, (PFA), multisectoral integration, PSEA, AAP, for improved quality of services delivery to children and their families.
- Strengthening coordination efforts both at national and the five sub national levels to improve capacity for services delivery, intersectoral integration and inclusion especially for children with disabilities resource mobilization, communication, and advocacy for better response to children needs.
- Adopt systems strengthening efforts by developing and or enhancing SOPs, ISP, and guidelines on specific child protection thematic areas. Initiatives including fronting Localisation agenda with Education Cluster will be strengthened.
- Development of adolescent engagement life skills model or manual. And develop adolescent safe spaces in the communities separately for boys and girls.

CP AoR and partners will continue to help children (boys, girls) parents and caregivers at risk and victims/ survivors of violence, abuse and exploration living in both urban and rural settings. Priority will be given to children (3,042,252 boys and 2,796,275 girls) targeted at 77 per cent and adults (854,689 men and 853,445 women) at 23 per cent, with 15 per cent of the assistance targeting those living with disabilities. Special needs categories such as female-headed and child-headed households, adolescent girls and women

from the five often excluded populations groups shall be prioritized.

CP AoR will use approaches which addresses the needs of boys, girls, men, and women at risk of violence, abuse, and exploitation, however, targeting them with different services and intervention to meet or mitigate their unique needs. PSS and community awareness on key messaging are entry points to non-focused and referral to focused or specialized services. Efforts shall be made to consult, and act in the best interest of the children and the needs of their families. Special measures are already in place based on CP Minimum standards of care and needs of different genders, boys, and girls to be addressed by appropriate qualified staff/social worker promoting safety, dignity, and participation. The standard PSS NFI kits shall be based on the age and gender of children to be referenced in the whole response. Continuous monitoring and community engagement in activities decision and analysis of risks will undertake to inform and shape child protection response addressing gender constraints as well as close collaboration with GBV AoR on safety audits exercises.

The CP AoR partners will also provide direct service delivery to children and their families using both static facilities, family based, and community based including and mobile CFS approaches and use of mass media for information dissemination and awareness raising on key child protection issues and concerns and engage in limited virtual support through child call centres for both urban and rural settings, depending on the needs, access, and availability of partners to ensure services delivery to address the needs of children and their families. There are currently constraints with access in some provinces due to challenges of engagement with DFA or restriction on movement of women and girls affecting female staffs and quality of services delivery for children, but budget have been adjusted to meet the requirements for female staff to be able to access field and deliver programmes. The CP AoR will use local resource persons, national partners and international expertise to improve partners capacity to implement and provide services to children and will advocate and negotiate for more humanitarian space using available channels in place.

Housing, Land and Property (HLP)

The HLP priority response activities in 2023 are:

- Information Counselling and Legal Assistance (ICLA) for those engaged in land conflicts and/or under threat of eviction in rural and urban areas, and for those who have returned to their place of origin. This includes: the provision of legal awareness, counselling, and legal assistance; advocacy on key HLP issues with authorities; eviction monitoring; verification of land ownership/ rights; Capacity building of humanitarian actors and other stakeholders, such as informal justice actors, including women actors.
- Strengthening communal HLP rights for informal settlements on site or in places of origin. This includes community mapping and planning in coordination with authorities; investments in priority humanitarian investments in community infrastructure (including integrated HLP and GBV risk mitigating investments)
- Support access to land allocation for IDPs and returnees in place of displacement or place of origin. The provision of land allocation is dependent on the promulgation of regulations to facilitate land transfers from state to displaced people by the DFA.

HLP partners will target vulnerable people with HLP needs, including residents of informal settlements, people who have returned to places of origin, and people facing tenure insecurity. People with vulnerabilities will be prioritized for assistance, including women-headed or child-headed households, households headed by or with elderly or chronically ill members or people with disabilities, and households with extremely low or no income. HLP partners utilize a variety of strategies and modalities to ensure access to activities for the most vulnerable. This includes women staff to assist women and girls in needs assessment, awareness raising, counselling and legal assistance; disaggregation by gender of needs assessments; mainstreaming gender into urban planning (such as incorporating safe public spaces for women or infrastructure to facilitate the safety of women); asserting the rights of both men and women

by including their names on HLP documentation; travelling to people to reach them in their communities or households and/or conducting activities by phone to maximize access; and utilizing existing strong coordination relationships with community representatives and leaders, religious leaders, informal justice actors and Community Development Councils to ensure reach to the most vulnerable members of the community.

Mine Action (MA)

The MA sector prioritises efforts to address threats posed by AIM and ERW as well as supporting humanitarian and development initiatives when it comes to survey, clearance, and EOD. Interpersonal and mass media EORE activities will include messages on AIM and ERW, and prioritize target IDPs, returnees, marginalized populations, and other populations on the move. The national explosive contamination survey is an indispensable element for mine action in 2023 given the access opportunities and the urgency to update the country's contamination status. Technical advancement in AIM survey and clearance and the access to specialized equipment for AIM clearance are other areas of priorities that mine action will continue to focus on in 2023. Lastly, mine action will advocate for the rights of mine and ERW victims and work with partners to ensure their needs are considered in response activities, in addition to calling for support to humanitarian mine action coordination in the country.

Mine Action activities, including survey, clearance, EOD, and EORE are guided and regulated by the International Mine Action Standards (IMAS) and the Afghanistan Mine Action Standards (AMAS). All mine action actors in the country operate under these standards and they are only allowed to implement mine action activities if they obtain organizational accreditation and continue to obtain operational accreditation according to required standards. Whenever feasible and wherever applicable, these actions will be carried as part of the designed function of the humanitarian mine action coordination centre, it will provide support to mine action partners as needed. United Nations Mine Action Services (UNMAS) will also provide support upon partners' request directly in communities following their respective standard operating procedures

(SOPs). EORE will be carried out both in a face-to-face modality and through mass media. If the operational environment will not allow mine action teams to deliver services in-person in certain locations, teams will likely be relocated to other priority areas after negotiation fails so that mine action service can continue.

Geographic prioritization

General Protection (GP)

The Protection Cluster will prioritize humanitarian lifesaving and life-sustaining activities in rural and urban areas, including in border areas and areas most IDPs, refugees, returnees and vulnerable nondisplaced including people with disability are concentrated. The sector prioritisation process is also guided by the geographical distribution of population combined with the severity of needs in accordance with the severity scale of the protection risks and highest needs identified by the WoAA and the JIAF severity analysis/ categorization. The protection response will therefore be oriented towards those geographic areas where the greatest number of people generally face the most severe needs and where there is concern about the expansion of negative coping strategies.

Gender-Based Violence (GBV)

GBV is widespread in Afghanistan and according to the third annual Women, Peace and Security (WPS) Index for 2021, Afghanistan ranked as the worst performer for women's inclusion, justice access, and security over 170 countries²⁰ and the situation has not changed following the Taliban takeover in August 2021, with a curtailment of women's enjoyment of their rights. "Reports of murder, rape, suicide, forced marriages including child marriage, assault and battery as well as honour killing"²¹ continue and none of the cases have been processed through the formal justice system. Priority provinces of GBV intervention will be Badakhshan, Badghis, Baghlan, Balkh, Bamyán, Faryab, Ghor, Hirat, Kabul, Kandahar, Kapisa, Kunduz, Nangahar, Paktiya, Parwan, Samangan.

Child Protection (CP)

Based on the 2022 WoAA report, child protection needs are widespread in the country with 24 out of 34 provinces being in severity scale 4, 9 provinces in

severity scale 3, and 1 in severity scale 2. This shift in severity scale is attributed to many factors such as the deteriorating economic and food insecurity resulting in families resorting to negative coping mechanisms such as child labour, child marriage and other forms of violence, abuse, and exploration of children. The occurrence of natural disasters which often lead to mass displacement of population into informal settlements or from rural to urban areas need for safety and other services has also compounded the situation. While the needs are higher in rural areas (estimated at some 5.8 million) compared to urban areas (some 1.7 million children in need), there are no major difference in the response modality, nor the type of activities provided to affected people. There are 24 provinces in acute need of CP response, including Hilmand, Sar-e-Pul, Badgish, Badakhshan Hirat, Kunduz, Nuristan Bamyān, Faryab, Farah, Uruzgan, Nangarhar, Parwan, Panjshir, Nimroz, Kapisa, Khost, Kabul, Laghman, Kunar, Paktya, Paktika, Samangan and Ghazni.

Housing, Land and Property (HLP)

In 2023, HLP partners will prioritize 16 provinces. HLP risks and partner response have historically been centred in provinces with large urban areas because competition for land is greatest there, HLP costs are greatest, and urban areas are primary sites of displacement (80-90 per cent of informal settlements are in urban areas, according to REACH 2020 ISET survey).²² In 2022, displacement associated HLP risk became severe in urban areas; this trend is projected to continue in 2023. In particular, urban informal settlements have become sites of vulnerability, as the DFA have announced their intention to relocate residents to their place of origin. According to REACH, there are 1,130 settlements housing around 2 million IDP residents across Afghanistan.²³ In five provinces food insecurity is more severe in urban than rural areas. In this context, economic HLP risks have increased, particularly for renters, because they cannot meet key HLP costs. An assessment of renters in Kandahar, Nimroz and Hirat provinces found that 73 per cent of respondents in Hirat and 71 per cent of respondents in Kandahar reported threats of eviction.²⁴ Women-headed households are particularly vulnerable because they are more likely to earn lower

incomes compared to men, a trend that is particularly acute in urban informal settlements.²⁵ Since August 2021, women have also faced increasing restrictions, including on movements.

In 2023, the HLP response will address urban risks through the three main HLP programmatic approaches. First, ICLA services will be extended to those involved in land conflicts or under threat of eviction to assert their property rights through formal and informal justice mechanisms. This includes the provision of legal awareness, counselling, and legal assistance; advocacy on key HLP issues with authorities; eviction monitoring; verification of land ownership/rights; and capacity building of humanitarian actors and other stakeholders. Second, where possible, HLP partners will strengthen communal HLP rights for urban informal settlements through community mapping and planning in coordination with authorities, and by investments in priority humanitarian and community infrastructure (including integrated HLP and GBV risk mitigating investments). Finally, HLP partners will support displaced people to access land allocation for IDPs and returnees in their places of displacement. In addition, HLP partners are planning increased activities in rural areas in response to IDPs who have returned to place of origin. While there is currently no hard data on the scale of IDP returns, reports from HLP partners suggest there are rural communities across the country experiencing IDP returns. To address these needs, HLP partners are planning to implement key HLP programming activities in areas experiencing high rates of return, including ICLA, the provision of communal HLP rights and support to access land allocation services (if available).

Mine Action

Mine action activities will cover the majority of provinces, with emphasis on 1) clearing AIM and ERW contaminated areas that are now accessible for survey/clearance given access opportunities following the 2021 political change and 2) facilitating the delivery of humanitarian imperatives and/or development initiatives. Other prioritization considerations include the number of civilian casualties, the number of security events resulting from armed conflict and explosions, the size of known contamination from

IM and ERW, and the number of emergency callouts, amongst others. As a result, the vast majority of mine action targeted population are in rural areas (559,000) with 94,000 urban and 778,000 in transit and encashment centres.

The provinces with the highest mine clearance priorities are Uruzgan, Kunduz, Hilmand, Kandahar, Kunar, Badghis, Faryab, Laghman, Nangarhar, Ghazni, Farah, Maidan Wardak, and Samangan according to information available in the current mine action database. This priority will be monitored and adjusted as the national explosive contamination survey provides updates on contamination across the country.

Seasonal prioritization

Winter: Freezing winter temperatures, especially in high altitude locations, and situations of displacement, result in that households are often ill prepared to cope with extreme weather conditions. 56 per cent of children do not have adequate winter clothing's, and 43 per cent of household's not having sufficient blankets.²⁶ Limited financial capability to purchase fuel and heaters may potentially drive women and girls into negative coping mechanisms including increased debt, and heightened risk of coerced sexual exploitation and trafficking. Major road blockages during winter months limit the provision of timely life-saving medical supplies and other critical assistance to isolated communities, preventing timely access for women and girls to services, and restricted movement can potentially cause a spike in incidents of violence as survivors are trapped in the home with perpetrators. The Cluster will continue protection monitoring and undertake evidence based-advocacy with partners to customize assistance for winter to support vulnerable women and girls and will support populations in hard-to-reach areas with more mobile support. Provision of integrated case management services including individual protection assistance to PSN, PSS/PFA interventions, provision of winterization kit for people with specific needs, children, and families; messaging for awareness raising and dialogues with communities including people with specific needs, women, girls, boys, and men.

CP AoR shall prioritize i) provision of children's winter kits (blankets, warm clothing, footwear), ii) integrated case management services iii) provision of MHPSS services both general and focused referrals and using child friendly spaces and mobile CFS plus referrals to specialized MH services, iii) provision of fuel for heating at children's institutions and child friendly spaces facilities and iv) by intensifying key messaging on key child protection issues especially on negative coping mechanisms using mass media due to snow blocking roads access. Finally, CP will v) scale up inter sectoral collaborations and strengthen the services mapping and referral pathway to enable comprehensive and integrated response to address the needs of children.

Spring and summer: During spring and summer seasons, the elevated risk of natural disasters including floods and droughts increases vulnerabilities in affected locations, drives displacement and exacerbates the use of harmful coping strategies. These natural disasters disproportionately affect women and girls, particularly older women, adolescent girls, IDP and returnee women and girls and those living with disabilities. The increased vulnerability is likely to trigger an increase in violence against women and girls, as well as harmful coping strategies, coerced sexual exploitation, trafficking and gendered implications of increased debt to meet basic needs in a time of crisis. In such situations, protection monitoring, and evidence-based advocacy will continue. Provision of integrated case management services should be implemented including individual protection assistance to PSN, PSS/PFA interventions, messaging for awareness raising and dialogues with communities including people with specific needs, women, girls, boys and men, individual counselling, and protection risks mitigation. The essential package of services outlined in the GBV emergency program model should be followed, and close support of frontline actors to ensure timely and high-quality service provision, referral pathways and response services, as well as materials support where necessary, safe, gender-sensitive and community informed.

CP AoR based on preparedness plans and rapid assessments will provide basic lifesaving interventions

such as i) integrated case management services. ii) provision of MHPSS services focused non-specialized and referrals to specialized services through use of centre-based child friendly spaces and mobile CFS plus referrals to specialized MH services and iii) key messaging on child protection issues and concerns to mitigate the negative coping mechanism especially through community engagement and mass media and iv) scale up intersectoral collaborations and strengthen the services mapping and referral pathway to enable comprehensive and integrated response to address the needs of children.

Cash Programming

The protection response will continue to provide cash assistance where access to cash is possible and where the market is functional and accessible and safe for those receiving it. The cash assistance component includes providing emergency cash to address the urgent protection needs of families or individuals and using cash to complement other protection assistance within the case management system. The Cash-for-Protection programme is designed to achieve specific protection outcomes in the context of the multiple vulnerability, and which restricted people's access to livelihood opportunities, pushing already vulnerable households into extreme destitution. Consequently, Cash-for-Protection will be provided to people at risk of immediate harm, as well as in cases where individuals or households face protection concerns that negatively impact their wellbeing. This cash approach is designed to prevent people from engaging in actions that put the lives of women and children at risk, for instance, through forced child marriage or forced hazardous work. The amount has been aligned with the MEB calculated by the CVWG.

Concerning GBV multipurpose CVA is a modality that can be used to address economic barriers to access or support the purchase of necessary items, and contribute to the safety and dignity of women, girls and others at risk of violence in humanitarian contexts. Consultations are ongoing with CVWG to ensure risk mitigation is integrated in cash interventions and to reduce risks transferred to recipients and that the protective benefits of cash are maximized. CVA will not be considered as a standalone activity but used

in exceptional circumstances by specialists as a component of prevention and response programming against violence. This will be determined in strict consultation and co-ownership with women and other community members from the potential areas of implementation in Afghanistan, prior to any CVA being provided. CVA will be considered on a case-by-case basis, and as such, not targeted for the planned share of beneficiaries.

Child protection will use cash assistance only for case management. With the full consent of the family, the cash will be provided to the child for the specific purpose of replacing the undertaken income generating activity or family support to that vulnerable household and whom the child is being reintegrated to after a comprehensive needs assessment and case plan. Only 20,000 children are planned to be targeted and each child will get \$140. This will apply to all children identified as in need both in rural and urban areas across all population groups (shock affected, IDPs and returnees, refugees, and overall people with acute needs).

Integrated programming

Protection cluster prioritizes intersectoral collaboration and integration through cross-sectoral programming and delivering, that increase live-saving activity and access to beneficiaries.

Gender-Based Violence (GBV)

The GBV AoR will continue working with the Health Cluster, and RMNCAH Working Group for crossover areas such as clinical care for survivors, to ensure that the unique needs of women and girls, as well as survivors, are addressed through safe and confidential referral mechanisms. The AoR will continue working with overall Protection Cluster, Child Protection, WASH, Shelter, Education, FSAC Clusters to ensure coordination of overlapping areas, for services for child survivors, distribution of dignity kits, education curricula for adolescents, and overall risk mitigation. The AoR will continue working on ensuring risk mitigation activities are integrated across all sectors in the response, through bilateral consultations, dedicated learning sessions and/or technical

guidelines. Specific attention will be given to the CVWG, and workshops will be organized to analyse its multipurpose cash assistance programming and identify potential risk mitigation measures.

Child Protection

CP AoR is operating within the framework of Protection Cluster, is already aligned to all the other AoRs based on joint needs assessment, analysis, and calculations of targets to be reached with complementary activities including having joint quarterly protection monitoring. CP will work in collaboration with all Protection Clusters and the Education Cluster to ensure coordination of overlapping areas, for services for child victims of violence, like MHPSS, case management, distribution of dignity kits, work with the Education Cluster on curricula for adolescents, design safe schools' environment, training educators on impacts of crises on children and safe identification of distressed children and promote psychosocial well-being and resilience. Overall prevention and response to violence's against children and strengthening referral pathways to other sector services such as health, nutrition, WASH, shelter and food and get support from technical working groups such as MHPSS, AAP, PSEA and HAC to improve quality of programming. CP AoR will also consult and engage with CVWG and ES-NFI Cluster to ensure that children from most vulnerable families within the prioritized provinces have their needs met through the seasonal planning season especially winter for supplies materials but use of cash transfer to provide winter assistance (including warm clothing, blankets foot ware and blankets).

Housing, Land and Property (HLP)

Secure HLP rights underpin sustainable humanitarian investments by protecting assets from appropriation. In addition, global best practice shows that integrating HLP responses with other forms of assistance is more effective to secure land rights for vulnerable groups. Therefore, integrated, and cross-sectoral programming is essential for HLP activities, as well as the activities of other Clusters, particularly ES-NFI, FSAC, WASH and CCCM Working Group.

In 2023, HLP partners will continue to build on integrated programming achieved in 2022 and scale up programming and collaboration. Partners will provide legal support to assist people to obtain legal documentation (such as Tazkira) and assess and verify tenure or ownership documents ahead of a variety of shelter and WASH interventions – including construction, repair and before providing cash-for-rent - as well as ahead of livelihood interventions. HLP partners also provide legal awareness-raising on key rights to people receiving support from other sectors like emergency distributions and education. A key area of integration in 2023 will be HLP and GBV joint programming, through this approach, participatory settlement mapping, site planning and communal investments will be action that work towards increased tenure security and GBV risk mitigation in informal settlements. Similarly, another area of collaboration is with FSAC, where investments are made that increase both tenure security and food security. Pilot programmes of these approaches occurred in 2022 and will be scaled up in 2023.

The threat of eviction for informal settlements will be addressed through strengthened coordination with the CCCM Working Group in 2023. In 2022, HLP AoR has supported CCCM develop operational plans to mitigate the risks of eviction for informal settlements. In 2023, this strategic collaboration will continue. In 2023, HLP will also continue to develop policy products that focus cross-sector programming, to deepen existing linkages and develop new partnerships for mutually reinforcing joint programming.

Mine Action

Mine Action AoR will continue working closely with GBV and Child Protection AoRs and Education Cluster for potential inclusion of EORE within their programmes as this can create synergies between the clusters and maximize mine action reach without any additional financial cost. In addition, as explained above, as one of the sectoral priorities, mine action will consider humanitarian and development initiatives when setting priorities to support intersectoral responses.

Cross-cutting issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

The Protection Cluster will promote women and girls' participation in the formulation and implementation of the response. In coordination with related working groups all cluster members will work to promote women and girls' inclusion and meaningful participation in decision-making processes and community leadership. SADD through data collection, monthly reports, and gender analysis, will be used to report on gender equality. A joint coordination with GiHA will ensure involvement of women leaders and CSOs throughout the work of the GBV Sub Cluster and a more inclusive and meaningful participation of community voices.

Child Protection

CP and partners shall ensure engagement of parent/care givers (men and women) in response project designs and during implementation assuring that women are involved in project inceptions, identification of beneficiaries, implementation and participation in activities such as positive parenting programmes and that women get identified for capacity building training. CP activities requires presences and participation of women to deliver the activities e.g., case management specifically requires female staffs to handle cases of girl child and provide PSS. These minimum standards will be adhered to ensure quality of servicers delivery but also participation of women and addressing gender and protection concerns raised as part of the responses.

Housing, Land and Property (HLP)

HLP partners will utilize a variety of strategies and modalities to ensure meaningful access to activities for the most vulnerable, and inclusive programming including women, children, and Persons with disabilities. This includes women staff to engage with women and girls in needs assessments, awareness raising, counselling and legal assistance; disaggregation by gender of needs assessments; mainstreaming gender into urban planning (such

as incorporating safe public spaces for women or infrastructure to facilitate the safety of women); asserting the rights of both men and women by including their names on HLP documentation; travelling to people to reach them in their communities or households and/or conducting activities by phone to maximize access; and utilizing existing strong coordination relationships with community representatives and leaders, religious leaders, informal justice actors and Community Development Councils, including women actors, to ensure reach to the most vulnerable members of the community. In addition, strong coordination with other humanitarian stakeholders such as I/NGOs and UN agencies will ensure referrals are made to HLP partners for the required assistance.

Mine Action

Per social norms, women and men often have varied roles and responsibilities within their communities and families and, consequently, different decision-making power, mobility patterns, information, and control over resources. This impacts their respective exposure to explosive ordnance threats, their ability to pass on safety messages to children and others, their ability to access medical and psychological services should they be impacted by mines, ERW, or IM, their chances of long-term reintegration in society, and the likelihood of their inclusion in risk education programming and life-saving messaging. Since August 2021, the social and economic space for women and girls has been shrinking due to the issuance of decrees that prevent their equal participation in social and economic activities. To tackle this, mine action will seek ways to include female staff in mine action teams to understand and consider the specific needs of female community members. Concurrently, knowledge sharing on best practices in gender mainstreaming will be organized regularly within the mine action sector to promote this emphasis and ensure its continued implementation.

Mine Action will continue focusing its efforts to mainstream gender in all mine action projects across the country to enable a conducive environment where women, men, girls, and boys can equally benefit from mine action services. To enable this, mine

action teams are encouraged to adopt the mahram approach where necessary to enable the mobility of female team members, who will provide inputs to mine action service design when it comes to special needs of female community members and will more conveniently deliver mine action services to female beneficiaries. In addition, the UN-led humanitarian mine action coordination support centre will include a gender and diversity focal point (if successfully funded), who will regularly coordinate activities of gender focal points of Mine Action partners and promote gender responsive mine action programming in the sector. Lastly, all mine action teams in the field are required to collect sex disaggregated victim and survivor data, which will contribute to informed decision-making and the design of future victim assistance and mine action projects.

Centrality of Protection

The IASC policy on protection in humanitarian action assigns to field protection clusters a key role in the definition and implementation of the centrality of protection. The Protection Cluster will actively and technically support the prioritization of protection in all humanitarian responses including protection and the definition of protection outcomes. It will do so by continuously monitoring protection risks and providing a robust and timely analysis of the protection situation and its developments, on which the HC and the HCT can base their decisions and coalesce around appropriate system-wide responses.

In 2023, the protection cluster will provide guidance and technical expertise to the activated clusters in Afghanistan, to strengthen protection mainstreaming and address protection risks which are identified in the context of sector-specific response. It will facilitate the involvement of all the clusters in the protection analysis and their contribution, from their point of view and based on their specific expertise, to the definition of the collective protection results. The cluster will encourage partners to consult with communities at all stages of programming to ensure interventions are tailored according to culture and needs.

Age and disability inclusive programming

Inclusion and meaningful participation will be key notions guiding the Protection Cluster's work with persons with disabilities. Building the technical and operational capacity of protection partners including local actors, community-based mechanisms and OPDs and ensuring that responses are delivered in a timely manner and that people in need are well informed at all programmatic and operational stages are critical steps. Actions will enhance resilience capacity, of all stakeholders who work with and support persons with disabilities to ensure that protection services are available in the most remote areas of the country. Ethical data collection, including general age and gender and disability segregated data, is promoted throughout the members of the Cluster. Consistent consultation, discussion and brainstorming around access issues and identifying an appropriate way forward are routinely discussed to assure that everyone can reach services needed and cluster shall adhere to case management and Data Protection (DP) and Information Sharing Protocols (ISP) to be signed by all members and extent standards to other partners or sectors that deals with children's cases.

The response aims to create a disability-inclusive and accessible protection environment to prevent and mitigate risks for persons with disabilities who have been affected by the crisis across Afghanistan. Key data gaps for needs analysis include assessments of needs of women, girls and boys with disabilities. In 2023, the Cluster will continue to strengthen its collaboration with the DIWG. It will encourage joint risk assessments and community consultations in regard to access barrier to services. Persons with disabilities will be consulted and engaged in building activities to include those who are excluded and marginalized. Additionally, protection services will be adapted taking into consideration restrictions and specific needs of persons with disabilities to increase accessibility.

Child Protection

Children's risk education messaging emphasizes social inclusion and promotes the rights of persons with disabilities from an early stage. Certain activities to integrate the needs of persons with disabilities are also conducted as standard during the community

liaison process in the mine action sector. For example, mine action teams will reach out to explosive ordnance accident survivors wherever possible to collect information and to verify information. Almost all these survivors are people with disabilities, therefore their needs and concerns are collected in the process for mine action operations planning and implementation, and they are referred to victim assistance services wherever applicable. CP have included 15 per cent of their assistance and services aimed at targeting children with disabilities and also, families with disabled members (parents/caregivers with disabilities). They shall be given prior consideration for participation in activities including referral to other sectors for appropriate needs redress. Finally, CP shall continue to engage the DIWG to strengthen the response which identity and addresses barriers to service for better results for all children.

Housing, Land and Property (HLP)

The HLP Task Force will advocate in 2023 for inclusive, gender-equitable formal HLP regulatory and institutional systems. A key regulation is land allocation for IDPs and returnees in place of displacement or place of origin. Land allocation has been suspended since 2021, but DFA have indicated that the formal landscape for land allocation is likely to be updated in 2023. The HLP Task Force will keep abreast of these updates to monitor suitability of resumption of land allocation activities.

Mine Action

Victim assistance is one of the five mine action components (survey/clearance, explosive ordnance risk education, victim assistance, stockpile destruction, and advocacy) and will continue to be included as part of mine action response in 2023. Persons with disabilities will be referred to victim assistance services provided by other specialized victim assistance organizations where mine action cannot provide direct support. Furthermore, victim data collection will also be part of all mine action projects to support future mine action with informed decision making, planning and victim assistance organizations by focusing their projects to the most vulnerable people and locations.

Accountability to affected people

The Protection Cluster is engaged with the AAP Working Group in supporting partners in integrating AAP aspects into their programme design, implementation, and monitoring of the project activities such as including AAP specific indicators. The Protection Cluster will promote community engagement and AAP through awareness, capacity building, innovative and harmonized approaches among partners. The response will also adapt to the dynamic context, and changing needs, of the affected population in Afghanistan. These include gender equality programming, PSEA, social protection, human rights-based approach to programming, and humanitarian performance monitoring tools. Increasing AAP will require developing guidance/ approaches and tools in harmonizing action with AAP working group and based on the IASC Policy.

The accountability to and meaningful engagement of the people, particularly those with high vulnerabilities such as women, adolescent girls, survivors, and people with disabilities will be an inseparable part of the work of the Cluster. As such, the Cluster will promote among partners provision of timely, relevant, and accurate information about the available services (including their right to hold accountable the organization and its staff), support efforts for maintaining two-way communication between staff and beneficiaries - especially seeking feedback from people through practical and locally convenient strategies - and acting on complaints and feedback from the community. All the programme targeted beneficiaries shall be engaged in meaningful participation. Partners are accountable and demonstrate these levels of consultation prior to project intervention and during implementation, monitoring and reporting of services delivery. Beneficiaries shall be given adequate information about the purpose of the proposed intervention and when to come and awareness on the location and purpose of the service.

HLP partners will engage with community leaders and organizations to identify vulnerable groups and coordinate HLP activities, and engage with beneficiaries through information sessions, assessments, and one-on-one counselling and legal

assistance. Communities do not participate in the selection of recipients of some HLP activities, such as counselling, legal assistance, because these activities pertain to legal issues which are confidential and would not be shared with the community - in this instance, HLP partners make sure to clearly outline activities and selection criteria to communities. In some activities such as needs assessments and surveys for informal settlements, partners will consult the AAP Working Group for feedback to ensure the survey will be suitable to identify vulnerable members of the population. Monitoring and needs assessment exercises are disaggregated by gender, age and disability. HLP partners have a relationship with Awaaz, and shares information of the hotline and how to make a complaint to Awaaz with beneficiaries. Partners also have their own internal complaint and feedback mechanisms, which include in-person visits directly to field sites in the community; as well as monitoring and evaluation mechanisms to further capture the feedback of communities the partners have worked with. The HLP Task Force also works closely with Awaaz to respond to complaints when they are addressed to the HLP Task Force.

Mine Action has an active hotline to allow affected populations to report any issues with regards to mine action or to report contamination. Additionally, mine action also has an MoU with Awaaz Afghanistan where mine action related requests are referred to UNMAS for response. Mine action partners are also employing female and male community liaison officers so that community priorities and needs can be recognized, and response actions incorporated in the project designs.

Finally, feedback mechanisms will be in place and quarterly monitoring mission and interaction with affected population in project locations. In case of gaps, based on beneficiary feedback, corrective measures will be taken to ensure the voices and actions of affected population are addressed. The Cluster will continue working with the Working Group to mainstream AAP into community protection committees and protection centres.

Prevention of sexual exploitation and abuse

The Cluster has been working closely with the PSEA Task Force to build the capacity of partners to ensure that PSEA is mainstreamed and policies and mechanisms to identify and response to SEA cases are in place. The cluster will continue supporting the Task Force in conducting training and dissemination of guidance that will be provided to all staff involved in the response, making also clear, the statements and commitments on PSEA issues, and contributing and supporting the PSEA Network.

Gender-Based Violence (GBV)

The GBV AoR will continue its synergy with the PSEA Task Force in matters related to referral of SEA cases to service providers and will amplify the work of the Task Force by ensuring that actors are aware of and know how to report and support SEA survivors. Attention will be provided at the level of the referral pathway, identifying trained PSEA Focal Points at service provider's level and supporting capacity building of service providers, specifically case workers/counsellors, on how to deal with SEA cases and capacity building of hotline operators on survivor centred approach and referrals as well as prevention of SEA in the workplaces.

Child Protection

Child Protection is part of the PSEA taskforce and engages in capacity building for partners on PSEA and this is a key requirement for membership and part of all programme implementation by partners. Given limited access to all field or project locations, some beneficiaries may not have been duly informed about SEA and reporting mechanism, hence it's important to strengthen partners capacity to disseminate the information in a gender-responsive manner, that illustrates signs that indicate clearly that abuse and exploitation are prohibited and that show how to report any infraction. CP will collaborate with others to operationalize the referral pathways to enable access to survivor centred services timely. The CP will also consult with AAP TWG to further strengthen their activities including participation of partners in capacity building sessions for better AAP results.

Housing, Land and Property (HLP)

PSEA risks can arise in HLP programming when partners are conducting needs assessments, and providing information, counselling and legal assistance to communities. HLP partners incorporate mitigations to address this risk in their organizational approaches and programmatic design. HLP partners have internal procedures to deal with complaints of harassment, sexual exploitation and abuse. In addition, staff of HLP partners undergo mandatory training by their organizations on PSEA. The HLP encourages its partners to align their PSEA reporting procedure with the PSEA Task Force's protocol for reporting and acting on SEA complaints.

Mine Action

PSEA is a priority for the mine action sector and its one of the minimum requirements for the delivery of mine action projects. The majority of the mine action projects are awarded through a competitive process and partners cannot qualify unless they present their PSEA policy.

Cluster capacity and operating environment

According to the latest capacity mapping of protection partners, currently there are 32 protection partners operating in almost all provinces. The changes in the administration in August 2021, followed by the various Directives and Instruction from the DFA, have been affecting humanitarian work and in particular protection responses.²⁷ The interim period has witnessed interference in the implementation of activities, restriction of movement of agencies, personnel, or goods within affected communities, and violence against staff, assets, and humanitarian facilities. Restriction on female aid workers without a mahram, access to humanitarian services, and, or reach to female population/ beneficiaries continues to be the highest concern²⁸ of the Cluster. Many protection activities, including community-based protection monitoring, identification of PSN, those in need of PSS services and legal protection responses have been impacted.

In 2022, the Cluster has undertaken increasing its capacity through strengthening the technical, institutional, and operational capacity of partners as well as and developing harmonize guidance and SOP to improve protection responses in whenever and wherever it's needed. In addition, with the reduction in violence and conflict, opportunity has increased to expand the protection programmes including protection monitoring in the previously hard to reach areas. Finally, the Cluster strives to promote and support local organizations that are newly registered protection cluster partner through building their technical capacity and supporting partners to join ACBAR Twinning programme to enhance operational and institutional capacity.

Gender-Based Violence (GBV)

Despite a few setbacks and some challenges due to restriction of movement of female staff, GBV AoR partners do have access in all areas prioritized by this response plan and partners are still able to provide lifesaving and tailored services for survivors as part of programmes that support health and well-being, which are still considered accessible and able to provide non-stigmatizing support.

Child Protection

CP has 29 partners (15 NGO and 12 INGOs and 2 UN agency) having presence in all 34 provinces (ranging from 6-10 partners presences in Kandahar, Kabul, Herat, Balkh & Nangahar to at least 1-3 partners in most provinces) however, coverage of districts within those provinces are extremely limited with few services and number of children being supported. The CP AoR absorption capacity is fairly good though it is dominated by a few INGOs partners and NGO are challenged by limited technical capacity. However, there is a current engagement with OCHA to fast-track the assessment and eligibility for AHF funding. This is expected to scale up reach and services in all accessible locations. The partners are quite flexible and willing to adapt to evolving context e.g., MoU requirements are not clear, but they push and get approvals. However, it's exceedingly difficult for NGOs to pre-finance activities due to funds transfer challenges. In case of emergency response like

during floods, earthquake, some NGOs were able to pre-finance the project starts and provided assistances before AHF funding and this is not affected by delayed MoU. The issue of restrictions on female staffs, all partners are adapting to having budget line and adherence to procedures to enable staff perform their duties though costly but also planning are to hire staff locally to fill the gaps in services delivery.

Housing, Land and Property (HLP)

HLP partners are present in 16 provinces across Afghanistan. As in other clusters, HLP partners face operational challenges, particularly financial system challenges and an unclear legal landscape for protecting HLP rights due to the fall of the government. Disrupted programming includes capacity-building or technical assistance with land allocation schemes. Despite this, HLP partners have extensive experience in implementing HLP activities and strong absorption capacity if the operational context allows. Given the lack of formal frameworks, a sustained focus on interventions in the informal justice system due to the uncertainty of formal HLP legal frameworks in Afghanistan will remain. Partners will utilize existing strong relationships with informal justice actors and community leaders to increase existing legal support to displacement-affected people in the framework of the informal justice system, continue to target informal justice actors with capacity-building, and will shift to community-based approaches to document land claims and develop community-based settlement plans for informal settlements.

Mine Action

Several international and national NGOs are part of the Mine Action AoR. There are approximately ten major mine action partners engaged in the humanitarian mine action sector, and they are expected to continue in 2023. As one of the sectoral priorities, in 2023, the mine action sector will provide technical advancement opportunities to mine action professionals on AIM survey and clearance and seek ways to acquire additional specialized equipment for AIM survey and clearance, in order to enable the scaling up of this activity. In addition, the mine action sector will advocate support to humanitarian mine action

coordination in anticipation of continued absence of the national coordination mechanism due to donors' withdrawal of financial support to DMAC. The coordination mechanism is the backbone for impactful mine action responses.

Cost of response

Protection cluster conducted an exercise to calculate per unit cost for each protection activity to get a realistic picture of funding being spent on each protection activity. Accordingly, the general protection collected data for reach protection activities and disbursement utilized for those activities from the general protection partners. The unit cost for the different activities of general protection have remained similar with activities cost last year. The same unit cost was used to calculate the financial requirement for each activity and overall, for the cluster interventions.

Gender-Based Violence (GBV)

The GBV AoR consulted with partners to find the average unit cost for each activity for the current year. To this cost, some additional amount was included to account for mahram. Overall, there is a decrease in unit cost per beneficiary. The unit cost for the different activities have remained similar, however, the change is because, taking lessons from last year, this year there is more targeted awareness raising through dialogues with communities, which has a lower cost than mass awareness raising activities.

Child Protection

The CP AoR consulted with partners to find the average unit cost for each activity for the current year. There has been a general slight increase in prices and cost per activity lines given the changes in cost of operations such as transportation fares, cost of items and use of additional person on staff cost for female workers (mahram). Specific activities such as case management and cost have gone up, however, community-based activities and awareness rising through mass media have remained the same. The target for CP AoR has doubled and more people will be reached with key messaging on wellbeing and high number of children will be provided structured PSS and

case management which have driven budget /financial requirement up from \$26M in 2022 to \$50M for 2023.

Housing, Land and Property (HLP)

In 2022, the HLP cost per beneficiary was \$12.84; in 2023 it will be \$14.57. HLP activity costs are determined through consultations with partners. The cost per beneficiary is calculated by dividing the cost of all HLP activities by the total target population and remains largely unchanged. The slightly higher cost is due to inflation in exchange rates.

Mine Action

The cost calculation is based on the total amount of required financial resources for clearance, EORE, victim assistance, and EOD/survey, and the total number of population targets for 2023. The average cost per beneficiary decreased because the unit cost for clearance decreased due to the sector's AIM survey and clearance capacity increase in 2022, because of relevant training activities in the year.

Complementarity with development programming

Addressing some of the underlying protection needs requires long-term planning and funding streams. The limited access to justice, education, social protection structures, etc. continue to exacerbate the vulnerability of at-risk population which could continue to force them to adopt negative coping strategies.

Through upscaled delivery of humanitarian services (including mobile and remote modalities), the programming can continue to operate in the immediate absence of development partners if adequate funding for humanitarian activities is received. However, the services will only be able to expand and reach a larger proportion of populations in need than currently targeted, depending on the level of functioning health services that were previously supported by development partners. Activities involving justice sector reform, policy and "positive masculinity" will not be targeted by humanitarian actors and require dedicated assistance and prioritization by development

interventions. The levels of activity and engagement on risk mitigation and prevention will also vary depending on how key sectors shift from development funding (e.g., Education, Livelihoods). Coordination with development actors for initiatives such as the One Trust for Afghanistan will be important to ensure risk mitigation measures are integrated so there is not an unintended increase in the humanitarian caseload, and to enhance access to all services for women and girls.

Child Protection

CP AoR and partners are providing all child protection in humanitarian action activities which addresses needs identified but using only humanitarian actors and staff. There are critical development services for prevention and response to child protection issues and concerns that require recruitment, deployment and training of a social workforce to strengthen child protection services delivery both in humanitarian and development context especially at provincial and district levels. UNICEF is currently in discussion with University of Kabul to embark on a programme to sustain the gains made by humanitarian actors to ensure social workers are present in the field and linked with the justice sector to provide child protection welfare services and child justice services. Currently detained children, including those accompanying detained adults, are kept in adult prison facilities or ill-equipped juvenile rehabilitation centres with no child friendly justice systems and procedures and complete absence of alternative like community-based diversion programmes since use of institution should be a last resort measure, children are better protected in families and communities not institutions/ prison. Adults and children alike are also detained for prolonged periods that include the course of investigations, since investigative powers have been transferred to de facto judges. Civil documentation, especially birth registration for children needs to be prioritized for better planning, access and protection of children.

Housing, Land and Property (HLP)

HLP has in the past worked at the humanitarian-development-peace nexus and has been intricately linked to development programming. First, HLP

activities work to increase the security of gender equitable HLP rights, paving the way for long term development investments in settlement upgrading. Second, HLP partners provide documented evidence of land rights through community mechanisms. These interventions establish a land ownership history that enable development programmes to provide more secure forms of formal tenure documents, such as Occupancy Certificates and land titles, and HLP partners have also been providing legal support to people to obtain documented evidence of land rights through the formal legal system in the past. Formalizing HLP rights integrates marginalized groups, such as IDPs and returnees, into formal socioeconomic and governance structures, leading to long term gains in their socioeconomic development, and linking with development programmes that increase public revenues (through land taxes), utilities, services and infrastructure (through enabling user fees), housing investment (through securing property rights) and broad range of other development outcomes. Some activities by HLP partners, such as technical support to the former government in land allocation schemes, depend on the continuation of development and government programmes. Nonetheless, given HLP partners' extensive experience working with the informal justice system in Afghanistan, not only to secure HLP rights for people and communities but also in capacity-building informal justice actors, all activities will continue with HLP partners able to shift and adapt modalities to the new context. For example, partners propose to take a community-based approach to increase security of tenure in informal settlements and will assist people to resolve HLP disputes through informal justice mechanisms.

Monitoring

The Protection Cluster will ensure quality programming by investing in evidence-based, protection monitoring and information and reporting systems. The Cluster will work with partners to strengthen their capacity for internal program monitoring and improve reporting rates in ReportHub. Learning sessions and capacity building workshops will be organised by the Information Management team through data

collection, management, and reporting. The Cluster will develop indicators and reporting guidance for partners, including updated tools and complemented by training partners at national and regional levels. It will also maintain systematic and timely reporting to ReportHub for close monitoring of outcome and output indicators. In addition, access in provinces and districts will result in more opportunities to conduct in person monitoring-visits of ongoing projects including those supported by AHF. The Cluster will continue to conduct protection monitoring of the affected and/or at-risk areas.

The Cluster is planning to strengthen monitoring and AAP at regional and field level through investing in enhancing coordination structures in the regions. Dedicated Protection Cluster staff will liaison with the regional coordinators on a regular basis to support the technical and coordination capacity to enhance monitoring. The Cluster also plans to enhance AAP where various mechanisms will be introduced and followed up on.

The Protection Cluster's reporting mechanisms will be disaggregated by age, sex and disability to enable the monitoring of the response for all groups presenting specific vulnerabilities. In 2023, the Protection Cluster will continue to produce sector-specific dashboards and operational presence maps with real time information, which will enable monitoring of the protection response on the ground and facilitate the early identification of gaps.

The current government structure has a strong impact on humanitarian aid, limiting female staff in the provision of humanitarian responses as well as on the mobility of women and girls and the exercise of their freedoms. The suspension of certain government activities and institutions such as social affairs and civil registration, aggravated by interference in the implementation of humanitarian activities, restriction of movement of agencies, violence against staff, humanitarian assets and facilities, has led to a limitation of some of the protection activities such as data collection by female staff or access to female beneficiaries, legal advice, and assistance, etc.

Strictly defined cultural and social norms about the roles of people manifest themselves in many ways in Afghan society, including tribal codes and restrictive interpretations of Islam. With changing political dynamics more restrictions are being imposed on social, political and economic activities, especially for women, in public and private spheres. Carrying out some protection activities, which are considered sensitive and not embraced by conservative communities (such as GBV interventions, child protection and anti-trafficking activities) require innovative approaches to ensure that the needs of vulnerable people are collected, analysed and met.

Protection partners endeavour to mitigate the impact of such restrictions and to adapt to the new context to keep protection relevant and to reduce related risks through negotiations with the authorities at local and provincial level and by revising their approaches, tools, and terminologies that deem too sensitive for the context. Partners have also opted to diversify the modalities of data collection as the context changes. The cluster will update the data collection and analysis tools according to the evolution of the context. Partners will also continue to operate under the JOPs and focus on developing access negotiation capacity and fostering positive and accepting relationships with local leaders and community members. to overcome some of the barriers to aid delivery. In addition, partners will invest to expand and improve community protection activities and community capacity building to empower communities to protect themselves by identifying, preventing, and addressing existing and/or emerging protection risks.

Gender-Based Violence (GBV)

GBV AoR will work with partners to strengthen their capacity for internal program monitoring and improve reporting rates for response monitoring in ReportHub. Consideration will be given to management of survivor data when possible, considering the context. This will be combined with learning sessions and capacity building workshops on safe data collection and management and survivor centred approaches, to ensure that data collection and monitoring is done in line with ethically best practices, and always in line with the principle of do-no-harm. The AoR will track

assessments, providing guidance to partners on methodology, training materials and referral pathways throughout 2023. The AoR will continue to work with OCHA and AHF team to devise safe and ethical Monitoring and Evaluation formats for both in person and remote project monitoring.

There is no safe and ethical information management system for survivors of violence in the country and overall, there are no information-sharing protocols for ensuring that minimum standards are followed for interagency sharing of sensitive survivor data. With the current inability to keep data safe, partners have been instructed not to collect data. The GBV AoR is working on an assessment to evaluate the feasibility for the rollout of the GBVIMS in Afghanistan, which would include information-sharing protocols, standard operating procedures, and tools for safe data management, and on the creation of contextualized guidelines for data protection. Key data gaps for needs analysis include assessments of needs of women and girls with disabilities overall there is limited reach to women and girls for various assessments conducted at country level. The AoR will continue providing inputs to observational tools that will be mainstreamed across sectors to ensure a GBV lens will be included in the various sectoral/multi-sectoral assessments conducted by non-protection specialists.

Child Protection

CP needs indicators are to be monitored and reported quarterly. CP partners will be trained on protection monitoring tools and expected to collect data on a quarterly basis as part of protection monitoring reports. Analysis includes concerns of persons with disabilities which forms a basis for taking corrective measure. The use of monthly Project/Activity reports through the IMMAP Report Hub (5W) shall provide information on progress made identifying locations that are either under-served or saturated with child protection services. CP shall consider further analysis of context through use of child protection rapid needs assessments. The Monthly meetings shall provide a forum to discuss emerging concerns and changes in the contexts plus informing advocacy on issues including reaching out to vulnerable population. CP will continue collaboration

with Protection cluster on data disaggregation based on Washington group of questions in monitoring situation of children. The monthly field missions (both CP and intersectoral coordination group) shall provide progress of implementation and provide possible technical support/corrective measures where challenges are identified. CP is establishing CPIMS+ by December 2022 and is expected to support effective case management for individual vulnerable children, promoting best practice like do-no-harm and accountability including assisting with delivering quality care.

CP relies mainly on data collection and analysis from WoAA and uses it to identify needs and inform planning and response. CP uses the quarterly protection monitoring reports but hasn't conducted any independent child protection-specific needs assessments. However, the CP AoR since Q4, 2022 has embarked on processes to develop CPIMS+ and conducted case management risk analysis and Data Protection Impact Assessment (DPIA), finalized Family Tracing and Reunification SOP plus Data Protection, and Information Sharing protocols. This will contribute to data sources and information for programming especially as systems shall be operational in 2023 and feed into next planning. CP continues to be part and build partners capacity to contribute to quarterly protection monitoring and provide inputs to monitoring tools to mainstreamed child protection perspectives while participating in various multi-sectoral assessments.

Housing, Land and Property (HLP)

HLP partners have collated large datasets on urban informal settlements, which they have drawn on to identify the vulnerability dynamics. The ICLA programme, for example, conducts eviction monitoring, while a range of other HLP activities involve data collection on HLP rights, and data collected in these exercises is sex, age and displacement disaggregated. In 2023, the HLP Task Force plans to scale up systematic eviction monitoring, to extend this to provinces where HLP partners are not present, and to conduct further documenting and mapping of urban informal settlements. In terms of monitoring response to people with disability, partners have

internal monitoring procedures to track that they are reaching this sub-population group. Partners have faced challenges in this regard and the monitoring is useful to work to improve this aspect of their response and take innovative approaches, such as strengthening coordination with community groups or humanitarian stakeholders that work with this sub-population to target activities.

HLP partners have access to rich datasets on vulnerability in urban informal settlements, and have acquired funding to leverage this data, and identify and address data gaps. In this regard, the HLP cluster have also been liaising with REACH, and will continue to do so in the future. Nonetheless, significant data gaps impacting HLP analysis includes a lack of data from the past year on informal settlements, including profiles and intentions of residents. HLP has been drawing on less recent data in the context of analysing the threat of forced evictions by de facto authorities of IDP informal settlements on public land. REACH is planning to conduct another profiling assessment of informal settlements in late 2022, which would serve to update this data for 2023 operations. An HLP partner is also planning to conduct an assessment relating to informal settlements in late 2022-early 2023.

Another data gap is on the nature of HLP disputes that the population is currently facing and the formal and informal institutions governing HLP rights following the takeover of the DFA. HLP is also contributing to update of protection monitoring tools within the Protection Cluster to attempt to improve the nature and quality of data collected relating to HLP needs of the population in 2023. An HLP partner has an ongoing assessment on HLP disputes since August 2021, with a report due to be disseminated in late 2022-early 2023.

Mine Action

MA AoR keeps track of operations through internal field missions, reporting, and third-party monitoring visits. In 2023, the UN-led humanitarian mine action coordination support centre is expected to carry out major monitoring responsibility in areas including quality management and information management and conduct project evaluation with balanced scorecard (BSC) and community impact evaluation

(CIE). Monitoring will evaluate whether the mine action operations are carried out in accordance with agreed international and national standards- IMAS and AMAS. Information management includes data verification, processing, and entry into the national mine action database. This is key as data will then be used to inform decision-making and response planning. CIE will be conducted six months after clearance projects are completed. Lastly, the Awaaz and MAPA hotlines are used by communities to provide input and feedback. The above-described activities consider all project activities as well as their impact on all community demographic groups, including individuals with disabilities.

There is no accurate picture of land contaminated by IM as most of these areas were previously located in conflict zones and were not accessible for a thorough survey by mine action actors. MASC will continue prioritizing the national explosive contamination survey in 2023 in order to obtain updated information. There is also a data gap with regards to mine and ERW victim needs, which prevents mine action actors from connecting victims and their families to relevant organizations helping. Further data is also needed to understand how mines and ERW impact the lives of people on a larger scale. Lastly, the monitoring mechanism that will be conducted by the UN-led humanitarian mine action coordination support centre is dependent on funding, including the service scope.

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3.7 Water, Sanitation and Hygiene



PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
21.2M	13.9M	3.2M	7.6M	1.1M	479M	51

Cluster objectives

2023 will see a shift to an integrated multisectoral approach through the delivery of lifesaving and risk reduction WASH minimum packages in response to the drought, the malnutrition crisis, and sanitation or water-related public health outbreaks. The ongoing drought response across 14 high priority provinces and the outbreak of AWD in major urban centres such as in Kabul, Kapisa, Loghar, Kandahar and Zabul, will require a scale up of an AWD urban response.

The Cluster objectives are

- Safe drinking water supply to focus on risk deduction, water surveillance, household water treatments, water network reinforcements, line chlorination, reverse osmosis plants, with a focus on the urban context, mapping of networks/wells, and looking at mass response modalities;
- Hygiene promotion focus on handwashing, personal hygiene, NFIs and a shift to more culturally appropriate messaging, evidence-based approach and;
- Safe sanitation.

2022 saw increasing concerns with the ability of the WASH-related governmental and state counterparts to sustain service delivery. The Cluster plans to explore as an entry point the use of Community Development Committees (CDC) to decentralized coordination for the WASH response at community level. To prevent

urban/peri-urban populations from slipping into humanitarian needs, WASH Cluster plans to support government line ministries authority in major urban cities, such as the Urban Water Supply and Sewage Corporation (UWASS) in Kabul, Kandahar, Mazar-e-Sharif, Hirat, Jalalabad etc. through provision of repair of water reticulation networks and smaller water networks, power generation, supply and installation/maintenance of treatment plants.

This will provide some support to the many rural and urban water supply systems that are struggling with systems failure, lack of diesel or power generation, in-system chlorination, and un-accounted water losses due to leakages - leaving vulnerable people at a tipping point to crisis. Mobile rapid response teams will complement the ERM for acute onset emergencies in collaboration with health for AWD/Cholera outbreaks.

Response strategy and modalities

The WASH situation remains acute and at a tipping point in a country facing economic crisis as well as the prolonged drought which is causing drying of surface water sources such as springs and a significant drop in groundwater levels of hand dug and shallow wells. Afghanistan’s groundwater resources are becoming severely depleted with 49 per cent of boreholes assessed in Kabul reporting dry, while water systems remain at about 60 per cent efficiency and water production has been reduced by half with peak network



losses between 50-60 per cent, intermittent distribution and increased contamination from wastewater.

The increased vulnerability of the population is seen by the outbreaks of AWD/cholera in late 2021/2022, which spread to 143 districts across all 34 provinces, with 159,837 cases and 57 deaths recorded between May and September of 2022. Fourteen provinces have a catastrophic severity in terms of AWD among children under 5.

The response will provide:

- WASH services in high and medium priority drought affected provinces, including safe drinking water either through rehabilitation (including deepening dried water points such as hand dug wells etc.), extension/new water points, and water trucking as a last resort.
- In urban areas, WASH will prioritize repair of water treatment and supply plants (fuel provisions, chlorination/repair of dysfunctional in-line chlorine dosing system), major breakages of urban water reticulation systems preventing major water losses, and limited maintenance and/or extension

of water networks where feasible. Sanitation services will include provision of appropriate toilets and showers, functional hand washing facilities, supported by hygiene promotion and essential hygiene kits distribution.

- Support surveillance of health focusing on major affected urban cities (Kabul, Kandahar, Laghman, Kapisa, Zabol) on drought affected high priority provinces (Badghis, Balkh, Daykundi, Farah, Faryab, Ghor, Hilmand, Hirat, Jawzjan, Nimroz, Paktika, Samangan, Sar-e-Pul)
- Pre-positioning and procurement of core pipeline key supplies including bar soaps, hygiene kits, hand washing devices, chlorine powder, water kits, water purification tabs and sachets, pool testers and water quality testers, water networks spare parts, latrines slabs, bath-latrine set etc.

WASH Cluster partners will also work to improve WASH facilities at border crossing points, nutrition centres, health facilities and schools, as well as ensuring that returnees receive hygiene kits on arrival in Afghanistan.

The Cluster will prioritize people in high/medium drought affected provinces, AWD affected (confirmed

and suspected cases) provinces, urban and peri-urban population that may be affected with diminished urban WASH services, displaced people, returnees, population vulnerable against natural disasters, women and girls living in conflict-prone area, households reporting children under five years with AWD and malnutrition (SAM cases), and the poorest people in the informal settlements and in overcrowded urban areas that are IPC 3+.

The WASH Cluster will promote engagement at community level with a gender focused approach, led by female staff to systematically consult women and girls on the location of WASH facilities and infrastructure (collective water points, toilets and showers, handwashing points) and design of the related equipment and content of the hygiene kits (sanitary pads, soaps, containers, purification tabs or sachets etc.). The use of female hygiene promoters and mahram to support the participation of women providing services, where needed, will be emphasized.

In the urban context, in consideration of the limited capacities of UWASS as state entity in charge of the water supply and sewage, WASH partners will start new activities to reinforce the urban water networks and wastewater collection as well as the waste management at household level, focusing on informal settlements and poorest areas in the major cities of the country such Kabul, Kandahar, Hirat, Kunduz, Mazar-i-Sharif, Jalalabad etc. These new activities will include regular water quality controls at the water sources and points of use served by the public networks and by the numerous private water vendors operating local water networks and water trucking, leak detection campaign and reinforcement of the damaged parts

of the networks, line chlorination along the networks and replacement of dosing pumps at the water plants, regular shock chlorination of the unprotected wells at community and household level, household water treatments promotion and campaign, local waste water collection and market-based sanitation support etc. In areas with alluvion shallow aquifers subject to contamination from surface drainage and untreated wastewater and septic tanks, the cluster will pilot community managed reverse osmosis water extraction options in Badghis, Nimroz and parts of Kabul province.

The core pipeline for essential WASH NFIs will be strengthened to increase WASH partners' capacity to respond to critical humanitarian needs, prepositioning across the warehouses, assuring harmonization of items, sustained availability of core items, cost-efficiency due to economies of scale, and enabling uniform and coordinated responses.

ERM WASH interventions targeting onset and critical emergency and displaced people will continue to be flexible to respond to the acute WASH needs of the other population groups such as people affected by epidemics or outbreaks of public health important diseases²⁹ such as AWD.

Geographic prioritization

The drought, projected to continue in 2023, means that the WASH Cluster will target 32 provinces with urgent needs of safe water supply, potential risk for reduced water quantity and quality, risk of displacements and need for water trucking. 14 provinces remain high priority (Badghis, Balkh, Daykundi, Farah, Faryab, Ghor, Hilmand, Hirat, Jawzjan, Kandahar, Nimroz, Paktika,

Projected 2023 needs and planned reach

	NEW IDPS AND VUL. MIGRANTS	NEW CROSS-BORDER RETURNEES	SHOCK-AFFECTED NON-DISPALED PEOPLE	VUL. PEOPLE WITH ACUTE HUMANITARIAN NEEDS	REFUGEES AND ASYLUM SEEKERS	URBAN	RURAL	TOTAL
Projected needs	386.5K	577.2K	107.5K	20.1M	29.3K	3.9M	17.3M	21.2M
Planned reach	291.4K	425.4K	73.2K	13.1M	8.4K	2.7M	11.2M	13.9M

Samangan, Sar-e-Pul) and 18 provinces in medium priority (Badakhshan, Baghlan, Bamyan, Ghazni, Kabul, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Nangarhar, Paktya, Parwan, Takhar, Uruzgan, Wardak, Zabul). These provinces, in addition to drought, also host significant IDPs who remain vulnerable to natural disasters as well as AWD outbreak from using unsafe water sources, lack of hygiene and unimproved sanitation facilities.

Major cities such as Kabul, Kandahar, Kapisa, Loghar and Zabul, will also be a focus for scale up response and to undertake preventive actions including close coordination and collaboration with Health Cluster and the national disease surveillance systems. WASH cluster will reinforce the urban water plants capacity and networks managed by the UWASS and private companies. Currently these networks struggle to support provision of basic WASH services, provide repairs, carry out maintenance of water supply. Treatment plants are in a state of disrepair due to lack of cash for operations and maintenance.

Seasonal prioritization

Winter

- Preposition and distribution of WASH supplies
- Water Supply (rehab/repairs/new constructions-including protection of water supply infrastructure from freezing/HH water treatment options)
- Hygiene promotion.

Spring

- AWD Preparedness and response plan activities-preposition supplies, water quality control and monitoring especially in mapped-out hotspots (from 2021/2022 cases), HHWT options, hygiene promotion, and emergency latrines, mass campaigns, shock chlorination of wells, etc.
- Sanitation facilities repairs/construction and vector control measures.
- Flood emergency responses-provision safe water, sanitation, and hygiene

Summer

- Strengthen Early warning/trigger system for water scarcity-surface and underground.
- AWD Preparedness and response plan activities-preposition supplies, water quality control and monitoring especially in mapped-out hotspots (from 2021/2022 cases), HHWT options, hygiene promotion, and emergency latrines.
- Provision of safe water supply, emergency sanitation, and hygiene-in consultation with AUWASSC in urban areas and through PRRD in rural areas-prioritizing water scarcity and drought-affected areas.
- Sanitation facilities repairs/construction and vector control measures.

Cash programming

WASH Cluster will keep CVA as an option, particularly vouchers, in urban context for the provision of water services through private vendors as well as through hygiene promotion kits. The WASH cluster has had several engagements with the CVWG on how to support partners through the MBA with the inclusion of CVA in their programming including the need for reporting on cash use within the sector to meet sectoral objectives. Through consultation the cash reporting format in the hub has been revised to consider the need to report on specific sectoral cash interventions that are aimed at supporting cluster(s) objectives and should the cash have multiple sectoral objectives to be reported under MPCA.

The cluster will continue to work with and support the feasibility of a voucher-based response in informal settlements to enable vulnerable households to access water (private retailers) and to support the Nutrition Cluster cash assistance, with a top-up for hygiene materials such as soaps widely available on the commercial market, with Education Cluster to ensure the local capacity to buy safe water for handwashing in schools, temporary learning spaces, child-friendly spaces and community-based education.

Integrated programming

The WASH Cluster will continue to work closely with the Health Cluster to scale up the integrated multisectoral responses to the various infectious disease outbreaks (COVID-19, AWD/cholera, Dengue etc.). WASH partners will engage in both WASH mass response (e.g., chlorination campaigns of unprotected wells and urban networks line chlorination, handwashing campaigns etc.) and joint Health-WASH rapid response team to affected households (e.g., hygiene kits distribution within household water treatments promotion) under the guidance of epidemiological investigations to better tackle the risks factors in the right at-risk transmission contexts and epicentres.

The WASH Cluster will enhance its collaboration with the Nutrition Cluster – in term of WASH minimum package of services to the SAM admitted in the nutrition facilities, to prevent the malnutrition feco-oral associated diseases at household level at least. The minimum package of services will be supported by a WASH kit within household water treatments, bucket or jerrycan, cup, soaps and handwashing device, baby potty.

The WASH Cluster will continue its partnership with the Education Cluster in supporting water supply, handwashing stations with soap distribution and provision/repair of sanitation infrastructures in schools in addition to AWD preventive measures in schools located in hotspot/high risk provinces.

Cross-cutting issues

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

Cluster partners will use the WASH GBV checklist – translated in local languages and jointly improved with the GBV Sub Cluster in May 2021 – enduring the implementation phase and monitoring of the projects, reviewing both process and gender-sensitive activities, for instance if participative focus groups were conducted by female staff, if women and adolescent

girls have been involved in site selection of the WASH facilities, if the toilets/latrines, bathing spaces, handwashing plate stations and others are segregated by sex and clearly marked, if latrines/toilets facilities built with solid doors and lockable from inside, if female WASH facilities have provision for disposal of used sanitary materials, inquiring also about the gender-sensitive relevance, quality and design of the various products (hygiene kits, bath and latrines, size and type of water containers, kind of household water treatment, if women are part of the composition of water committees etc. Whenever possible, safety audits will be undertaken in close collaboration with the GBV sub cluster to link the protection concerns with WASH for GBV mitigation activities as a priority.

Centrality of protection

The provision and access to WASH upholds the health, dignity, and overall wellbeing of communities and ensure the cluster and partners maximize the positive impacts of WASH programs on people's safety and dignity and support affected populations access and enjoy their rights. Areas to focus on include participation and empowerment, AAP, equitable and impartial access to services, safety, dignity and do no harm.

Age and disability inclusive programming

WASH infrastructures and designs will ensure disability friendly options are incorporated in the designs such as reasonable distance, clear routes free of obstacles, drainage systems to prevent surfaces from becoming slippery, provision of ramps, handrails, doorways wide enough for wheelchairs, cubicles big enough, markers for people with visual impairments, low-level and easy-to-use taps for handwashing.

Care will be given to ensure water points or water fetching containers and hand washing facilities are appropriate to accommodate/handled with persons with disabilities while distribution of WASH NFIs are done in consideration of gender parity, consultations with women and marginalized groups, as well as provision of feedback (through AAP-feedback mechanisms).

Whenever possible WASH partners will organize dedicated queues for people with disabilities or specific distribution times of WASH NFI, optionally adapted such with smaller water containers that would be easier to carry while the distribution of intimate hygiene products such as sanitary towels and incontinence pads directly to the people who need them will factor in dignity, convenience, and special interests.

Accountability to affected people

In collaboration with the AAP Working Group, WASH Cluster will continue the development of various communication materials, ensuring community are aware of channels/avenue to raise and report their concerns with an option of being provided with feedback and a forum to be heard. Communities will be informed of their rights/ability and the type of services, what services they are entitled to, as well as channels and location to lounge for complains. Through Awaaz, the WASH Cluster will continue receiving and responding to the referral system as shared indicating its collaboration and efforts to follow up and close cases. The WASH cluster will continue prioritizing culturally appropriate safe hygiene messaging with emphasis on water efficient handwashing system and handwashing at critical times in view of AWD outbreak as well as COVID-19 prevention.

One indicator in the HRP 2023 will focus on the use of the AAP-oriented WASH perception indicators designed in 2021 by Ground Truth Solutions (GTS) in cooperation with the WASH Cluster and the AAP Working Group. The document details perception questions and indicators that were developed to systematically monitor the performance of WASH assistance through the views and perceptions of crisis-affected people.

Partners will be advised to add relevant standardized perception indicators to their monitoring frameworks and quantitative data collection tools to ensure that crisis-affected people have a say in the way WASH programming is monitored, adjusted, and evaluated, as well as harmonize the collection and response of feedback data across the humanitarian response and the WASH cluster.

WASH partners will strengthen information for communities on key WASH topics, making sure materials are Afghanistan specific and in languages and formats people prefer and that will be accessible to multiple audiences, including people with low or no literacy skills and people with vision disabilities – and also will make extra efforts to reach women and girls with information and feedback mechanisms.

Prevention of sexual exploitation and abuse

The WASH Cluster will ensure its partners commit to the Afghanistan PSEA SOPs and that the related tools are available at organization level, integrate and budget PSEA activities; appoint or nominate appropriate focal points with clear reporting channels including alternative channels for the humanitarian beneficiaries; undertake SEA risk along with the utilization of the WASH GBV checklist, complaints, and feedback mechanism.

Consultation of female beneficiaries and involvement in siting of facilities will remain integral to issues where women and girls feel unsafe accessing WASH services while link with protection GBV/PSEA Working Group through referrals to ensure reported cases are taken into consideration at WASH Cluster level.

Cluster capacity and operating environment

Around a third of WASH partners have indicated their ability to expand into new areas, despite challenges with physical geographical access and stake holder complexity, such as issues with MoUs. The WASH cluster capacity has remained largely dynamic, energetic, and flexible with 43 active partners reporting across all 34 provinces, reaching 11 million people over 2022. Quarterly mapping on the partners' ongoing challenges, capacities and kinds of response will still be improved in 2023 from the online reporting tool.

Female staff participation in WASH activities remains a major challenge that will have a major impact on program quality, particularly around consultation for GBV risk mitigation, household water treatment,

hygiene promotion and sanitation. Vouchers for WASH supplies could be an option of last resort.

Due to the changed operating environment, especially in urban context where DFA-led administrations responsible for service provisions are facing financial issues, on a case-to-case basis, the WASH cluster will collaborate with appropriate line ministries on identified gaps to prevent further populations falling in humanitarian need assistance.

To mitigate against logistical risks as well as to support rapid response - such in case of AWD /Cholera outbreak and response to drought, WASH partners will pre-position key WASH supplies in 44 locations across 26 provinces.

Cost of response

The WASH cost is calculated by sectoral sub-components per individual and institution based on a collective multi-year analysis and on the review of the AHF submitted proposals and various other partners' individual projects.

The increase of the unit cost average per beneficiary moving to \$34 in the HRP 2023 is essentially due to the readjustment of the proportion of the more expansive "water supply" component comparison with the cheaper "hygiene promotion" component.

- Cost per beneficiary 2018-2020: \$24-\$35/person.
- Cost per beneficiary 2021: \$26/person.
- Cost per beneficiary 2022: \$32/person.
- Cost per beneficiary 2023: \$34/person.

The range of the unit costs varies substantively depending on the numbers and kinds of WASH subcomponents, delivered to the vulnerable people either as single activity or through a package of several activities with support costs shared, to sum up as per below:

- Drinking water supply: \$18-\$55

- Safe sanitation: \$11-\$15
- Hygiene Promotion: \$3-\$8

Complementarity with development programming

Humanitarian WASH services need to link to provision and support of WASH services in urban and peri-urban areas by line ministries.

While repairs and required upgrades of the WASH infrastructures will still be undertaken and scaled-up in both rural and urban areas with a significant shift to the major cities, the running costs of the DFA line ministries or state entities for the delivery of the water and sanitation services on the ground have to be covered by government/development funding.

The capacity for a response at scale in urban setting remains a major gap and a further deterioration will lay a massive burden on WASH cluster, leaving a significant population affected or in danger of slipping into humanitarian crisis.

Monitoring

Reported data on AWD and SAM cases (by the Health/MoPH and Nutrition Clusters) will be closely monitored as these are also proxy indicators of either poor or absence of WASH services.

The WASH Cluster will improve its monitoring through updated data obtained from Geological Information System (GIS) unit of MRRD to include infrastructure functionality mapping.

Where possible, the WASH Cluster will also use HEAT data from ERM partners OCHA data and reports to analyse changes in emergency context (conflict pattern, onset of emergencies), trends and indications of WASH needs and responses.

Online and interactive dashboards will be developed to provide real time information on gaps, achievement,

coverage by partners. The monitoring of the WASH response for persons with disabilities will be integrated in the cluster tools and will logically be improved through the AAP approach by expanding the scope of the assessments involving the vulnerable in the KAP survey, design of the facilities, reporting tools, feedback mechanisms including joint monitoring whenever possible. The WASH Cluster will continue to work with and through local national NGO specializing with persons with disability such as Accessibility Organization for Afghan Disabled (AOAD).

Data collection, assessments and monitoring for drought and AWD planning and response including ground water piezometric monitoring, lack of epidemiological investigations report, attack rates/ratios, epi curve etc. However, WASH cluster pro-actively will take initiative to collect, collate and analyse data from health facilities and selected water wells.

To address the lack of data on mapped water supply system in urban areas the Cluster will work closely with urban water supply authorities, including private entities.

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3.8 Coordination and Common Services

REQUIREMENTS (US\$)	COORDINATION	ASSESSMENTS AND IM	GENDER AND PSEA	AVIATION
66.6M	AAP: 4.5M OCHA: 14.2M CCCM: 1.6M	DTM (IOM): 7.5M iMMAP: 200K REACH: 3.6M	Gender: 1.1M PSEA: 7.5M DIWG: 200k	UNHAS: 33M

Coordination

OCHA leads coordination of humanitarian response in liaison with the Government and between international and national humanitarian actors through the HCT at the strategic level and the ICCT at the operational level both in Kabul and in the field. OCHA Afghanistan will continue to scale-up its efforts in response to the multi-faceted crisis, as well as ensuring a well-coordinated response addresses needs arising from ongoing conflict and natural disasters. OCHA leads on the Humanitarian Programme Cycle including response planning through the ICCT and regional and provincial coordination platforms and continues to support humanitarian partners with joint advocacy and access and civil-military coordination.

The regional coordination mechanisms include Regional Humanitarian Teams, ICCG, and Operational Coordination Teams for Central region, including the Central Highlands, Eastern, Southern, Western, Northern and North-Eastern regions. There is ongoing work to expand the level of coordination capacity at regional level, following from the Scale-Up declaration in September 2021.

OCHA’s unique information management capacity allows real-time sharing of situation and response analysis with donors and partners to inform planning, programming and advocacy. OCHA also continues to expand its regional and local coordination support –

engaging on a more local level with de facto authorities and communities.

The AHF has rapidly expanded from \$165 million in 2021 to \$283 million in 2022. The AHF supported an unprecedented 302 projects in 2022, and implemented several innovative approaches such as the AHF Partner Cash Facility, constant/rolling allocations since 2021, NGO capacity building programs focusing on women-led and women’s-rights organizations and supporting nexus/integrated allocations with bilateral donors and other funding mechanisms. These innovations, coupled with robust risk management, project monitoring and real-time information-sharing provided to its donors, maintained the AHF’s ability to be highly flexible – even at a much larger scale – and thereby fit for purpose in Afghanistan’s changing environment.

To support coordination in 2023, OCHA requires \$14.2 million.

Camp Coordination and Camp Management

After two years of inconsistent monitoring of the IDPs living in informal settlements, the CCCM Working Group with its partner REACH plans to assess all informal settlements in 34 Provinces. This initiative combined with quarterly monitoring thanks to CCCM Mobile teams will expand its data collection and close

monitoring on the situation facing people living in informal settlements where the aid community has not traditionally collected comprehensive data in the past.

Also, the information collected will certainly contribute to a better transition for IDPs willing to return, locally integrate or to establish themselves somewhere else with the support of development partners within the durable solutions' framework.

To support CCCM, the working group requires US\$1.55 million to develop site profiles, information management systems and training and capacity building on CCCM approaches in 2023.

Gender

The GiHA Working Group is an inter-cluster technical working group. The GiHA WG serves as an inter-agency and inter-cluster coordination mechanism that offers technical, advisory and support. This technical support includes the collection of sex and age disaggregated data and gender analysis of needs, risks, progress and gaps, and the translation of these into the Humanitarian Needs Overview, Humanitarian Response Plan, cluster-specific plans and gender-responsive and transformative programmes and service delivery for crisis-affected populations to ensure they adequately identify and address the needs of women and girls.

In response to the ban on women working in NGOs and other measures, the GiHA is expanding its initiatives to develop a gender response programming risk mitigation strategy, ensuring women's continued participation in humanitarian response and scaling up gender-responsive monitoring and evaluation tools that find ways to ensure that humanitarian are able to understand and respond to the specific needs of women and girls. In 2023, this will include a Rapid Gender Analysis of the Humanitarian Response, as well as perceptions surveys on people's access to assistance and accountability to women and girls, HR snapshots looking at the response composition and women's participation, as well as thematic studies, including on the ability of women organizations to continue operating in the current context.

The GiHA Working Group and related projects, will require \$1 million for coordination, information management, gender analysis and assessments in 2023.

Accountability to Affected Populations (AAP)

Revitalized in 2020, the AAP Working Group has set out to support a humanitarian response that considers the voices of affected people, their communication and response preferences and their feedback received through collective mechanisms. In 2023, the AAP Working Group plans to further strengthen and expand collective feedback mechanisms, build AAP systems and sub-national AAP capacity.

Collective accountability also will be strengthened in 2023 through further provision of common, accurate, clear and useful information to IDPs, refugees, marginalized and minority groups, and others based on their information needs and provided through their preferred channels and languages.

Two-way communication channels for giving feedback that will be strengthened are expected to allow identification of specialized ways to reach women, people with disabilities, older people and children. To support this collective AAP effort, US\$2 million is required for 2023, as well as \$2.5 million for Awaaz. This includes:

- Establishment of information hub, including the Afghan Community Voices dashboard, for response to improve access to humanitarian assistance among affected people (including in local languages, disability friendly formats)
- Establishment of system-wide community feedback and accountability tracking tool
- Capacity building on AAP for clusters, thematic working groups and aid actors delivering assistance to affected communities

Prevention of Sexual Exploitation and Abuse

An additional \$750,000 is required for PSEA to proactively mitigate, investigate, and address cases.

Evidence-based response

The HRP also includes funding for common data collection, management and analysis services to support an evidence-based response. IOM's DTM requests \$7.5 million to continue its work on monitoring and analysing population flows both across borders and within the country. This includes additional resources needed for increased tracking of movements in light of the economic crisis, tense regional dynamic and ongoing drought and conflict, and the possibility of both increased returns and new patterns of displacement.

The REACH Initiative requests \$3.6 million to support its data collection, including the vital WoAA, quarterly HSM, bi-annual ISET sweeps collecting information the situation facing displaced people living in informal settlements for protracted periods, JMMI reporting to support Cash and Voucher programming, and the State

of Afghan cities report, among other services. In 2023, the changing restrictions from the DFA will require further adaption of the methodologies of the different assessment and survey tools to ensure that women's and girl's needs continue to be accurately incorporated into all data. The Assessments and Analysis Working Group, REACH and other partners are working to ensure this across all tools.

United Nations Humanitarian Air Services (UNHAS)

UNHAS' updated budget is estimated at \$41.3 million for 2023 to maintain essential domestic and international air services for humanitarian personnel and cargo. This will allow UNHAS to maintain its regular domestic and international operations, including air bridges from Islamabad, Dushanbe, Doha and Dubai and provide reliable access across the country to meet the needs of aid organizations to send staff members on essential missions. The budget also includes medevac capacity for personnel working with UN agencies, NGOs and diplomats to enable them to stay and deliver.

Part 4: Refugee Response

KHOST, AFGHANISTAN

Refugees collect water near Gulan camp in Gurbuz district.

Photo: OCHA/Ahmad Javed Ahmady





4.1 Refugee Response

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	DISABLED	REQUIREMENTS (US\$)
72.4K	72.3K	15K	42K	6K	18M*

*This chapter represents an extracted summary of refugee responses which are also costed in the relevant clusters' requirements. While they appear in two different places in the HRP, it should be noted that these costs are only included in the overall HRP requirement once.

There are approximately 52,000 refugees living in Afghanistan, the vast majority of whom were displaced from Pakistan to Afghanistan in 2014 and who reside in Khost and Paktika provinces in the south-eastern region. A small number of asylum seekers and refugees (approximately 400 people) are residing in urban areas in Kabul and Hirat provinces. At the end of 2021/early 2022 some refugees from Khost and Paktika returned to Pakistan. Returns may take place in 2023 given that, according to the 2022 WoAA, 9 per cent of surveyed refugees indicated an intention to return to their country of origin. However, the magnitude of the returns is highly contingent upon the political and socio-economic situation in Afghanistan and Pakistan.

Refugees and asylum seekers constitute one of the most vulnerable populations in the country, with the PiN at 100 per cent across all Clusters with the findings of the 2022 WoAA showing the priority needs to be in relation to food (96 per cent), shelter (59 per cent) and health care (49 per cent). This is notwithstanding the fact that Afghanistan has ratified the 1951 Refugee Convention. Since a National Law on Asylum is still under development, refugees and asylum seekers face significant challenges as there is no legal framework to safeguard their rights or ensure their access to basic services. The lack of legal status and documentation has made it difficult for this population to enrol their children in school, work in the formal sector, enter into legal agreements, rent property,

open businesses or buy land. This state-of-affairs has undermined the ability of refugees and asylum seekers to progress towards self-reliance and has kept them in humanitarian need.

This scenario of high needs amongst the asylum seeker and refugee population is combined with the take-over by the DFA in 2021, whose position on refugees is still unclear, leaving refugees in an extremely precarious condition in their pursuit of international protection and durable solutions. Given the foregoing, in 2023, it requires continuous advocacy for Afghanistan to meet its commitments under the 1951 Refugee Convention ensuring refugee protection and access to basic services and the integration of refugees and asylum seekers into the existing services.

As shown in the WoAA, more than 70 per cent of the refugee population intend to remain in their current location. In addition, there is a growing refugee youth population who have spent most of their lives in Afghanistan. Therefore, while continuing to address immediate lifesaving needs, it is vital that the humanitarian community collaborates closely with development and other relevant stakeholders in pursuing area-based local solutions by improving community infrastructures, ensuring peaceful-coexistence and social cohesions between refugee and host communities, enhancing self-reliance, and eventually reducing the communities' aid dependency

through applying a whole-of-community and area-based-approach.

Strategy

Based on the evident level of high needs across all sectors, scaling-up assistance to the refugee and asylum-seeker population group through area-based approach is required in 2023, particularly in relation to food, shelter, health including MHPSS, WASH and education given the dire need. Furthermore, Protection remains a priority given the precarious state refugees are currently in given the lack of the national law of the country. In this connection, area-based approach will need to be undertaken with consultation and coordination with the relevant authorities.

As was in 2022, the DFA policy and approach towards refugees and asylum seekers remains uncertain. In 2022, the humanitarian community undertook several awareness-raising efforts to sensitize the DFA on international protection of refugees as well as Afghanistan's responsibilities and obligations under international legal frameworks. It will be critical that such efforts are reinforced in 2023 to advocate for Afghanistan to assume responsibilities under the 1951 Refugee Convention and commitments under the Global Compact on Refugees (GCR). Meanwhile, it remains vital that the humanitarian community assumes a greater responsibility in identifying and responding to humanitarian needs of refugees and asylum-seekers and their hosting communities through area-based approach.

Furthermore, it is essential that longer-term solutions are pursued with focus on enhancing self-reliance and enhancing community interventions (e.g., improvement of community infrastructures such as schools and community centres) to enhance access to basic services, benefiting both refugee and host community populations, through applying an area-based and whole-of-community approach.

Response objectives

- Advocacy towards enhancement of refugee protection, access to basic services and inclusion into the existing programmes (SP2.1, SP2.3)
- Protection monitoring (SP2.2)
- Cash for Protection (SP1.1)
- Support for Persons with Specific Needs (SP1.1)
- Food distribution (SP1.2)
- Nutrition (SP1.2)
- Shelter support (SP1.1, SP3.2)
- Seasonal support (SP1.1)
- Access to primary and secondary education (SP1.1)
- Provision of health care (SP1.1)
- Provision of MHPSS (SP1.1)
- Integrated WASH and Health response (SP1.3)
- Comprehensive self-reliance support (SP1.1, SP 3.1)

Geographical prioritization

Khost and Paktika Provinces as well as areas inhabited by refugees and asylum-seekers in urban settings, primarily Kabul and Herat Provinces.

Response plan

In order to identify durable solutions for the refugees housed in Afghanistan, UNHCR continues to coordinate refugee response with relevant cluster members.

All Clusters have planned to reach the asylum seeker and refugee population groups through a multi-sectoral response in 2023 based on identified needs, which however, stand at 100 per cent. The entire population group and its host communities will be assisted, including people with disabilities, female and children heads of households. In addition, the population

group is to receive assistance through a whole-of-community approach.

In this regard, the FSAC has included refugees in Khost and Paktika in their programming for food assistance. Nutrition Cluster has included refugees and asylum-seekers in their programming for a range of activities including community screening for children malnutrition and BSFP for children. Addressing prevalent critical shelter needs, the ES-NFI cluster has accounted for nearly the entire Khost and Paktika refugee population for NFI and shelter assistances (e.g., shelter repair, transitional shelter support). The WASH cluster has planned to include the population group to address WASH-related vulnerabilities including safe drinking water supply, hygiene promotion and safe sanitation.

The Health Cluster has planned to target 100 per cent of the refugee and asylum-seeker populations in their planning for various activities which include support to primary and secondary health care as well as MHPSS. Advocacy and capacity-building of the authority at the provincial and national levels will continue to be a critical component of the response plan. Developing the capacity of the authorities will serve to ensure the sustainability of the response as well as peaceful co-existence and social cohesion between the population group and host communities. Engagement with refugee-hosting communities, particularly through community development councils, shuras, and civil society organisations to enhance inclusion and participation, especially of youth, girls and women, and persons with disabilities and to support development through a whole-of-community approach, will be central to the response plan. In this regard, UNHCR has included refugee populated districts in Khost and Paktika as Priority Areas of Return and Reintegration (PARRs). The inclusion of these districts as PARRs will steer efforts to enhance self-reliance and to strengthen community resilience applying an area-based and whole-of-community approach. In 2023, the pursuit of longer-term solutions will be reinforced under the leadership of UNHCR in coordination with all Clusters.

The Education Cluster has also planned to target 100 per cent of refugees and asylum-seekers under Temporary Learning Spaces (TLS) and CBE activities. In parallel, the Protection Cluster will ensure that the entire population group is covered through the community-based protection monitoring activity, in order not only to identify the cross-sectoral needs amongst the population but also to identify protection issues.

Gender differences in needs will be responded to by: (1) ensuring female staff participation in protection monitoring and other forms of assessments to adequately identify the needs of women and children, (2) ensuring female staff members are engaged in aid distribution and provision of services (e.g., health, MHPSS, education) to ensure access by female participants to necessary services as well as to facilitate the sharing of complaints and feedback, and (3) engage with community structures (e.g., elders, religious leaders, shuras) and members to raise awareness on gender-equality, GBV, and PSEA.

The different needs of people with disabilities will be addressed by: (1) ensuring that protection monitoring and other forms of assessments adequately cover and reach people with disabilities to identify their specific needs, (2) ensuring safe and dignified access to aid and assistance by mitigating physical and social barriers that may impede people with disabilities from accessing services, (3) ensuring mechanisms to enable people with disabilities to raise their concerns through complaint and feedback mechanisms and (4) engaging with people with disability to enhance their participation in all stages of the programme cycle.

Operational capacity and environment

The lack of legal status of refugees and asylum-seekers may pose an obstacle in promoting their inclusion into the existing programmes and systems in the middle of overwhelming needs among the local Afghan community, therefore any support toward this population group requires area-based approach.

Cost

The total cost of multi-sector response to refugees is 18.25 million. This includes 6.3 million for food and livelihood assistance, 0.55 million for nutrition services, 4.9 million for ES-NFI assistance, 1 million for WASH, 2 million for Protection, 1.5 million for Health, and 2 million for Education.

Ways of working

Integrated programming/multi-sectoral response & improving inter-sector linkage

Since the direction toward enhancement of self-reliance and access to services through area-based approach will be explored, multi-sectoral response is critical. In addition, given the restrictions on gender-sensitive activities, integrated activities will contribute to addressing some issues related to women and girls that may be deemed socially or culturally sensitive. The Clusters and OCTs will provide a unique and effective platform for humanitarian agencies to enhance centrality of protection and protection mainstreaming.

Cash programming

Nearly 100 per cent of the urban refugee caseload were assisted with cash assistance in 2022. In addition, all refugees in Khost and Paktika were assisted with cash for seasonal support. Given the importance of cash assistance in mitigating the populations' immediate vulnerabilities, cash modalities for this population group will be one of intervention modalities.

Cross-cutting issues

Centrality of protection

Centrality of protection will be operationalized through: (1) systematic community-based protection monitoring to identify and address protection needs and concerns, (2) periodic and ad hoc inter-agency coordination meetings which will function as an information-sharing platform to ensure that protection is mainstreamed in all activities and protection risks and concerns are reported, prevented, responded and mitigated through a collaborative effort and (3) enhancing complaint and

feedback mechanisms as well as communication-with-community strategies to ensure that needs and protection concerns are addressed in an adequate and timely manner.

Age and disability inclusive programming

Age and disability inclusive programming will be operationalized through: (2) enhancing that all actors engage and include women, children and people with disabilities in planning, implementing, and monitoring stages of their programming cycle, (3) ensuring that information on assistance and complaint and feedback mechanisms are shared in a understandable manner to all population groups including women, children and people with disabilities, (4) ensuring that complaint and feedback mechanisms are gender-sensitive and easy-to-access by all individuals including women, children and people with disabilities, (5) creating and enhancing integrated interventions to enable outreach to vulnerable population such as using health-related activities as an entry point to address protection-related issues and (6) continuous monitoring of the implementation of (1) to (5).

Provide quality humanitarian programming and services through the equitable and meaningful participation of women and vulnerable groups in the humanitarian response

In access to and benefit from humanitarian assistance, services, communication, information and assessment will be enhanced through: (1) ensuring female staff participation in all activities, including monitoring and assessment and assistance activities, (2) continuing advocacy with the authorities to ensure meaningful, equitable and safe participation of women and women's CSOs, (3) ensuring that the needs of women and girls are collected and reflected prior to commencing activities and due consideration is made to assure their safe and equitable access to assistance and services, (4) advancing community engagement including complaint and feedback mechanisms to hear from women and women's CSO on their needs and suggestions and (5) conducting periodic monitoring and evaluation on the quality of communication with women and women's CSO.

Accountability to affected people

To address the challenges in accessing to vital information, humanitarian actors will ensure that the Awaaz toll-free number is widely shared with programme participants during various occasions including monitoring and distribution activities. In addition, UNHCR and partners will widely disseminate the UNHCR Helpline and Protection Mailbox address to the population. Furthermore, humanitarian actors will work closely with community leaders to share information. Such mechanisms will help actors on the ground to better understand how people perceive the response and facilitate prompt identification of emerging needs.

Prevention of sexual exploitation and abuse

In order to prevent sexual exploitation and abuse, humanitarian actors will train staff and partners and conduct awareness-raising and information dissemination to the refugee population to raise awareness on sexual exploitation and abuse as well as complaints and feedback mechanisms. In addition, gender-sensitive complaint and feedback mechanisms will be streamlined to ensure that any individual can lodge allegations in a safe and confidential manner.

Monitoring

Sector-specific responses to refugees will be tracked based on each cluster's monitoring tools and reported on via ReportHub under each sector. Protection actors will continue to regularly visit communities hosting refugees and meet with local authorities as well as refugee communities. Protection monitoring will continue to inform evolving and emerging protection needs and highlight any gaps in the response.

In 2022, humanitarian actors managed to access locations in Khost and Paktika that were difficult to reach. Such situation has enabled humanitarian actors to reach a wider population through its monitoring and assessment activities. However, given that refugees are often scattered across different areas in the two provinces, continued efforts are required to expand and reinforce monitoring and assessment to reach refugees including those living in the most remote areas.

Contact

SEMIH BULBUL

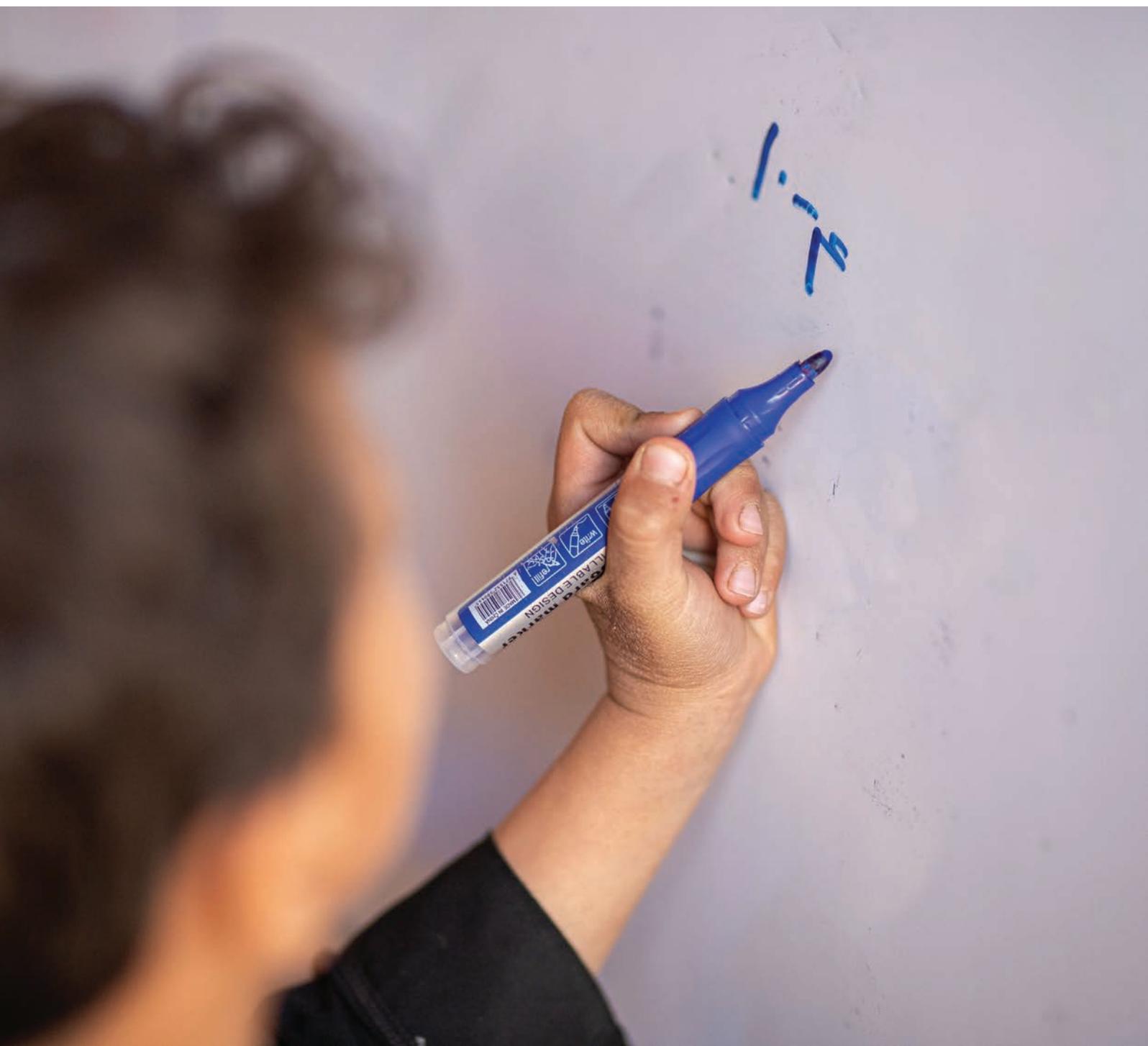
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Part 5:

Internally Displaced People and Vulnerable Internal Migrants



5.1 Overview

New displacement

Widespread conflict in Afghanistan ended following the events of 15 August 2021 and in consequence, conflict is no longer a primary driver of displacement. Nevertheless, some level of conflict-induced displacement continued in some provinces in 2022. DTM Afghanistan reported 1,010,993 new IDPs between January and December 2022, just under one-fourth (20 per cent) of which were due to conflict³⁰ and over three-quarters due to disaster.³¹ Those displaced by conflict face serious protection risks and challenges to meet their basic needs and access basic services. Additionally, disasters, such as flooding and drought, continued to take place in Afghanistan, causing displacement and generating protection risks amidst the dire economic situation in the country, while parts of the country are prone to other sudden-onset disasters such as earthquakes.

The 2023 HNO projects a total of 691,000 Internally Displaced Persons and Vulnerable Internal Migrants. 79,067 new individuals will be displaced due to conflict and 233,145 due to disasters, which requires humanitarian intervention and having efficient alert mechanisms and rapid assessments and response mechanisms (see section 2.3 on 2023 projections).³² It projects 379,000 as vulnerable internal migrants impacted by a combination of economic stress, natural disaster, conflict and protection challenges.

Under the current 2023 HRP framework, all people displaced regardless of conflict, disaster, or economic shock within the current year are considered under the group “New internally displaced people and vulnerable migrants” for HRP monitoring purposes, although IDPs and vulnerable internal migrant data will be disaggregated from this year. However, people who remain displaced from previous years are only considered under the general category of “people

with humanitarian needs” of the HRP. However, it is recognized that further analysis is required to provide a more nuanced picture of new and prolonged displacement and mobility within the country. The National Durable Solutions Working Group (N-DSWG) in Afghanistan has reached a consensus on indicators that will be used to determine whether an IDP has realized the end of their displacement, however it has been agreed between the HCT and UNCT that these issues fall under the question of basic needs and are not considered for the Humanitarian Response Plan, while remaining a critical area for coordinated nexus programming.

Solutions to internal displacement

While the numbers of new displacement and those estimated to remain in displacement since 2012 or later remain high (3.9 million from 2012 and 2020 and 2.6 million between January 2021 and December 2022),³³ returns are occurring in significant numbers. Using a location-based assessment, DTM estimates that since 2012, 11 million people have returned from displacement, 52 per cent (5.7 million people) of which returned between January 2021 and December 2022.³⁴ UNHCR conducted HH-level surveys which found at least 1.3 million returnees during 2021 and 2022, reflecting the increasing trend of returns. Considering these high numbers of return, in conjunction with the end of widespread conflict and benefits from improved access for humanitarian and development actors, there is an opportunity for exploring durable solutions for people who have returned or are willing to return as well as exploring local integration and resettlement elsewhere according to the intention of IDPs themselves, should the conditions be conducive at places of destination. While many IDPs express their intention to return to their places of origin, a significant portion of IDPs (51 per cent according to Protection Cluster analysis)³⁵ also express a preference to

remain in or nearby to their current location. Therefore, solutions to internal displacement require a holistic approach looking into three durable solutions pathways (voluntary return, local integration, or resettlement elsewhere) using area- and neighbourhood-based approaches and bridging the humanitarian, development and peace nexus (HDPN) actors. This in turn should be anchored within centrality of protection while also inserting components essential for long-term, durable solutions such as livelihoods, social cohesion and stabilization, housing land and property, psychosocial and medical support, and more. During the process of working with IDPs to learn about which solutions are best for their individual circumstances, it is critical to gather information from both men and women since opinions can differ significantly between the two.

The 2022 WoAA conducted by REACH to inform the 2023 HNO and HRP notes that a key driver of humanitarian need is economic shock, with families continuing to prioritise food, livelihoods and healthcare, although needs remain consistently high across all sectors, with IDPs being one population group that is equally affected. While the needs of IDPs are similar to other population groups, specific vulnerabilities due to displacement require specific attention and tailored support. The WoAA shows that economic capacity amongst families is very low, subjecting them

to food insecurity and the need to resort to harmful coping strategies, whilst high levels of humanitarian assistance has likely prevented a further deterioration in the situation. Amidst this situation and considering the restrictive policies that have been put in place by the DFA, female-headed families, including amongst IDPs, have reported increasing social and cultural barriers that restrict their access to livelihoods and basic services resulting in a compounding of their vulnerability.

The outlook in Afghanistan in 2023 is expected to be characterised by continued weak governance, significantly reduced services and continued restrictions on women and girls which will equally affect new and protracted IDPs. Increased attacks by NSAG will result in a heightened security posture, leading to a small degree of displacement. In addition, increased bureaucratic impediments will likely result in restrictions on implementation of the humanitarian response, particularly around some protection activities including for IDPs. The continuation of policies around women's rights and other restrictions on humanitarian action will continue to limit global engagement and affect donor contributions to life-saving activities, while development funds and macro-economic support initiatives will be limited, hindering the HDPN approach for solutions of internal displacement.

5.2 Displacement Data

In Afghanistan, IOM has been conducting the Baseline Mobility Assessment (BMA) under IOM's DTM since 2016 to track the locations, geographic distribution, places of origin, population sizes, reason for displacement, and period of displacement of IDPs, returnees, Afghan nationals who moved abroad, and Afghans who returned from abroad. The most recent round of the BMA was conducted from October to December 2022 (Round 16). In order to generate

stock displacement and return statistics consistent with the IDP Guiding Principles and the [\(IASC\) Framework on Durable Solutions for IDPs](#) definitions and the International Recommendations on Internally Displaced Persons Statistics (IRIS) standards, IOM and UNHCR are to embark on a joint data harmonization exercise (see section 5.4).

Newly displaced and returned people in 2021 and 2022

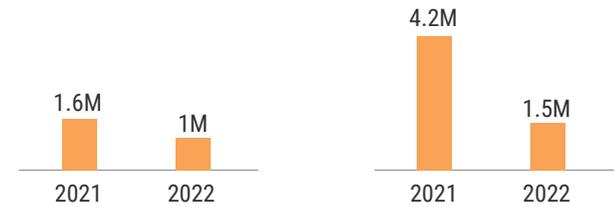
Between January 2021 and December 2022, Afghanistan witnessed unprecedented levels of displacement and return.

2.6 M

individuals newly displaced owing to conflict or disasters between January 2021 and December 2022 and remain in displacement

5.7 M

individuals newly displaced owing to conflict or disasters between January 2021 and December 2022 and remain in displacement



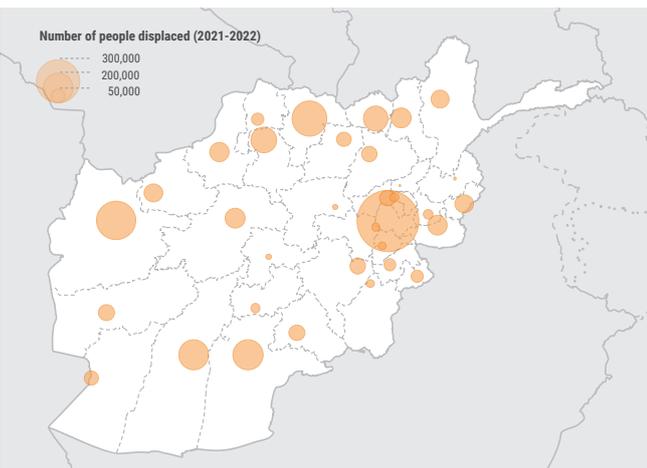
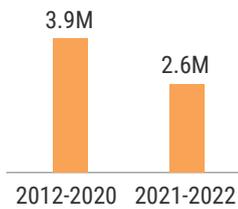
Sixty-one per cent (1,607,862) of IDPs who were displaced after 2020 and who have remained in displacement were displaced between January and December 2021.

Seventy-three per cent of those who returned in after 2020 returned between January and December 2021.

IDPs 2021 to 2022

Between January 2021 and December 2022, 2.6 million individuals were displaced, which constitutes one-third (40 per cent) of the total number of individuals in displacement (6.5 million, see below section on

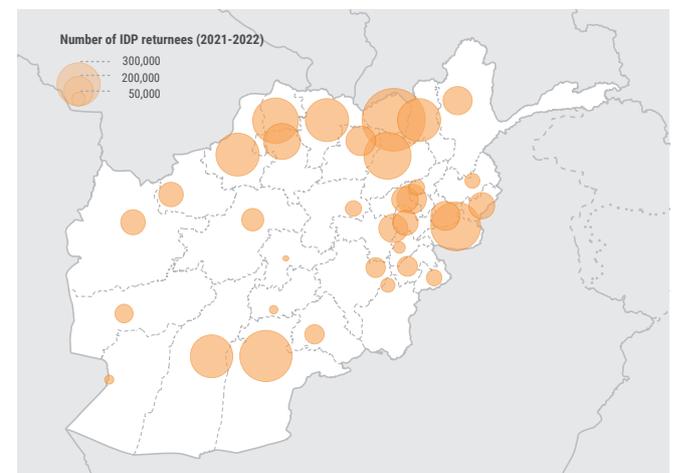
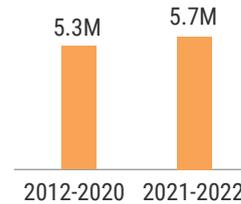
historical data). Almost one out of four (23 per cent) individuals who were displaced in this recent period went to Kabul province (the largest share among all provinces).



Returnees 2021 to 2022

Between January 2021 and December 2022, 5.7 million individuals returned from displacement, which constitutes over half (52 per cent) of the total number of formerly displaced individuals who have returned home since 2012 (11 million, see below section on historical data). The largest share of those who

returned in this recent period originate from and hence returned to Kunduz province (12 per cent of all individuals who returned between January 2021 and December 2022).



Historical Data: 2012 to 2022

6.5 M

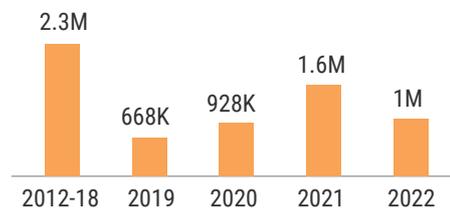
individuals displaced since 2012 and remain in displacement

11 M

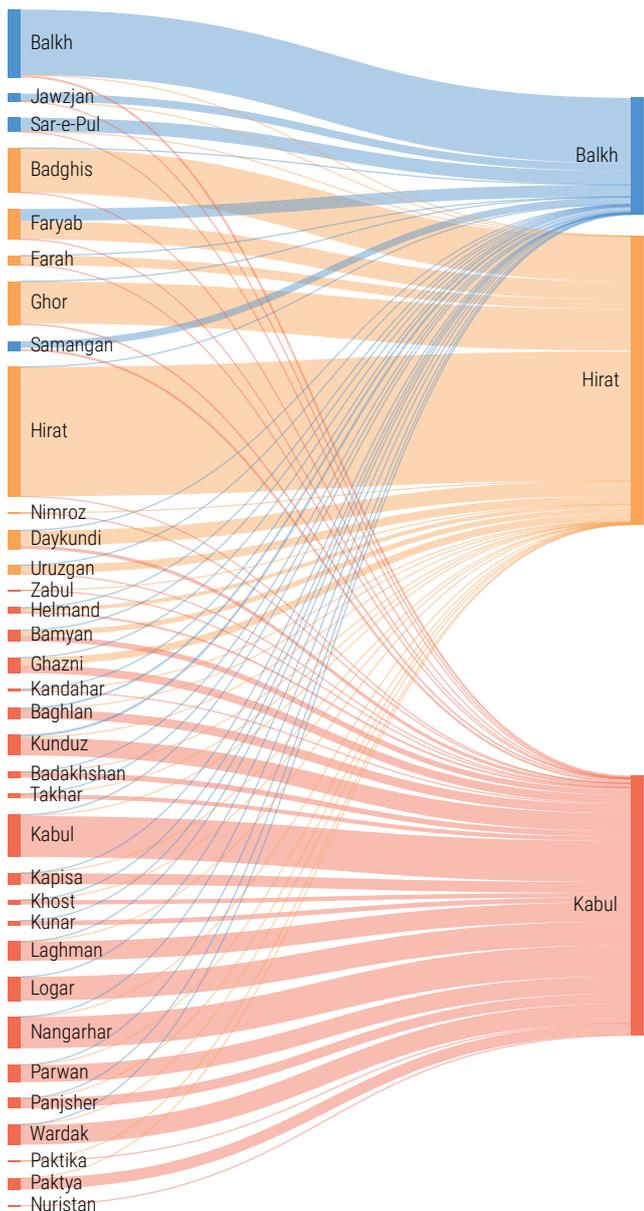
individuals returned from displacement since 2012

IDPs

As of December 2022, 6.5 million individuals are in displacement in Afghanistan. Herat province hosts the largest share of IDPs (1.1 million, or 17 per cent of IDPs in the country), the majority of which were displaced in the period of 2012 to 2018. Kabul and Balkh host the second and third largest shares of IDPs, 16 per cent and 7 per cent of all IDPs respectively.

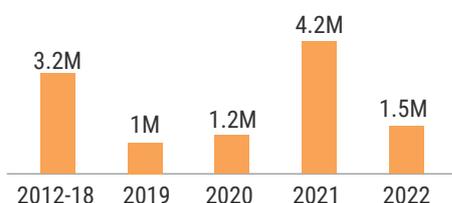


Displacement flow from all provinces of origin to the top three provinces of displacement



Returnees

As of December 2022, over 11 million individuals who were at one point displaced have returned from displacement since 2012. Kunduz province has the highest number of returns compared to all provinces (2.1 million individuals, or 19 per cent of all returnees), the majority of which returned between 2012 and 2020. Nangarhar and Baghlan provinces have also witnessed



large shares of return, having 9 and 8 per cent of all returnees respectively.

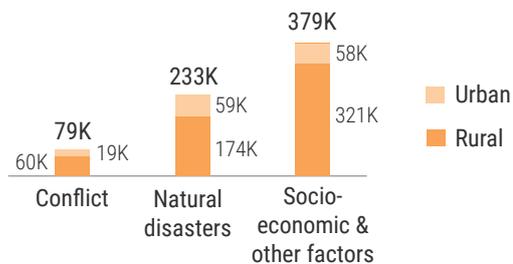
2023 Projections

691 K

projected to be displaced or move internally in 2023

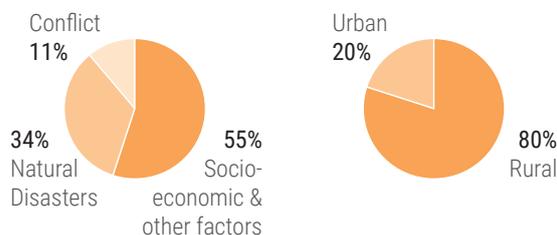
Between 2021 and early 2022, DTM recorded a drop of almost 50 per cent in IDPs displaced due to conflict and an increase of over 100 per cent of individual displaced due to disaster (including drought and floods).

Projected displacement and population movement in 2023



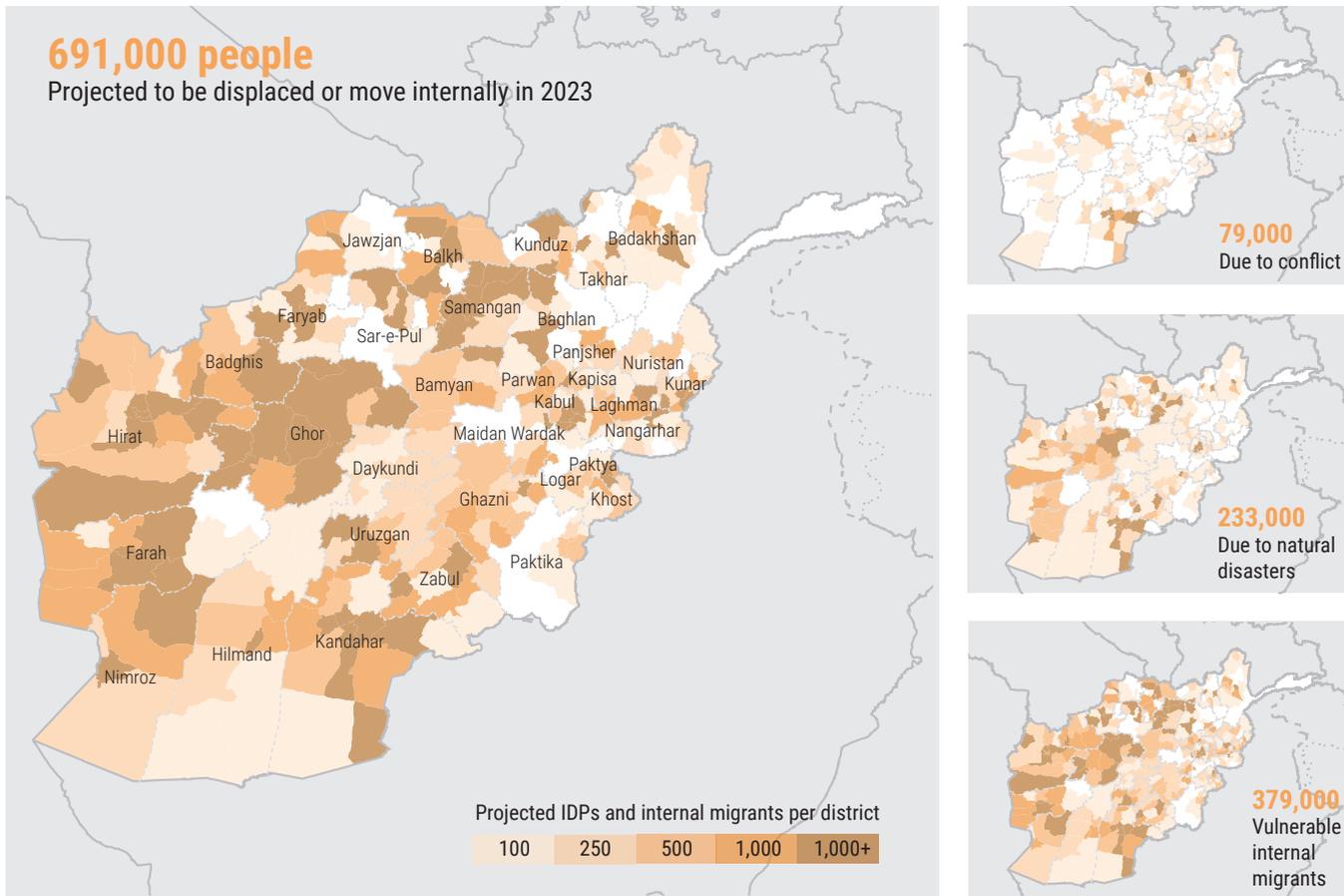
DTM projections for 2023 predict a further decrease in the proportion of individuals displaced by conflict compared to those displaced by disasters. Displacement of individuals due to disasters is expected to constitute about one third of displacements in 2023.

Additionally, movements due to socio-economic factors are expected to increase in 2023, including populations affected by disaster that displace sometime after the disaster has occurred when they have exhausted their coping capacity. Other factors also include urban-to-rural movements for various reasons such as to access humanitarian services and lack of ability to afford living in urban areas, among others.



Projections for 2023 predict the displacement of 312,212 individuals over the year due to conflict and disasters while 378,575 individuals will move from one place to another due to socio-economic and other factors and will be considered vulnerable internal

migrants. Furthermore, four out of five of these individuals (either IDPs or vulnerable internal migrants) will be in rural areas while one in five individuals will be in urban areas.



5.3 Needs of IDPs and Vulnerable Internal Migrants

IDP needs

Based on UNHCR’s internal protection analysis, desperate economic circumstances are driving IDPs into harmful coping mechanisms, some of which will result in serious harm and protection risks, particularly to the most vulnerable, such as women and children. There are persons and groups of people who are more vulnerable owing to their specific needs and protection risks, which are exacerbated by several factors. One of

those factors is policies and practices introduced by the de facto authorities, such as restricting freedom of movement and opportunity for livelihoods by women. Among IDPs, women and girls, the elderly, and persons with disabilities are subject to higher protection risks as their specific needs are not being met and their voices not heard, thus resulting in their vulnerability becoming entrenched.

There is a major gap in the feedback mechanism of the AAP, in that the majority of beneficiaries do not know how to provide feedback, post queries and lodge complaints or have challenges accessing these mechanisms. In consequence, the voices of IDPs are not coming through, especially those of the most vulnerable, and are, thereby, not informing the humanitarian response to a sufficient degree. Data from the Protection Cluster (2022 interactive protection monitoring dashboard) shows that 77 per cent of households indicated not having knowledge of complaint and feedback mechanisms.³⁶

Notwithstanding the fact that humanitarian needs apply across all population groups in Afghanistan, a more tailored approach is required for persons belonging to specific population groups, including those displaced, considering the vulnerabilities arising from their displacement situation. For instance, UNHCR's protection monitoring, based on approximately 24,000 household assessments conducted across Afghanistan between May and October 2022 (of whom 36 per cent were displaced between less than 3 months and 1 year, 59 per cent between 1 and 5 years and 5.4 per cent for over 5 years), shows that amongst IDP households, 54 per cent indicated having vulnerability factors present amongst persons in the household, compared to 48 per cent amongst non-displaced host communities.

In connection with shelter, the need for rental assistance is the third highest priority need amongst IDPs (42 per cent), while it is not in the top five needs of non-displaced host communities (13 per cent). This is linked to the fact that 44 per cent of IDPs assessed by UNHCR indicated to be renting, compared to 8 per cent of non-displaced host community members. Overall, the tenure status of IDPs is more precarious as, in addition, 20 per cent of IDPs indicated either being hosted by family or friends or squatting, compared to 15 per cent of non-displaced host community members. REACH's WoAA also found that recent IDPs report that shelter is among their top three priority needs at almost triple the rate compared to the host community (46 per cent among IDPs compared to 16 per cent among the host community),³⁷ and that IDPs are more likely to lose shelter in the event of a

disaster (27 per cent of IDPs compared to 14 per cent of vulnerable HHs in the host community),³⁸ which may result in secondary or tertiary displacement. Afghanistan's Protection Cluster Analysis emphasizes that IDPs face the specific protection risk of eviction due to inability to pay rent or residing in informal settlements.³⁹

In addition, the capability of IDPs and non-displaced populations to cope may differ. IDPs may have less assets to sell as a coping mechanism, compared to non-displaced host communities, while at the same time more IDPs indicate an inability to work and cover daily needs (74 per cent) compared to non-displaced host communities (71 per cent). In consequence, UNHCR's data shows that a slightly higher percentage of IDPs have accrued debt (93 per cent) compared to non-displaced host community members (91 per cent). Along these lines, the WoAA found that IDPs are more likely to engage in extreme or high-risk activities to obtain food (22 per cent of IDPs compared to 10 per cent of vulnerable HHs in the host community) and are less likely to know how to access humanitarian assistance (25 per cent of IDPs compared to 38 per cent of the vulnerable HHs belonging to the host community).⁴⁰

Analysis from the Protection Cluster in Afghanistan found that IDPs were more likely to be denied access to essential services. Additionally, safety is more often cited among women IDPs as a main reason for not wanting to return to their previous location.⁴¹

Needs of vulnerable internal migrants

An internal migrant, a term not defined by international law, is defined as a person who moves away from his or her place of usual residence but remains within the country, temporarily or permanently, for a variety of reasons including economic shock.⁴² One does not become vulnerable by simply being a migrant, or an IDP, for that matter. Vulnerability is based upon the extent to which an individual is able to access food, security, livelihoods, services, and protection of basic human rights and whether the absence of these things puts them in a position to be harmed, exploited, or neglected, hence requiring special protection and

support by an outside party (be it the government, humanitarian actors, or another type of support).

The prolonged and complex crisis in Afghanistan has resulted in the movement of individuals, henceforth known as “vulnerable internal migrants,” due to factors other than conflict and disaster, such as economic shock. While remaining aware that the drivers of displacement and reasons to remain in displacement are complex and often woven together, the IDP Guiding Principles definition considered only those persons displaced due to conflict or natural disasters. However, vulnerable internal migrants, like IDPs, often cannot access basic human needs and are therefore included

amongst the groups of persons who need assistance owing to their vulnerability under the 2023 HRP.

Untangling vulnerable internal migrants from the number of IDPs will allow for better delivery of customized humanitarian assistance for their specific needs and does not de-prioritize these individuals due to their ‘non-IDP’ status. Assistance for vulnerable internal migrants should be included in area- and neighbourhood-based approaches as well as needs-based, as is done for IDP programming. Humanitarian actors can encourage the authorities to streamline the issuing of documentation (such as IDs and land ownership document) to vulnerable internal migrants as well as protecting them from eviction.

5.4.

Future IDP Numbers, Durable Solutions and Vulnerable Internal Migrants

In order to explore solutions to internal displacement in Afghanistan—with the newfound context of significant IDP returns and markedly reduced conflict since August 2021—the UN RC in Afghanistan, together with the UN Country Team (UNCT), has developed the Strategic Framework for Solutions to Internal Displacement in Afghanistan in conjunction with the establishment of the National Durable Solutions Working Group (N-DSWG) under the lead of RC. In line with the [Secretary-General's Action Agenda on Internal Displacement](#), the Strategic Framework is rooted in practical, actionable measures building on the available space across the entire HDPN and factors in the geographical footprint of UN agencies currently engaged in life-saving humanitarian action as well as solutions-, stabilization-, recovery, and resilience-related programmes and encourages consideration of all possible solutions to displacement, including voluntary return, local integration, and/or relocation.

As a linked initiative, IOM and UNHCR are launching an exercise to generate harmonised data reporting

on IDPs and returnees in Afghanistan, as well as the percentage of IDPs from amongst the protracted population who have found durable solutions in line with the IRIS standards and the [IASC Framework on Durable Solutions for IDPs](#). To this end, and as endorsed by the National Durable Solutions Working Group, the exercise will apply the definition of internal displacement as stipulated in the Guiding Principles on Internal Displacement and indicators related to durable solutions from the IASC Framework. Four decades of pervasive conflict has resulted in multiple waves of forced displacement within Afghanistan and across its borders. In addition, populations have faced further displacement due to recurring natural disasters including droughts, flash floods and earthquakes. Both these population groups fall within the IASC definition and within the ambit of the Strategic Solutions Framework. Those persons who have moved due to other factors, including economic shock, will be considered as vulnerable internal migrants. This will allow for a more nuanced data and understanding of displacement and hence solutions in the country.

Going forward after 2023, there is a consensus among humanitarian actors in Afghanistan to amend the collection and reporting of IDP figures in a way that will separate vulnerable internal migrants from the number of IDPs.

Evaluating durable solutions and the end of displacement

The key focus when assessing the end of displacement will be on vulnerabilities attached to the situation of those in displacement vis-a-vis the situation of non-displaced host communities in the same location.

THEMATIC AREA	INDICATOR(S)
Long term safety, security and freedom of movement (3 indicators)	1. Safety/security 2. Hazard 3. Freedom of movement
Adequate standard of living (4 indicators)	4. Sanitation Facilities 5. Access to health facilities 6. Access to primary education, 7. Secure tenure rights
Access to livelihoods and employment (2 indicators)	8. Employment in formal/informal sector 9. Loans

THEMATIC AREA	INDICATOR(S)
Access to documentation (1 Indicator)	10. Access to national IDs/Tazkira
Participation in public affairs (1 indicator)	11. Access to local reconciliation initiatives
Access to remedies (1 indicator)	12. Access to remedies

The degree to which IDPs face additional and specific needs related to their displacement will be predicated on the difference in needs and vulnerabilities faced by the non-displaced households in the same location.

The N-DSWG in Afghanistan reached a consensus on indicators that will be used to determine whether an IDP has realized the end of their displacement. Firstly, the intentions of individuals currently in displacement will be considered. Secondly, a set of 12 indicators (divided into six themes, listed below) that fall within the IASC Framework will be used to measure IDPs' progress toward resolutions and durable solutions to their displacement.⁴³

Part 6:
Annexes



6.1 Participating Organisations

SECTOR	PARTICIPATING ORGANISATIONS	COUNT
Education	AABRAR, ACDO, ACTED, AKF, AREP, ASTO, CHA, CIC, COAR, CRS, FGA, IRC, JACK, JEN, KRO, MHI, NAC, NQA, NRC, OHA, PIN, SADA, SCI, STARS, SVA, TLO, UNICEF, WADAN, WCBDO, WC-C, WC-UK, WVA	32
Emergency Shelter and NFI	AABRAR, AAH, ACAPS, ACHRO, ACTED, ACTIONAID, ADEO, ADRA, AFGHANAID, AKAH, APWDO, ARAA, ARCS, AREP, AWSDC, CAHPO, CAID, CARE, CARITAS-G, COAR, CORDAID, CRDSA, CWW, DAARTT, DRC, FSCWEO, GIZ, HHRD, HRDA, IFRC, IMC, INTERSOS, IOM, IRC, IRW, JUH, KRO, ME, NAC, NCA, NCRO, NRC, OAWCK, OCHR, OHW, ORCD, ORD, PIN, QRCS, REDSSO, RI, SCI, SHAO, SI, SUO, TESTO, TSDO, UNFPA, UNHABITAT, UNHCR, UNICEF, UNWOMEN, WAW, WHH, WSTA	65
Food Security and Agriculture	A4T, AABRAR, AAH, ABM, ABR, ACBAR, ACDO, ACHRO, ACOO, ACTED, ACTIONAID, ADA, ADEO, AEEHDO, AFDARO, AFGHANAID, AFS, AHDA, AIRO, AKAH, ALO, AMRAN, ANCC, ANURDO, ANWSO, AOAD, AOM, AONA, APA, APBHO, APWDO, APWO, ARAA, ARCS, AREA, AREP, ARP, ARWEO, ASEEL, ASIO, ASLO, ASO, ATDSO, AWARD, AWARO, AWDCO, AWDREO, AWRO, AWSDC, AYSO, BARAN, BFANO, BLUMONT, BRAC, CAHPO, CAID, CARE, CARITAS-G, CDEPO, CDRO, CDSACO, CESVI, CHA, CIC, CICA, COAR, CORDAID, CORE, CRDSA, CRS, CRSDO, CWSA, CWW, DACAAR, DCA, DCLWO, DELTA, DRC, ECW, EDA, EMDAO, EPD, ERDO, FAO, FEWSNET, FGA, FRDO, FSCWEO, GAALO, GWO, HAADO, HAPA, HAPNO, HDAO, HDDO, HDNGO, HDO, HEERO, HELP, HFLO, HHWO, HI, HIA, HIAO, HOAD, HOSAA, HRCDO, HRDA, HRMDO, HSDEO, HSO, HSPO, HT, IAM, ICRC, IFRC, IMMAP, IRC, IRW, JACK, JCSO, KRA, KRO, KSRO, LEADO, LKRO, LSO, M&R, ME, MEDAIR, MEHHRD, MHI, MO, MORA, MPO, MTDO, MWA, NAC, NAWA, NCA, NCRO, NECDO, NEI, NEPA, NOVE, NPO/ RRAA, NRC, NRDOAW, NRPOGA, NSCRO, NSDO, OCCD, OCHA, OCHR, OFRD, OHR, OHW, OMEED, OMID, OPD, ORCD, ORD, ORDR, OSD, OSHR, OSS, OWE, OXFAM, PACO, PEVO, PIN, PORWA, PRB, PREMISE, QRCS, RAADA, RCDC, RCSHO, REACH, REEDA, REHAO, RHDO, RI, RMO, ROP, RORA, RSDO, SAB, SADAAT, SCA, SCI, SCWO, SDO, SDP, SDRO, SEARCHO, SEEPO, SFL, SGOA, SH, SHPOUL, SI, SOFAR, SOUND, SRP, SSSA, STARS, SUO, SVA, SWNHO, SWRO, SWSSO, TEARFUND, TKCO, TOA, TSDO, TWEDO, VOPOFA, VSWO, WAF, WCC, WDOA, WEARO, WFP, WFPO, WHH, WHMO, WMSO, WOGDJCY, WSTA, WVI, YEDAWO, YHDO, YPCAO, YVO, ZCO, ZF	237
Health	AABRAR, AADA, AAH, ACASUS, ACBAR, ACTD, AEHDA, AFD, AFGA, AHDS, AKF, AKHS, AOAD, ARCS, AWAZ, AWDREO, AYSO, BARAN, BDN, CAF, CARE, CDE, CDRO, CHA, CORDAID, CWSA, DAO, DRC, EDA, ELCS, EMERGENCY, FHI360, GC, GTS, H&I, HADAA, HDO, HEIOA, HIRA, HMLD, HN-TPO, HPRO, ICRC, IFRC, IMC, INTERNEWS, INTERSOS, IOM, IRC, IRW, JACK, JHPIEGO, JOIN, KOO, LKRO, MAPWO, MDM, MEDAIR, MEHHRD, MHI, MMRCA, MOPH, MOVE, MRCA, MSF, MSH, MSI, NORCAP, OCCD, OCHA, OHPM, OPHA, OPHCD, ORCD, OREAD, PU-AMI, QRCS, REACH, RHDO, RI, SAF, SCA, SCI, SDO, SHUHADA, TDH, UNDP, UNFPA, UNHCR, UNICEF, UNMAS, UNODC, UNOPS, WFP, WHO, WORLD, WVI, WYFA, YHDO	99
Nutrition	AADA, AAH, ACBAR, ACHRO, AFD, AFGA, AHDS, AIL, AKAH, AKHS, ARSDO, AWARD, AWRO, AYSO, BARAN, BDN, BRAC, CAF, CARE, CHA, CHDO, CRDSA, CWW, DHSA, FGA, FHI360, HADAA, HN-TPO, IFRC, IMC, IMMAP, INTERSOS, IOM, IRC, JACK, JOIN, MDM, MEDAIR, MSH, NEI, NSDO, OCCD, OCHA, OHPM, OPHA, OPHCD, OPM, ORCD, ORCD-C, OWH, PU-AMI, REACH, RHDO, RI, SCI, SI, TF, UNICEF, WAF, WFP, WHH, WHMO, WHO, YPCAO	64
Protection	AABRAR, ACTED, ACTIONAID, ADWSO, AREA, ARSDO, ASCHIANA, ASLO, ATC, CAHPO, CARE, CIC, CORDAID, CRDSA, DAFA, DAO, DDG, DRC, FSD, HARO, HI, HIRA, HN-TPO, HRDA, HRRAC, HT, HYSI, IMC, INTERSOS, IOM, IRC, MCPA, MDC, MMRCA, MPO, NRC, OCHR, OFRD, OMAR, PIN, PREDO, PU-AMI, RRSWO, SADA, SAF, SCI, SHAO, TACT, TDH, UNFPA, UNHABITAT, UNHCR, UNICEF, UNMAS, VOPOFA, WASSA, WC-C, WC-UK, WHMO, WSTA, WVI, YHDO	62
Water, Sanitation and Hygiene	AABRAR, AAH, ACTED, ACTIONAID, ADA, AFGHANAID, AHDS, AKAH, APBHO, ASLO, CAHPO, CARITAS-G, CICA, COAR, CORDAID, CRDSA, CRS, CWW, DACAAR, DELTA, GNI, HAPA, IMC, INTERSOS, IOM, IRC, IRW, JEN, ME, MEDAIR, MERCYCORPS, NCA, NPO/RAA, NRC, OAWCK, OCCD, OCHR, ORD, PU-AMI, SCA, SCI, SEARCHO, SI, SSSA, UNHCR, UNICEF, WEARO, WHH, WHO, WVI, YPCAO	51

6.2 Planning Figures by Sector and by Geography

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)	PARTICIPATING ORGANISATIONS
28.3M	23.7M	\$4.63B	349

By sector

SECTOR	PEOPLE IN NEED	PLANNED REACH	IN NEED		REQUIREMENTS (US\$)	PARTICIPATING ORGANISATIONS
			IN NEED	TARGETED		
Education	8.7M	3.1M			215.2M	32
Emergency Shelter and NFI	9.7M	1.3M			276.0M	65
Food Security and Agriculture	21.2M	21.2M			2.59B	237
Health	17.6M	15.6M			449.9M	99
Nutrition	7.2M	5.5M			384.2M	64
Protection	20.3M	6.5M			169.6M	62
<i>General Protection</i>	14.1M	3.1M			42.1M	
<i>Child Protection</i>	7.5M	4.9M			50.7M	
<i>Housing, Property and Land</i>	5.9M	620.7K			9.1M	
<i>Gender-Based Violence</i>	10.1M	2.0M			49.5M	
<i>Mine Action</i>	5.0M	1.4M			18.3M	
Water, Sanitation and Hygiene	21.2M	13.9M			479.4M	51
Aviation	-	-			33.0M	
Coordination	-	-			33.6M	
Total	28.3M	23.7M			\$4.63B	349

RURAL

77%

URBAN

23%

WOMEN)

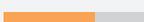
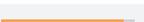
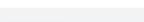
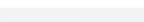
23%

CHILDREN

54%

WITH SEVERE DISABILITIES

8.3%

BY GENDER (%) FEMALE MALE	FEMALE MALE	BY AGE (%) CHILDREN ADULTS ELDERS	WITH DISABILITY	IDPS	RETUR- NEES	SHOCK- AFFECTED	VUL. PEOPLE	REFU- GEES	URBAN	RURAL	
48 52		100 0 0		3.5%	278K	207K	71K	2.5M	19K	687K	2.4M
52 48		56 41 3		8.0%	311K	-	200K	768K	49K	279K	1.1M
49 51		54 43 3		8.2%	691K	333K	200K	19.9M	52K	4.9M	16.4M
48 52		53 44 3		8.4%	605K	1.1M	200K	13.6M	52K	4.3M	11.3M
75 25		47 53 0		9.0%	87K	71K	26K	5.3M	6K	1.2M	4.3M
50 50		62 36 2		7.4%	600K	779K	133K	5.0M	52K	1.5M	4.9M
45 55		51 46 3		8.6%	484K	556K	84K	1.9M	52K	433K	2.7M
48 52		79 20 1		5.7%	433K	344K	99K	4.0M	26K	1.1M	3.8M
50 50		55 43 3		8.2%	14K	15K	9K	582K	100	365K	256K
92 8		53 45 3		8.4%	81K	46K	12K	1.8M	556	610K	1.3M
22 78		42 55 3		9.5%	318K	779K	-	335K	-	94K	559K
49 51		54 43 3		7.9%	291K	425K	73K	13.1M	8K	2.8M	11.2M
-		-		-	-	-	-	-	-	-	-
-		-		-	-	-	-	-	-	-	-
48 52		54 44 3		8.3%	691K	1.1M	200K	21.7M	52K	5.5M	18.2M

By geography

PROVINCE	TOTAL POPULATION	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
Badakhshan	1.4M	917K	917K		185.2M	33
Badghis	755K	579K	554K		100M	27
Baghlan	1.4M	797K	734K		138.4M	29
Balkh	2.1M	1.2M	1.2M		248M	41
Bamyan	680K	477K	421K		79.1M	27
Daykundi	709K	397K	397K		75.7M	28
Farah	773K	747K	390K		83.1M	27
Faryab	1.5M	1.2M	984K		191.5M	30
Ghazni	1.9M	1.8M	591K		123.9M	24
Ghor	1.M	836K	791K		155.5M	30
Hilmand	2M	2M	730K		165.3M	37
Hirat	3.4M	2.1M	2M		334.2M	62
Jawzjan	827K	462K	462K		76.4M	23
Kabul	7.1M	4.8M	4.5M		788.4M	56
Kandahar	2.M	1.2M	983K		204.9M	60
Kapisa	670K	454K	420K		65.1M	13
Khost	874K	356K	333K		68.9M	36
Kunar	686K	481K	385K		77M	39
Kunduz	1.6M	792K	699K		144.6M	41
Laghman	678K	367K	367K		68.6M	33
Logar	596K	328K	319K		53.9M	19
Nangarhar	2.3M	1.2M	1.2M		221.8M	54
Nimroz	704K	621K	621K		65.4M	23
Nuristan	225K	205K	205K		33.2M	22
Paktika	1.1M	664K	515K		112.6M	34
Paktya	840K	470K	432K		78.8M	21
Panjsher	233K	220K	134K		22.5M	11
Parwan	1.M	652K	652K		104M	23
Samangan	591K	580K	580K		133.6M	21
Sar-e-Pul	853K	608K	513K		103.2M	22
Takhar	1.5M	706K	706K		124.2M	33
Uruzgan	599K	385K	257K		58.5M	30
Wardak	907K	452K	448K		86.4M	25
Zabul	528K	262K	262K		55.7M	27

BY GENDER (%)		FEMALE	BY AGE (%)			WITH	IDPS	RETUR-NEES	SHOCK-AFFECTED	VUL. PEOPLE	REFU-GEES	URBAN	RURAL	TRANSIT POINTS
FEMALE	MALE	MALE	CHILDREN	ADULTS	ELDERS	DISABILITY								
49 51			54 43 3		8.3%	7K	33K	9K	868K	-	71K	846K	-	
48 52			53 44 3		8.3%	7K	54K	13K	480K	-	52K	502K	-	
48 52			53 44 3		8.3%	6K	47K	6K	674K	-	121K	613K	-	
48 52			53 44 3		8.4%	38K	67K	13K	1.1M	-	383K	847K	-	
49 51			54 43 3		8.3%	3K	12K	4K	402K	-	26K	395K	-	
49 51			54 43 3		8.3%	1K	4K	2K	390K	-	12K	385K	-	
48 52			54 43 3		8.3%	12K	20K	10K	348K	-	31K	359K	-	
45 55			51 46 3		8.6%	20K	119K	14K	831K	-	77K	908K	-	
48 52			54 43 3		8.3%	8K	18K	3K	561K	-	58K	533K	-	
49 51			54 43 3		8.3%	26K	40K	4K	721K	-	33K	758K	-	
49 51			54 43 3		8.3%	4K	5K	11K	710K	-	126K	604K	-	
41 59			46 51 3		9.1%	18K	507K	9K	1.4M	25	439K	1.1M	507K	
45 55			51 46 3		8.6%	129	61K	8K	393K	-	101K	361K	-	
49 51			54 43 3		8.3%	86K	132K	5K	4.3M	418	2.7M	1.9M	14K	
49 51			56 41 3		8.1%	112K	94K	8K	769K	-	326K	584K	94K	
49 51			54 43 3		8.3%	1K	9K	2K	407K	-	26K	394K	-	
49 51			54 43 3		8.3%	2K	2K	3K	306K	21K	46K	287K	-	
49 51			54 43 3		8.2%	9K	3K	6K	367K	-	26K	359K	-	
47 53			53 44 3		8.4%	4K	57K	2K	637K	-	146K	553K	-	
48 52			54 43 3		8.3%	3K	22K	3K	339K	-	22K	345K	-	
49 51			54 43 3		8.3%	967	15K	4K	298K	-	15K	304K	-	
49 51			54 43 3		8.3%	5K	23K	9K	1.2M	-	112K	1.1M	20K	
25 75			31 65 4		10.7%	9K	477K	2K	133K	-	97K	73K	477K	
49 51			54 43 3		8.3%	910	2K	2K	201K	-	1K	204K	-	
49 51			54 43 3		8.3%	1K	2K	1K	479K	31K	9K	507K	-	
49 51			54 43 3		8.3%	4K	4K	4K	420K	-	43K	389K	-	
49 51			54 43 3		8.3%	1K	45	2K	132K	-	16K	118K	-	
48 52			53 44 3		8.4%	5K	64K	4K	580K	-	86K	566K	-	
49 51			54 43 3		8.3%	246K	34K	4K	296K	-	72K	508K	-	
48 52			53 44 3		8.4%	4K	41K	9K	458K	-	38K	475K	-	
46 54			51 46 3		8.6%	11K	72K	7K	616K	-	146K	559K	-	
49 51			54 43 3		8.3%	5K	196	6K	245K	-	37K	220K	-	
48 52			53 44 3		8.4%	4K	32K	4K	408K	-	11K	437K	-	
48 52			54 43 3		8.3%	25K	20K	6K	211K	-	28K	234K	-	

6.3 Sectoral Activities and Costing

Education

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.1\CL-EDU\C01\CA1.1: ESTABLISH/MAINTAIN COMMUNITY-BASED CLASSES (CBCS).				
# of CBE, ALC, MBE and TLS established and maintained	25,000	3,900	97,500,000	0%
# of boys and girls enrolled in CBE, ALC, MBE and TLS*	750,000	-	-	0%
SP1.1\CL-EDU\C01\CA1.2: ALTERNATIVE LEARNING MODALITIES DEVELOPED AND IMPLEMENTED				
# of secondary school girls reached through alternative learning modalities	1,149,138	25	2,500,000	0%
SP1.1\CL-EDU\C02\CA2.1: SUPPORT SHOCK-AFFECTED VULNERABLE BOYS AND GIRLS WITH EMERGENCY EDUCATION SUPPORT.				
# of boys and girls in public schools receiving learning materials (student kits, teaching kits, classroom kits, hygiene kits, drinking water, rehabilitated infrastructures)	1,200,000	71	85,200,000	0%
SP1.1\CL-EDU\C02\CA2.2: WINTERIZATION SUPPORT IN CBE, ALC, MBE AND TLS				
# of boys and girls continuing with their studies during winter*	230,000	-	-	0%
SP1.1\CL-EDU\C02\CA2.3: RECRUITMENT, DEPLOYMENT AND PAYMENT OF TEACHERS.				
# of teachers (m/f) paid a monthly stipend	25,000	1,200	30,000,000	0%
SP1.1\CL-EDU\C02\CA2.4: TEACHER TRAINING ACTIVITIES ON STANDARDIZED TEACHER TRAINING MANUAL, INCLUDING PSS/DISABILITY AND INCLUSION				
# of teachers (m/f) trained on standardized Teacher training manual, including PSS/disability and inclusion*	25,000	-	-	0%
SP1.1\CL-EDU\C03\CA3.1: ESTABLISH AND TRAIN SHURAS ON ROLES AND RESPONSIBILITIES, COMMUNITY MOBILIZATION AND PREPAREDNESS PLANNING				
# of Shuras trained on roles and responsibilities, community mobilization and preparedness planning*	75,000	-	-	0%
Total	3,099,138	69.44	215,200,000	0%

* Costings included under activity CA1.1

Emergency Shelter and NFI

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.1\CL-SHL\C01\CA1.1: EMERGENCY SHELTER ASSISTANCE (CASH FOR RENT)				
# of people receiving emergency shelter assistance, including through cash-for-rent support.	97,733	31.82	3,110,010	100%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.1\CL-SHL\C01\CA1.2: EMERGENCY SHELTER KIT (TENT+ 2 PCS OF PLASTIC TARPAULIN)				
# of people receiving emergency shelter assistance through tents and plastic tarpaulin	413,121	96.43	39,836,669	0%
SP1.1\CL-SHL\C01\CA1.3: NFI ASSISTANCE				
# of people receiving cash assistance for basic household items / NFIs to meet their immediate needs.	58,329	25.26	1,473,645	100%
# of people receiving in kind assistance for basic household items / NFIs to meet their immediate needs.	1,108,254	25.26	27,999,251	0%
SP1.1\CL-SHL\C01\CA1.4: ASSISTANCE TO COVER WINTERIZATION NEEDS (HEATER & FUEL)				
# of people receiving seasonal cash assistance for heaters and fuel	776,541	38.57	29,952,307	100%
# of people receiving seasonal in kind assistance for heaters and fuel	48,065	38.57	1,853,942	0%
SP1.1\CL-SHL\C01\CA1.5: ASSISTANCE TO COVER WINTERIZATION NEEDS (WINTER CLOTHING)				
# of people receiving seasonal cash assistance for winter clothing	127,457	14.27	1,818,991	100%
# of people receiving seasonal in kind assistance for winter clothing	697,150	14.27	9,949,321	0%
SP1.1\CL-SHL\C01\CA1.6: ASSISTANCE TO COVER WINTERIZATION NEEDS (BLANKETS OR QUILTS)				
# of people receiving seasonal cash assistance for blankets or quilts.	370,588	10.99	4,073,823	100%
# of people receiving seasonal in kind assistance for blankets or quilts.	454,018	10.99	4,990,958	0%
SP1.1\CL-SHL\C02\CA2.1: SHELTER REPAIR RECONSTRUCTION TOOLKIT				
# of people receiving cash assistance for shelter reconstruction toolkits	629,719	9.64	6,072,294	100%
# of people receiving in kind assistance for shelter reconstruction toolkits	69,969	9.64	674,699	0%
SP1.1\CL-SHL\C02\CA2.2: SHELTER REPAIR / RECONSTRUCTION FOR MINOR DAMAGES				
# of people receiving cash assistance to repair/upgrade minor damaged shelters	398,028	63.64	25,331,648	100%
# of people receiving in kind assistance to repair/upgrade minor damaged shelters	91,754	63.64	5,839,460	0%
SP1.1\CL-SHL\C02\CA2.3: SHELTER REPAIR / RECONSTRUCTION FOR SEVERE DAMAGES				
# of people receiving cash assistance to repair/upgrade severely damaged shelters	188,916	106.07	20,038,570	100%
# of people receiving in kind assistance to repair/upgrade severely damaged shelters	20,991	106.07	2,226,508	0%
SP3.2\CL-SHL\C03\CA3.1: TRANSITIONAL SHELTER SUPPORT				
# of people receiving support to construct transitional shelters through in kind	21,151	386.29	81,706,345	0%
SP3.2\CL-SHL\C05\CA5.1: CCCM WG: SITE CARE AND MAINTENANCE				
# of IDPs living in ISETs which are provided with cash-based care and maintenance.	344,545	9.00	3,100,906	100%
# of IDPs living in ISETs which are provided with in-kind form of care and maintenance	86,136	9.00	775,227	0%
SP3.2\CL-SHL\C06\CA6.1: CCCM WG: MOBILE SITE MANAGEMENT				
# of IDPs living in ISETs monitored by Mobile CCCM team	430,681	12.00	5,168,177	0%
Total	1,327,953	207.83	275,992,752	34%

Food Security and Agriculture

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.2\CL-FSC\C02\CA2.1: FOOD ASSISTANCE FOR IDPS (3 MONTHS)				
# IDPs receiving in-kind food assistance (3 months)	483,551	20.39	29,572,596	0%
# IDPs receiving cash transfers for food (3 months)	207,236	20.39	12,673,970	100%
SP1.2\CL-FSC\C02\CA2.2: FOOD ASSISTANCE FOR NATURAL DISASTER-AFFECTED (2 MONTHS)				
# Natural disaster-affected people receiving in-kind food assistance (2 months)	140,000	20.39	5,708,000	0%
# Natural disaster-affected people receiving cash transfers for food (2 months)	60,000	20.39	2,446,286	100%
SP1.2\CL-FSC\C02\CA2.3: FOOD ASSISTANCE FOR CROSS-BORDER RETURNEES (4 MONTHS)				
# Cross-border returnees receiving in kind food assistance (4 months)	233,094	20.39	19,007,126	0%
# Cross-border returnees receiving cash transfers for food (4 months)	99,897	20.39	8,145,911	100%
SP1.2\CL-FSC\C02\CA2.4: FOOD ASSISTANCE FOR PAKISTANI REFUGEES (6 MONTHS)				
# Pakistani refugees receiving in kind food assistance (6 months)	36,405	20.39	4,452,839	0%
# Pakistani refugees receiving cash transfers for food (6 months)	15,602	20.39	1,908,360	100%
SP1.2\CL-FSC\C02\CA2.5: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 3 (JAN-APR, NOV-DEC, 6 MONTHS)				
# People in IPC Phase 3 receiving in-kind food assistance (Jan-Apr, Nov-Dec, 6 months)	9,676,705	10.19	690,432,887	0%
# People in IPC Phase 3 receiving cash transfers for food (Jan-Apr, Nov-Dec, 6 months)	4,147,159	10.19	295,899,809	100%
SP1.2\CL-FSC\C02\CA2.6: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 4 (JAN-APR, NOV-DEC, 6 MONTHS)				
# People in IPC Phase 4 receiving in-kind food assistance (Jan-Apr, Nov-Dec, 6 months)	4,256,091	15.29	455,508,139	0%
# People in IPC Phase 4 receiving cash transfers for food (Jan-Apr, Nov-Dec, 6 months)	1,824,039	15.29	195,217,774	100%
SP1.2\CL-FSC\C02\CA2.7: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 3 (MAY-OCT, 2 MONTHS)				
# People in IPC Phase 3 receiving in-kind food assistance (May-Oct, 2 months)	9,289,637	10.19	94,687,939	0%
# People in IPC Phase 3 receiving cash transfers for food (May-Oct, 2 months)	3,981,273	10.19	40,580,545	100%
SP1.2\CL-FSC\C02\CA2.8: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 4 (MAY-OCT, 6 MONTHS)				
# People in IPC Phase 4 receiving in-kind food assistance (May-Oct, 6 months)	2,809,020	15.29	214,739,551	0%
# People in IPC Phase 4 receiving cash transfers for food (May-Oct, 6 months)	1,203,866	15.29	92,031,236	100%
SP3.1\CL-FSC\C05\CA5.1: LIVELIHOODS SUPPORT FOR NATURAL DISASTER-AFFECTED (1MONTH)				
# Natural disaster-affected people receiving in-kind livelihoods assistance (1 month)	115,500	36.00	4,158,000	0%
# Natural disaster-affected people receiving livelihoods assistance in cash (1 month)	34,500	36.00	1,242,000	100%
SP3.1\CL-FSC\C05\CA5.2: LIVELIHOODS SUPPORT FOR ASSET CREATION (6 MONTHS)				
# People receiving in-kind support for asset creation (6 months)	1,309,000	18.00	141,372,000	0%
# People receiving cash support for asset creation (6 months)	391,000	18.00	42,228,000	100%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP3.1\CL-FSC\CO5\CA5.3: LIVELIHOODS SUPPORT: WINTER WHEAT CULTIVATION PACKAGE (1 MONTH)				
# People receiving in-kind winter wheat cultivation package (1 month)	3,850,000	31.50	121,275,000	0%
SP3.1\CL-FSC\CO5\CA5.4: LIVELIHOODS SUPPORT: SUMMER CULTIVATION PACKAGE (1 MONTH)				
# People receiving in kind summer cultivation package (1 month)	80,850	18.50	1,495,725	0%
# People receiving cash support for summer cultivation package (1 month)	24,150	18.50	446,775	100%
SP3.1\CL-FSC\CO5\CA5.5: LIVELIHOODS SUPPORT: BACKYARD VEGETABLE CULTIVATION (1 MONTH)				
# People receiving in-kind support for backyard vegetable cultivation (1 month)	808,500	13.00	10,510,500	0%
# People receiving cash support for backyard vegetable cultivation (1 month)	241,500	13.00	3,139,500	100%
SP3.1\CL-FSC\CO5\CA5.6: LIVELIHOODS SUPPORT: LIVESTOCK PROTECTION PACKAGE (1 MONTH)				
# People receiving in-kind livestock protection package (1 month)	1,617,000	28.50	46,084,500	0%
# People receiving cash for livestock protection package (1 month)	483,000	28.50	13,765,500	100%
SP3.1\CL-FSC\CO5\CA5.7: LIVELIHOODS SUPPORT: BACKYARD POULTRY PACKAGE (1 MONTH)				
# People receiving in-kind backyard poultry package (1 month)	100,100	71.50	7,157,150	0%
# People receiving cash for backyard poultry package (1 month)	29,900	71.50	2,137,850	100%
SP3.1\CL-FSC\CO5\CA5.8: UNCONDITIONAL CASH TRANSFER				
# People receiving unconditional cash transfer (1 month)	70,000	21.50	1,505,000	100%
SP3.1\CL-FSC\CO5\CA5.9: CONTAINMENT OF PLANT PEST AND ANIMAL DISEASE OUTBREAKS				
Emergency containment of plant pest and animal diseases outbreaks (Lumpy Sking Disease, Locust, etc.)	1	27,000,000	27,000,000	0%
Total	21,179,781	122.12	2,586,530,470	28%

Health

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.3\CL-HEA\CO1\CA1.1: SUPPORT DELIVERY OF PRIMARY HEALTH CARE SERVICES INCLUDING REPRODUCTIVE HEALTH, MHPSS AND NON-COMMUNICABLE DISEASES				
Number of primary health care consultations	15,599,052	16.10	251,144,737	0%
SP1.3\CL-HEA\CO1\CA1.2: PROVIDE SUPPORT TO SECONDARY HEALTH CARE SERVICES (E.G. PROVISION OF MEDICAL SUPPLIES, STAFF CAPACITY BUILDING, TRANSPORT COST FOR THE REFERRAL CASES, ETC.)				
Number of patients receiving secondary health care	1,559,905	63.25	98,664,004	0%
SP1.3\CL-HEA\CO1\CA1.3: PROVIDE SUPPORT TO TRAUMA CARE SERVICES THROUGH STRENGTHENING THE CAPACITY OF TRAUMA CARE FACILITIES (E.G. PROVISION OF SUPPLIES, STAFF CAPACITY BUILDING, ESTABLISHMENT OF TRIAGE AND ISOLATION AREAS, SUPPORT AMBULANCE SERVICES, ETC.)				
Number of trauma cases treated	229,500	150	34,310,250	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.3\CL-HEA\C01\CA1.4: PROVIDE IN-SERVICES TRAINING TO HEALTH CARE WORKERS				
Number of health care workers trained	7,500	230	1,725,000	0%
SP1.3\CL-HEA\C01\CA1.5: ENSURE COMMUNICATION, INFORMATION SHARING AND COORDINATION AMONG HEALTH CLUSTER PARTNERS TO IMPROVE DELIVERY OF HEALTH CARE SERVICES TO VULNERABLE POPULATION				
Number of Health Cluster coordination meetings organized at national and sub-national levels	96	2,300,000	2,300,000	0%
SP1.3\CL-HEA\C01\CA1.6: DOCUMENT AND REPORT ATTACKS ON HEALTH CARE				
Number of attacks on health care	-	-	24,000	0%
SP1.3\CL-HEA\C02\CA2.1: STRENGTHEN INFECTIOUS DISEASES OUTBREAK PREPAREDNESS AND RESPONSE (E.G. COORDINATION, SURVEILLANCE, CASE MANAGEMENT, IPC, RCCE, DIAGNOSTIC AND TREATMENT KITS, ETC.)				
Number of outbreak-affected people received health care	105,000	345	36,225,000	0%
SP1.3\CL-HEA\C02\CA2.2: SUPPORT RCCE ACTIVITIES FOR COMMUNICABLE DISEASES OUTBREAK				
Number of persons reached with RCCE messages for communicable diseases	2,339,858	3.45	8,072,509	0%
SP2.1\CL-HEA\C03\CA3.1: TRAIN HEALTH CARE WORKERS ON HEALTH RESPONSE TO SURVIVORS OF VIOLENCE				
Number of health workers trained on health response to survivors of violence	2,000	230	460,000	0%
SP2.1\CL-HEA\C03\CA3.2: PROVIDE CLINICAL MANAGEMENT TO THE SURVIVORS OF VIOLENCE				
Number of survivors of violence receiving clinical management	20,000	200	4,000,000	0%
SP3.3\CL-HEA\C04\CA4.1: SUPPORT DELIVERY OF DISABILITY AND PHYSICAL REHABILITATION SERVICES				
Number of people with disabilities receiving rehabilitative care	130,000	100	13,000,000	0%
Total	15,599,052	28.84	449,925,501	0%

Nutrition

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.2\CL-NUT\C01\CA1.1: COMMUNITY SCREENING OF CHILDREN 6-59 MONTHS				
Number of children screened at community level for acute malnutrition	6,982,297	1.00	6,982,297	0%
SP1.2\CL-NUT\C01\CA1.2: SAM TREATMENT OF CHILDREN 0-59 MONTHS IN IPD				
Number of girls and boys aged 0-59 months with SAM who are admitted for treatment in IPD	87,522	287	25,118,814	0%
SP1.2\CL-NUT\C01\CA1.3: SAM TREATMENT OF CHILDREN 6-59 MONTHS IN OPD				
Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD	787,702	79.00	62,228,458	0%
SP1.2\CL-NUT\C01\CA1.4: MAM TREATMENT OF CHILDREN 6-59 MONTHS IN OPD				
Number of girls and boys aged 6-59 months with MAM who are admitted for treatment	1,643,461	32.00	52,590,752	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.2\CL-NUT\C01\CA1.5: AM TREATMENT OF PLW IN OPD				
Number of pregnant and lactating women with AM who are admitted for treatment	563,056	85.00	47,859,760	0%
SP1.2\CL-NUT\C02\CA2.1: VITAMIN A SUPPLEMENTATION IN CHILDREN 6-59 MONTHS				
Number of girls and boys aged 6-59 months who received vitamin A supplement	6,982,297	1.00	6,982,297	0%
SP1.2\CL-NUT\C02\CA2.2: MIYCN COUNSELLING				
Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling	2,344,672	3.00	7,034,016	0%
SP1.2\CL-NUT\C02\CA2.3: BSFP IN CHILDREN 6-59 MONTHS				
Number of girls and boys aged 6-59 months provided with specialized nutritious foods	2,246,741	32.00	71,895,712	0%
SP1.2\CL-NUT\C02\CA2.4: BSFP IN PLW				
Number of PLW provided with specialized nutritious foods	804,389	61.00	49,067,729	0%
SP1.2\CL-NUT\C02\CA2.5: MNP IN CHILDREN 6-23 MONTHS				
Number of girls and boys aged 6-59 months who received MNP	2,094,689	4.00	8,378,756	0%
SP1.2\CL-NUT\C03\CA3.1: INTEGRATED PACKAGE IN PRIORITIZED PROVINCES				
Number of households with malnourished children or PLW reached with the integrated package for improved nutrition outcomes	73,263	573.00	41,979,699	100%
SP1.2\CL-NUT\C04\CA4.1: SMART SURVEYS				
Number of provincial representative SMART surveys conducted	35	35,000.00	1,225,000	0%
SP1.2\CL-NUT\C04\CA4.2: COMMUNITY BASED SENTINEL SITES				
Number of functional community-based sentinel sites	157	1,800.00	282,600	0%
SP1.2\CL-NUT\C04\CA4.3: OPERATIONAL RESEARCH				
Number of operational research initiated	3	-	500,000	0%
SP1.2\CL-NUT\C04\CA4.4: COORDINATION				
Number of functional cluster coordination teams at national and subnational levels	8	-	2,053,390	0%
Total	5,516,326	69.64	384,179,280	11%

Protection: Child Protection

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\CP\C01\CA1.1: PROVIDE STRUCTURED PSS (CHILD FRIENDLY SPACES, ADOLESCENT FRIENDLY CENTERS (ADOLESCENT SOCIAL HUBS & GIRLS FRIENDLY FACILITIES) HOMES AND COMMUNITIES)				
# of children (boys and girls) are provided with structured PSS (Child Friendly Spaces, adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) homes and communities)	730,197	30.0	21,905,924	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\CP\C01\CA1.2: ESTABLISH ADOLESCENT FRIENDLY CENTERS (ADOLESCENT SOCIAL HUBS & GIRLS FRIENDLY FACILITIES) TO PROVIDE LIFE SKILLS & NEW GENERATIONS SKILLS				
# of children (boys and girls) provided with structured PSS (Child Friendly Spaces, adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) homes and communities)	5,000	150.0	750,000	0%
SP2.1\CL-PRO\CP\C01\CA1.3: REFERRAL TO SPECIALIZED SERVICES – MENTAL HEATH				
# of children (boys and girls) referred to specialized services –Mental Heath	24,340	20.0	486,802	0%
SP2.1\CL-PRO\CP\C01\CA1.4: PROVIDE FAMILY TRACING AND REUNIFICATION (FTR) SERVICES TO UNACCOMPANIED AND SEPARATED CHILDREN (UASC)				
# of Unaccompanied and Separated Children (UASC) provided with Family Tracing and Reunification (FTR) services	15,000	120.0	1,800,000	0%
SP2.1\CL-PRO\CP\C01\CA1.5: PROVIDE INTERIM FAMILY-BASED CARE OR OTHER SUITABLE INTERIM ALTERNATIVE CARE ARRANGEMENTS TO UNACCOMPANIED AND SEPARATED CHILDREN (UASC)				
# of Unaccompanied and Separated Children (UASC) provided with interim family-based care or other suitable interim alternative care arrangements	5,000	220.0	1,100,000	0%
SP2.1\CL-PRO\CP\C01\CA1.6: PROVIDED CASH AS A COMPONENT OF THE CASE MANAGEMENT SERVICES				
# of girls and boys provided with cash as a component of the Case Management services	20,000	140.0	2,800,000	100%
SP2.1\CL-PRO\CP\C01\CA1.7: IDENTIFY, REGISTER, REFER CHILDREN TO ACCESS TO SERVICES AND FOLLOW UP OF CASE MANAGEMENT SERVICES IN LINE WITH THE AFGHANISTAN SOP FOR CASE MANAGEMENT (CHILD LABOUR, CHILD MARRIAGE,				
# of girls and boys at risk identified, registered, referred, facilitated to access services, and follow up of case management services in line with the Afghanistan SOP for Case Management (child labour, child marriage)	100,000	50.0	5,000,000	0%
SP2.1\CL-PRO\CP\C01\CA1.8: PROVIDE SOCIAL REINTEGRATION AND LIFE SKILLS ASSISTANCE TO CHILDREN AND YOUTH WHO HAVE SUFFERED FROM GRAVE CHILD RIGHTS VIOLATIONS (INCLUDING FORMER CAAC AND COM)				
# of children and youth who have suffered from grave child rights violations (including former CAAC and CoM) provided with social reintegration and life skills assistance	5,000	175.0	875,000	0%
SP2.1\CL-PRO\CP\C01\CA1.9: PROVIDE EDUCATION REINTEGRATION ASSISTANCE TO CHILDREN AND YOUTH WHO HAVE SUFFERED FROM GRAVE CHILD RIGHTS VIOLATIONS (INCLUDING FORMER CAAC AND COM)				
# of children and youth who have suffered from grave child rights violations (including former CAAC and CoM) provided with education reintegration assistance	10,000	15.0	150,000	0%
SP2.1\CL-PRO\CP\C01\CA1.10: PROVIDE ECONOMIC REINTEGRATION ASSISTANCE TO CHILDREN AND YOUTH WHO HAVE SUFFERED FROM GRAVE CHILD RIGHTS VIOLATIONS (INCLUDING FORMER CAAC AND COM)				
# of children and youth who have suffered from grave child rights violations (including former CAAC and CoM) provided with economic reintegration assistance	5,000	800.0	4,000,000	0%
SP2.1\CL-PRO\CP\C01\CA1.11: SET UP A CHILD PROTECTION INFORMATION MANAGEMENT SYSTEM FOR REGISTRATION AND COMPREHENSIVE CASE MANAGEMENT SERVICES OF AT RISK CHILDREN				
# of girls and boys at risk, (including unaccompanied and separated children, and grave child rights violations) registered in the CPIMS+ and received comprehensive case management services	-	-	350,000	10%
SP2.1\CL-PRO\CP\C02\CA2.1: PROVIDE INFORMATION ON WELLBING MESSAGING TO SUPPORT THEIR CHILDREN'S PSYCHOSOCIAL WELLBEING.				
Provide information on wellbeing messaging to support their children's psychosocial wellbeing.	1,460,395	4.0	5,841,580	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\CP\C02\CA2.2: REACH COMMUNITY MEMBERS WITH MESSAGING THROUGH MASS MEDIA SESSIONS (TV, RADIO, SOCIAL MEDIA)				
# of community members reached with messaging through mass media sessions (TV, radio, social media)	4,867,983	1.0	4,867,983	0%
SP2.1\CL-PRO\CP\C03\CA3.1: CONDUCT CAPACITY BUILDING TRAINING TO CHILD PROTECTION WORKERS AND STAFF FROM OTHER SECTORS RECEIVING ON THE NORMS AND STANDARDS OF CHILD PROTECTION AND TO ADOPT NEW TOOLS AND WORKING MODALITIES, INCLUDING PSS, CARING FOR CHILD SURVIVORS (CS) OF SGBV CASE MANAGEMENT, PFA, (SOCIAL WORKER, CASE WORKER, TEACHERS, HEALTH WORKERS, AUTHORITIES, STAFF MEMBERS)				
# of child protection workers and staff from other sectors receiving capacity building training on the norms and standards of child protection and to adopt new tools and working modalities, including PSS, Caring for Child Survivors (CS) of SGBV Case Management, PFA, (social worker, case worker, teachers, health workers, authorities, staff members)	5,000	85.0	425,000	10%
SP2.1\CL-PRO\CP\C03\CA3.2: CONDUCT TRAINING TO HUMANITARIAN WORKERS INCLUDING SOCIAL WORKERS AND COMMUNITY VOLUNTEERS ON CP MINIMUM STANDARDS AND OTHER SPECIALIZED CP SERVICES				
# of recruited humanitarian workers including social workers and community volunteers trained on CP Minimum standards and other specialized CP services	10,000	15.0	150,000	0%
SP2.1\CL-PRO\CP\C03\CA3.3: DEVELOP A CONTEXTUAL ADOLESCENTS LIFE SKILLS MODULE AND CONDUCT TRAINING TO HUMANITARIAN WORKERS INCLUDING SOCIAL WORKERS AND COMMUNITY VOLUNTEERS ON THE MODULE				
# humanitarian workers including social workers and community volunteers are recruited and trained on contextual adolescents Life Skills Module	-	-	150,000	30%
Total	4,867,986	10.41	50,652,290	6%

Protection: Gender-Based Violence

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\GBV\C01\CA1.1: PROVISION OF PSS ACTIVITIES TO WOMEN AND GIRLS				
% of vulnerable populations receiving multi-sectoral lifesaving services (MHPSS, legal, safety, health & case management)	594,468	30.00	17,834,044	0%
SP2.1\CL-PRO\GBV\C01\CA1.2: PSS ACTIVITIES FOR TARGETED POPULATION				
# of women and girls reached with PSS activities	1,156,874	25.00	28,921,861	0%
SP2.1\CL-PRO\GBV\C01\CA1.3: DISTRIBUTION OF DIGNITY KITS TO DISPLACED WOMEN AND GIRLS				
# of Dignity Kits distributed to displaced/shock-affected women and girls	64,082	30.00	1,922,447	0%
SP2.1\CL-PRO\GBV\C01\CA1.4: DIALOGUES WITH MEN AND BOYS				
# of men and boys reached with information sessions	125,004	5.00	625,022	0%
SP2.1\CL-PRO\GBV\C03\CA3.1: DIALOGUES WITH COMMUNITY LEADERS				
# of community leaders reached with information sessions	14,409	10.00	144,095	0%
SP2.1\CL-PRO\GBV\C03\CA3.2: CAPACITY BUILDING OF STAFF ON CORE CONCEPTS, POCKET GUIDES AND REFERRALS				
# of staff trained on core concepts, referrals, case management	3,000	20.00	60,000	0%
Total	1,952,063	25.36	49,507,469	0%

Protection: General Protection

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\GP\C01\CA1.1: PROVISION OF INDIVIDUAL PROTECTION ASSISTANCE (IPA) TO PSN IN EMERGENCY CASH OR IN-KIND, AND CASH FOR PROTECTION (ALIGNED ON MEB)				
# of vulnerable women, men, boys, and girls, including IDPs, refugees, returnees, elderly and people living with disability receiving various protection assistance and services	600,000	25.72	15,432,000	50%
SP2.1\CL-PRO\GP\C01\CA1.2: PROVISION OF LEGAL COUNSELLING AND ASSISTANCE INCLUDING IDENTITY AND SUPPORT CIVIL DOCUMENTATION PROCESS				
# of individuals receiving counselling and/or legal assistance on / and supported with civil documentation	5,000	30.00	150,000	0%
SP2.1\CL-PRO\GP\C01\CA1.3: PROVISION OF PSYCHO-SOCIAL SUPPORT (PSS) ASSISTANCE AND REFERRALS				
# of people receiving structured and sustained Psychosocial support services	80,000	30.00	2,400,000	0%
SP2.1\CL-PRO\GP\C02\CA2.1: CONDUCT ADVOCACY ACTIVITIES INCLUDING DISSEMINATION OF KEY MESSAGES ON PROTECTION CONCERNS				
# duty bearers including donors reached through advocacy initiatives	500	5.00	2,500	0%
SP2.1\CL-PRO\GP\C02\CA2.2: CONDUCT CAPACITY BUILDING OF PARTNERS, CIVIL SOCIETY, AND OTHER STAKEHOLDERS				
# people including civil society and local authorities receiving training and/or technical support	2,000	50.00	100,000	0%
SP2.1\CL-PRO\GP\C02\CA2.3: SUPPORT PROTECTION MAINSTREAMING				
# staff trained on protection mainstreaming	1,000	5.00	5,000	0%
SP2.1\CL-PRO\GP\C02\CA2.4: DEVELOPMENT OF DATA PROTECTION AND INFORMATION SHARING PROTOCOL				
% of partners are using the DPISP	100%	-	-	0%
SP2.2\CL-PRO\GP\C03\CA3.1: CONDUCT PROTECTION MONITORING, BORDER MONITORING, COMMUNITY-BASED PROTECTION ACTIVITIES, AND AWARENESS RAISING				
# people covered and/ or assisted with a protection response through community based protection activities including protection monitoring and border monitoring	2,400,000	10.00	24,000,000	0%
SP2.3\CL-PRO\GP\C04\CA4.1: ESTABLISH AN ADVOCACY RED FLAG SYSTEM FOR ISSUES TO BE BROUGHT TO THE HCT				
# of HCT meetings where protection concerns are acknowledged and discussed	6	-	-	0%
SP2.3\CL-PRO\GP\C04\CA4.2: SENSITIZATION SESSIONS FOR LOCAL AUTHORITIES				
# of staff in local authorities are sensitized	80	-	-	0%
SP2.3\CL-PRO\GP\C04\CA4.3: DEVELOP STANDARD PROTECTION TERMINOLOGY INTO LOCAL LANGUAGES FOR SYSTEM-WIDE USE BY ALL PARTNERS				
% of partner using agreed terminology in interaction with authorities/communities	100%	-	-	0%
Total	3,088,658	13.63	42,089,500	18%

Protection: Housing, Land and Property

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\HLP\C01\CA1.1: INFORMATION ON HLP RIGHTS				
# of individuals receiving information on HLP rights in the community and at border points	406,424	10.00	4,064,240	0%
SP2.1\CL-PRO\HLP\C01\CA1.2: COUNSELLING ON HLP RIGHTS				
# of individuals receiving counselling and/or legal assistance on HLP rights	5,672	15.00	85,080	0%
SP2.1\CL-PRO\HLP\C01\CA1.3: LEGAL ASSISTANCE ON HLP RIGHTS				
# of individuals receiving counselling and/or legal assistance on HLP rights	8,906	30.00	267,180	0%
SP2.1\CL-PRO\HLP\C02\CA2.1: COMMUNAL LAND RIGHTS				
# of individuals with strengthened communal land rights	108,500	14.29	1,550,000	0%
SP2.1\CL-PRO\HLP\C02\CA2.2: LAND ALLOCATION				
# of individual recipients of land allocation	91,000	33.00	3,003,000	0%
SP2.3\CL-PRO\HLP\C03\CA3.1: TRAINING AND/OR TECHNICAL SUPPORT FOR DUTY BEARERS, HUMANITARIAN AND OTHER ACTORS ON HLP RIGHTS				
# of duty bearers, humanitarian and other actors receiving training and/or technical support on HLP rights	2,460	46.00	113,160	0%
Total	620,719	14.63	9,082,660	0%

Protection: Mine Action

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.1\CL-PRO\MA\C01\CA1.1: EXPLOSIVE HAZARD CLEARANCE (PEOPLE BENEFITTING)				
# of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards	108,308	106.20	11,502,310	0%
SP1.1\CL-PRO\MA\C01\CA1.2: EXPLOSIVE ORDNANCE RISK EDUCATION (EORE)				
# of vulnerable people receiving EORE	1,358,497	2.50	3,396,243	0%
SP1.1\CL-PRO\MA\C02\CA2.1: EXPLOSIVE ORDNANCE DISPOSAL (EOD) & SURVEY				
# of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities	532,263	5.00	2,661,315	0%
SP2.1\CL-PRO\MA\C03\CA3.1: VICTIM ASSISTANCE				
# of persons with disabilities supported with victim assistance activities	3,166	230.00	728,180	0%
Total	1,431,472	12.78	18,288,047	0%

Water, Sanitation and Hygiene

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP1.1\CL-WSH\CO1\CA1.1: PROVISION OF SAFE DRINKING WATER AT COMMUNITY LEVEL(HANDPUMPS, BOREHOLES AND WELLS REHABILITATION OR CONSTRUCTION, WATER SYSTEMS AND NETWORKS REHABILITATION AND WATER TRUCKING AS LAST RESORT .				
# of individuals accessing sufficient quantity of safe water for drinking,cooking and personal hygiene.	9,378,963	20.00	187,579,259	0%
SP1.1\CL-WSH\CO1\CA1.2: PROVISION OF CASH OR VOUCHERS FOR SAFE DRINKING WATER ACCESS.				
# of individuals receiving cash or vouchers for safe water	280,113	20.00	5,602,264	100%
SP1.1\CL-WSH\CO1\CA1.3: PROVISION OF GENDER-APPROPRIATE EMERGENCY LATRINES AND BATHROOM FACILITIES.				
# of Individual having access to emergency gender and disability-sensitive sanitation facilities.	4,701,553	11.00	51,717,079	0%
SP1.1\CL-WSH\CO1\CA1.4: HYGIENE PROMOTION MESSAGES, IMPROVED PRACTICES AND ESSENTIAL WASH SUPPLIES.				
# of individuals receiving direct hygiene promotion without double counting.	8,346,178	4.00	33,384,713	0%
SP1.1\CL-WSH\CO1\CA1.5: PREPOSITIONING AND DISTRIBUTION OF ESSENTIAL WASH NFIS				
# of people reached with critical WASH supplies	3,736,244	12.00	44,834,928	0%
SP3.3\CL-WSH\CO7\CA7.1: REHABILITATION, UPGRADING AND EXTENSION OF WATER SUPPLY INFRASTRUCTURES, CHLORINATION AND HOUSEHOLD WATER TREATMENTS, IN AWD HOTSPOTS AND DROUGHT STRESSED AREAS TO MITIGATE OUTBREAK AND POPULATION MOVEMENT.				
# of individuals accessing sufficient quantity of safe water for drinking,cooking and personal hygiene.	4,139,604	23.00	95,210,893	0%
SP3.3\CL-WSH\CO8\CA8.1: PROVISION OF BASIC SANITATION FACILITIES AND ENVIRONMENTAL SANITATION TO PREVENT AWD AND OTHER OUTBREAKS.				
# of people accessing improved gender and disability-sensitive sanitation facilities.	1,175,388	10.00	11,753,882	0%
SP3.3\CL-WSH\CO9\CA9.1: PROVISION AND PROMOTION OF IMPROVED HYGIENE PRACTICES THROUGH A PARTICIPATORY APPROACHES THAT ARE CULTURALLY APPROPRIATE.				
# of people reached with culturally appropriate hygiene promotion messages and practices.	2,782,059	6.00	16,692,357	0%
SP3.3\CL-WSH\CO10\CA10.1: PROVISION OF SAFE DRINKING WATER TO HEALTH AND NUTRITION FACILITIES (HF) (HANDPUMNS, BOREHOLES AND WELLS REHABILITATION OR CONSTRUCTION, WATER SYSTEMS AND NETWORKS REHABILITATION, CHLORINATION AND WATER TREATMENT				
# individuals accessing health and nutrition facilities with improved water source	896,966	12.00	10,763,592	0%
SP3.3\CL-WSH\CO10\CA10.2: PROVISION OF IMPROVED SANITATION FACILITIES COMPLETE WITH HAND WASHING FACILITIES IN HEALTH AND NUTRITION FACILITIES (HF)				
# individuals accessing health and nutrition facilities with access to improved sanitation facilities complete with hand washing facilities.	896,966	11.00	9,866,626	0%
SP3.3\CL-WSH\CO11\CA11.1: PROVISION OF SAFE DRINKING WATER TO SCHOOLS AND LEARNING CENTRES (HANDPUMNS, BOREHOLES AND WELLS REHABILITATION OR CONSTRUCTION, WATER SYSTEMS AND NETWORKS REHABILITATION, CHLORINATION AND WATER TREATMENT				
# of students/pupils with access to safe drinking water.	597,978	12.00	7,175,736	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP3.3\CL-WSH\CO11\CA11.2: PROVISION OF IMPROVED SANITATION FACILITIES COMPLETE WITH HAND WASHING FACILITIES IN SCHOOLS AND LEARNING CENTRES				
# of students/pupils with access to improved sanitation facilities complete with hand washing facilities.	597,978	8.00	4,783,824	0%
Total	13,938,245	34.39	479,365,153	1%

Aviation

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
Humanitarian air services (UNHAS)	-	-	33,000,000	0%

Coordination and Common Services

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
CA1: ASSESSMENTS				
REACH: WoA, JMMI, HSM and State of Afghan cities	-	-	3,600,000	0%
IOM:DTM, Cross-border monitoring, Rapid needs assessments	-	-	7,500,000	0%
CA2: ACCOUNTABILITY TO AFFECTED PEOPLE WORKING GROUP				
Awaaz core budget	-	-	2,500,000	0%
AAP common services	-	-	2,000,000	0%
CA3: CAMP COORDINATION AND CAMP MANAGEMENT WORKING GROUP				
Population information management (develop site profiles)	-	-	1,292,044	0%
CCCM Training/Capacity Building Activites (train CCCM Staff)	-	-	258,409	0%
CA4: COORDINATION, COMMON SERVICES AND INFORMATION MANAGEMENT				
OCHA: overall requirements	-	-	14,200,000	0%
iMMAP: HRP monitoring - ReportHub requirements	-	-	200,000	0%
CA5: DISABILITY INCLUSION WORKING GROUP				
DIWG common services	-	-	200,000	0%
CA6: GENDER IN HUMANITARIAN ACTION TASK FORCE				
GiHA national and sub-national coordination (Kabul and five provinces (Bamyan, Herat, Kandahar, Mazar, Nangarhar) (salaries and collaboration with women CSOs to co-lead GiHA WG in provinces, field missions)	-	-	400,000	0%
Data collection and production of gender related products, alerts and research (including RGA) as well as tracking of gender related HRP indicators	-	-	300,000	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
Training and gender capacity building initiatives for all clusters at national and regional level, based on needs identified (training costs, interpretation costs)	-	-	75,000	0%
Support to the Women Advisory Group (WAG) to the HCT (meeting costs, logistic costs, travel costs, training costs)	-	-	75,000	0%
Support to the inclusion of women CSOs and NGOs in the humanitarian response (collaboration, capacity building, building roster of women CSOs and humanitarian actors, and monitoring of cluster response with a gender lens)	-	-	200,000	0%
CA7: PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE TASK FORCE				
PSEA Support – investigations, prevention, survivor assistance, etc.	-	-	750,000	0%
Total	-	-	33,550,453	0%



6.4

What If We Fail to Respond or Mobilise Sufficient Funds to Meet Needs?

Between January and December 2022, humanitarian partners have reached 26.1 million people (118 per cent of the original target of 22.1M people) with at least one form of assistance which includes 22.3 million people with food and livelihoods support; 13.3 million people with access to health care (consultations and treatment); 11 million people with water, sanitation and hygiene assistance; 6.2 million children and pregnant and lactating women with support to prevent and address acute malnutrition; 5.7

million people with protection assistance; 2 million people with emergency shelter and household items; and 554,400 children with access to education and education materials.

The response was enabled by a combination of new funding in 2022 (\$2.1 billion) and funds carried over from 2021 (\$542 million). However, \$1.8 billion (40 per cent) of the \$4.4 billion required to deliver humanitarian assistance in 2022 remained unfunded. Despite

the historic scale of response in 2022 (including in previously inaccessible areas), underfunding has meant that people's needs were not reduced, and they have not been able to start the path towards stability and independence. For example, out of the 21.1 million people reached with direct food assistance (in-kind or cash), one third (7.3 million) received only 1-2 months of assistance. Humanitarians have prioritized the most vulnerable and the most critical interventions to prevent catastrophe but have not been able to attain the goals of eliminating food insecurity or other chronic needs. In fact, there are more people today in Afghanistan who rely on humanitarian assistance as the only source of survival.

Education

Failure to respond

The Risks to Education Index 2022⁴⁴ ranks countries by the vulnerability of their school system to hazards, and deficiencies in preparedness. In 2022, the index highlighted the ten countries with extreme or high risks to schooling and Afghanistan was ranked number 1 on that list. This therefore means that the current education system is not resilient, and the system will not withstand another emergency such as new global health crises, conflict, economic shocks, and sudden and slow-onset disasters linked to climate change. This is therefore a call to action to support the education system now while there is still a system in place.

The latest data gathered though not official shows that the out of school population may have risen from the previous documented 4,2 million to about 6 million children. The current ban on secondary girls' education which has lasted over a year could have given rise to this figure. There is need for sustained advocacy to ensure that all girls regain access to education. Preventing adolescent girls from accessing education will undermine any future and current attempts to stabilise the economy and move Afghanistan beyond

This section outlines the consequences of underfunding and how each Cluster will triage its planned response activities if it receives different levels of funding – a quarter, half and three quarters of requirements. Seasonal needs requiring time-sensitive funding disbursements to mitigate predictable climate-related access challenges and logistics constraints are also discussed. Timely replenishment of critical commodity pipelines and early pre-positioning remains critical to avert delayed response which will have life-threatening consequences if critical delivery windows are missed, ultimately then requiring a costlier response to address the deteriorated needs.

its long-term dependence on aid. If girls cannot access education, or are limited in their educational trajectory, this will have a knock-on effect on women's and girls' short-medium- and long-term access to healthcare, public services, and employment.

Key advocacy messages:

- Immediately reopen secondary girls' schools to enable girls to safely return to school.
- Promote non-interference with education. Keep education facilities safe in accordance with the Safe Schools Declaration, endorsed by Afghanistan in 2015, to ensure that all students and educators, male and female, can learn and teach in safety.
- Prioritize funding for education in humanitarian budgets as a 'lifesaving' intervention. Donors should explore the use of already existing mechanisms or the establishment of new mechanisms that will allow for the swift dispersal of funds.
- Recognise that EiE is a cross-sectoral response, meaning that children are at risk of drop-out due to multiple factors beyond education infrastructure,

including poverty and food insecurity. Integrated responses ensure that girls and boys can continue to access schooling.

- Funding for EiE should go beyond 1 year to enable crisis affected children to reach key milestones e.g., grade 3. This is especially important now as development funding has not resumed, and the public education sector is struggling. ECHO and ECW are leading the way in medium term funding for EiE, and other donors should follow their example.

Most urgent funding

If the cluster receives 75 per cent of the funding required, community- based education initiatives would be prioritized at 100 per cent as well as the actions towards ensuring that adolescent girls have access to education. The main reduction would be in the light rehabilitation of infrastructure including WASH facilities for vulnerable children enrolled in public schools. The Cluster would still aim to reach the same number of children but with a reduced package which would just cater for teaching and learning materials.

If the Cluster receives 50 per cent of the funding requested, it will be able to conduct all the activities for community- based education activities but reduce the case load of vulnerable children enrolled in public school receiving TLM and hygiene kits from 1.2 million to just 600,000 children. The cluster would still prioritize activities for adolescent secondary school girls.

If the cluster only receives 25 per cent of the funding requested, the cluster will only be able to target 400,000 children for Community based interventions instead of the whole caseload of 750,000 children. No support will be provided to the remaining 350,000 children as well as to the entire caseload of vulnerable host community children, meaning over 1,500,000 children will be left without any support or access to education. This will increase the burden on the CBEs as children who would otherwise be in public schools may be forced to drop out and join the CBEs which do not have the capacity to accommodate more children.

Emergency Shelter and NFI

Failure to respond

Underfunding would most likely limit the Cluster from undertaking activities intended to provide more durable solutions, like repair to damaged homes, which address the underlying drivers of needs. An inability to carry out such assistance would therefore keep thousands of vulnerable households in inadequate and often overcrowded shelters, with severe implications for their health, protection, socio-economic situation and personal security - especially for children, the elderly, people with disability, women and girls. These households also continue to require annual winterisation support. By failing to address a key driver of need in many communities, it would potentially increase the number of vulnerable households, and

increase the protection risks and potential impacts for those already considered vulnerable.

By failing to provide the lifesaving seasonal winter items (such as warm clothing, heating materials and blankets in winter) vulnerable households will be exposed to the harsh winter conditions and at risk of respiratory infections, hypothermia and preventable mortality especially among children and the elderly.

With multiple drivers of displacement anticipated across the country, failure to support the replenishment of Cluster stocks will limit the Cluster's capacity to respond promptly to emergency ES-NFI needs leaving vulnerable families unprotected from the elements,

without access to household items, in the outset of a conflict or natural disaster event.

Finally, by not conducting any new informal settlements assessment and regularly monitor them with a particular attention to women' conditions through the mobile CCCM will leave behind thousands of IPD Households living in extreme difficulties without any assistance.

Most urgent funding

Funding towards transitional shelter responses has remained suboptimal, with most of the funding earmarked for less expensive, short-term emergency responses. This leaves many people without access to adequate shelter, unable to contribute to their own recovery and continuing to require annual winterization support.

If limited funding is provided the cluster will continue to provide all the core activities and reduce the number of people reached by apply a revamped vulnerability scoring model to identify those that are most vulnerable and in critical need of life saving assistance. The cluster will also look at the severity of the shelter/NFI needs by province and reduce the number of locations reached by prioritizing them based on severity.

If \$207 million or 75 per cent percent of the required funding is received, the ES-NFI Cluster will prioritize the provision of emergency, transitional shelter and

NFIs to affected people in 34 priority provinces, guided by geographic concentration of those with catastrophic, extreme or severe ES-NFI needs. As such, more than 325,000 people will miss out on critical lifesaving assistance and unable to contribute to their own recovery with the likelihood of slipping back to emergency need.

If \$138 million or 50 per cent of the required funding is received, the ES-NFI Cluster will prioritize the provision of life-saving assistance including emergency shelter and NFIs to affected people, in priority provinces, those with catastrophic or extreme ES-NFI needs. As a result, more than 650,000 people will miss out not only on critical lifesaving assistance but also access to transitional shelter, unable to contribute to their own recovery and continuing to require annual winterization support.

If \$69 million or 25 per cent percent of the required funding is received, the ES-NFI Cluster will prioritize the provision of only life-saving assistance including emergency shelter and NFIs and seasonal assistance to affected people, in priority provinces, those with catastrophic ES-NFI needs including populations located in high altitude provinces with severe winter. As a result, more than 957,000 people will lack access to life saving emergency shelter, NFI and seasonal assistance leaving them vulnerable to disease and at heightened risk of respiratory infections, hypothermia and preventable mortality particularly, among children and the elderly.

Food Security and Agriculture

Failure to respond

Food insecurity is holding at high levels, and its proximate drivers (drought and economic crisis) are still active. Failing to adequately respond to this situation would create larger gaps in household food consumption and consumption of poorer-quality foods, poorer nutrition outcomes in particular for young girls,

infants and pregnant and lactating women, increased use of negative coping strategies—including increasing household debt and the sale of productive assets—and increased protection risks with severe consequences for the most vulnerable. Ultimately significant gaps to providing humanitarian food assistance would further compromise already-fragile livelihoods, further

increasing vulnerable households' dependence on humanitarian assistance.

A reduction in funding to the HRP in 2023 will hamper the required urgent scale-up of humanitarian assistance to Afghanistan and will increase the likelihood that IPC Phase 3 provinces slip into IPC Phase 4, and that pockets of IPC Phase 5 "Catastrophe" conditions, such as in Ghor Province in 2022, surface again.

Most urgent funding

The sustenance of the current levels of food and livelihood assistance to the population in IPC Phase 3 and above is essential. To save lives, food assistance along with the protecting and creation of agriculture livelihoods especially for those families facing IPC phase 4 conditions across the country will be critical, and any reduction in funding will result in adjusting the food assistance package and emergency livelihoods assistance packages (timing or scale of assistance rather than the composition of assistance).

If 100 per cent of funding is received, 21.2 million people will be provided with food assistance and 9.16 million people with agricultural livelihood assistance.

If 75 per cent of funding is received, food assistance to IPC Phase 4 populations across all 34 provinces of the country will continue, while there will be an expected 30 per cent reduction in assistance provided to IPC Phase 3 populations. Ration sizes –generally set at 50 per cent for people in IPC 3 areas and 75 per cent for people in IPC Phase 4 areas—would be preserved

under this assumption, while assistance to refugees would continue. There would also be a limited scope to respond to sudden onset disasters, returnees and new IDP populations. Resilience activities would be reduced by 50 per cent.

If 50 per cent of funding is received, only families facing IPC 4 conditions across the country would be assisted, while rations for refugees and other populations on the move may have to be reduced. There would be a limited scope to respond to sudden onset disasters, while there would be further reduction in resilience and livelihoods assistance by 85 per cent.

It is important to maximize the number of people to be reached, as any reduction of people supported will result in people facing IPC Phase 3 conditions likely to fall into IPC Phase 4 while the emergence of IPC Phase 5 "Catastrophe", conditions, especially for hotspot districts across the country, cannot be excluded. Livelihood assistance is also critical for saving lives by protecting the livelihoods of vulnerable people and supporting increased local and subsistence food production, protection of productive assets and reduction of people requiring perpetual food assistance as well as mitigate the risk of current humanitarian crisis reaching catastrophic proportions and resulting in an enormous and unmanageable humanitarian caseload in subsequent seasons and years. If 100 per cent of funding is received, under this HRP, 21.2 million people will receive appropriate food assistance and 9.16 million people livelihood assistance.

Health

Failure to respond

Failure to invest in life-saving essential health services will lead to increased mortality and morbidity in an already vulnerable population. Funding shortfalls may cause functional health facilities to close or downsize

services; may trigger critical shortages in medicines, medical supplies, and equipment and operational support; and may deprive health workers of essential training while health partners may receive insufficient support thereby decreasing activities and access.

Interruptions in the funding cycle increase retention challenges in an environment of scarce human resources for health - risking the loss of investments in capacity building and disrupted essential services. Finally, the lack of sufficient resources for the health sector will perpetuate existing inequities in the population, leaving those most vulnerable and in need at the greatest risk of illness or death.

If the health sector fails to respond effectively and efficiently this will result in:

- Limited or no functional health facilities to provide life-saving health services for approximately 15.6 million vulnerable people.
- Disruption of disease surveillance system leading to undetected disease outbreaks and increase in morbidities and mortalities.
- Trauma care facilities will cease to function, and trauma care will not be available to treat approximately 230,000 trauma cases.
- More than 530, 000 pregnant women will not have access to antenatal care, and around three million women of reproductive age to reproductive health services.
- More than 500 mobile health teams will cease to function and lifesaving services will not be available for more than 4.3 million people living in remote and underserved areas.
- More than 9,500 healthcare staff may miss out on essential training on lifesaving and life-sustaining healthcare and health response to the survivors of violence.
- More than 100,000 people with disabilities may miss receiving rehabilitative care.

Most urgent funding

If 75 percent of the required funding is received, no major changes will be made to the prioritized health activities. However, around 3.9 million people will miss access to essential health assistance.

If 50 percent of the required funding is received, the Health Cluster will re-prioritize the activities, geographic focus and target beneficiaries. The focus will be on primary health care, disease outbreak response and trauma care. Around 5.5 million people will miss access to life-saving health assistance.

If 25 percent of the required funding is received, the focus will be on life-saving activities within primary health care such as outpatient consultation, management of childhood illnesses, immunization, and maternal care in rural and underserved areas. As a result of reduced funding, around 8.5 million people will miss access to essential life-saving health assistance.

Decreased funding will lead to a reduced number of people reached and reducing scale of support including number of geographical locations reached. As a result, low-income families will be vulnerable to catastrophic health expenditures perpetuating the poverty cycle, and increased morbidity and mortality particularly among pregnant and lactating women, under five children, people with disabilities, elderly aged people, IDPs, returnees and those living in remote and underserve areas.

Nutrition

Failure to respond

Failure to respond to the needs will lead to a disaster, with dramatic increase in number of deaths. Indeed, malnutrition is one of the top nutrition-related causes of death in children under five, a child with SAM and MAM being associated with twelve and three times more risks of dying compared with a well-nourished child, respectively.⁴⁵ Continuous engagement with stakeholders will be pursued, and informed advocacy messages developed and disseminated.

With a complete failure to respond to the needs for treatment services, 3.2 million acutely malnourished children under the age of five years will be at high risk of death. Applying findings from literature^{46 47 48} the cluster further gives indications that 260,000 to 291,000 children among those left behind will die in the course of the year (713 to 796 daily). Key findings from those publications, the most exploitable ones, old and not specific to the context provide the case fatality rate of MAM in the absence of treatment (3.6 per cent), the proportion of MAM that aggravate to SAM in absence

of treatment (8.1 per cent), and the case fatality rate of SAM in the absence of treatment, by type of anthropometric measurement, i.e., SAM by MUAC only (13.0 per cent), SAM by Weight for Height only (15.1 per cent), and SAM by both MUAC and Weight for Height (35.0 per cent).

Most urgent funding

Scaling up nutrition services is resource and time consuming. Because of requirements such as cascading the capacity building from training of trainer down to training of frontline workers, and lead times in procurement of supplies and equipment, achievements are contingent not only to amounts of funding, but timeliness of funding is also as critical to reaching the target that have been set out for the year. Full achievement requires funds released early in the year. The Nutrition Cluster will be prioritizing services and geographic areas depending on the amount of funds that are released to the partners, as per the table below. The lower the funds and the longer the delay to come in, the lower the target reached at the end.

% OF FUNDING AVAILABLE			
25%	50%	75%	100%
Services: treatment U5 and PLW, IYCF, VAS, MNP	Services: treatment U5 and PLW, IYCF, VAS, MNP, BSFP, Cash	Services: treatment U5 and PLW, IYCF, VAS, MNP, BSFP, Cash	Services: treatment U5 and PLW, IYCF, VAS, MNP, BSFP, Cash
Geographic areas: Current or projected IPC AMN Phase 4	Geographic areas: Current or projected IPC AMN Phase 4	Geographic areas: Current or projected IPC AMN Phase 3 & Phase 4.	Geographic areas: All provinces.
Number of people missed out on assistance:	Number of people missed out on assistance:	Number of people missed out on assistance:	
4,139,000 people	2,759,000 people	1,380,000 people	

Protection

Failure to Respond

In 2023, 20.3 million of people will be in need of protection assistance while 16.2 million Afghans need general protection responses. Without immediate protection services and multi-sectoral support, the lives of targeted Protection Cluster 6.5 million vulnerable persons in urgent need will be put at crucial risk of protection. Without protection assistance, the vulnerability of women, girls, boys, older people and people with disabilities will increase, compounded by the poverty and economic collapse due to lack of livelihoods, and employment opportunities and coupled with the incidences of natural disasters (such as floods, earthquakes and droughts), which continue to negatively influence the lives of people at risk. Without assistance, many destitute families will resort to negative coping strategies, putting the lives vulnerable people, especially women (20 per cent), and children at risk (62 per cent), people with disability (7.4 per cent), at risk. Selling household assets and children due to poverty is already happening and evident in the reports⁴⁹ and news media. There will be too an increased risk of secondary and or multiple displacements if the needs of the IDPs and returnees, especially the deportees, are not addressed. Many deportees have already exhausted all coping mechanisms such as selling assets when they decided to leave Afghanistan.

Violence causes physical and mental trauma that is debilitating and severe. It does have an impact on community level which is reflected in a socio-economic cost, including loss of safe and protective environment for children, family members and communities. It impacts health structures, overcrowding them and overall makes communities unsafe. Failure to respond translates in loss of life, especially for women and girls. Evidence from the field highlights that “reports of murder, rape, suicide, forced marriages including child marriage, assault and battery as well as honour killing” specifically for women and girls have been received

since the takeover of the country. With food insecurity on the rise, loss of employment and the overall curtailment of women and girls’ rights, including the exclusion from education, the vulnerability of women and girls is skyrocketing. Delay in responding would translate in multi layered consequences: immediate loss of life sustained from injuries and disease emanating from the violence; long term disintegration of individual’s health and wellbeing – including physical and mental health – as well as negative impacts in the community as violence is a driver and factor in communal discord and negative economic consequences as violence will deter efforts towards resilience and recovery from the long-term crisis in Afghanistan.

Child Protection

CP PIN for 2023 is 7.5million people in need of care and protection services. Given the economic hardship and families resorting to negative or harmful coping mechanism including child marriages currently at 2 per cent average but as high as in some provinces at 33 per cent for girls and 23 per cent for boys (Hilmand, Sar-e-Pul, Farah and Badghis), and child labour averages of 23 per cent in 17 out of 34 provinces in severity 4, (highest in Badakhshan and Helmand at 53 per cent, Herat at 45 per cent, Kunduz and Nuristan at 41 per cent, Bamyán and Faryab at 30 per cent, Farah 28 per cent Uruzgan 29 per cent and Sar-e-Pul 24 per cent) that include recruitment into armed ranks, sale or exchange of children for materials assistance or income, child trafficking and other forms of violence abuse and exploitation.

The magnitude of mental and psychological distress continues to rise among the population across all provinces. The effects of multi-displacement of families and loss of assets and social support systems have affected children just much as their parents and caregivers. Some harmful coping mechanisms like anger, aggression, and joining armed groups have

affected significant number of children and some are resorting to substance abuse.

HLP

Failure to respond to HLP needs will put vulnerable Afghans at severe risk of losing their homes and livelihoods. In addition, failure to address insecure HLP rights will preclude investments in shelter, services and infrastructure, which are crucial for vulnerable Afghans to access sustainability and different durable solutions, consigning people to inter-generational cycles of poverty and vulnerability.

Mine Action

As result of armed conflicts and continued use of explosive ordnance (including landmines, abandoned and unexploded ordnance and IEDs), there are an estimated 4,295⁵⁰ hazardous areas in the country, affecting at least 1,528 communities who reported feeling unsafe. Afghanistan remains the country with the highest number of child casualties mainly due to IEDs and ERW explosions, with the majority of casualties being boys in 2021 and 2022. Children account for the highest number of ERW casualties in Afghanistan constituting at least 80% of all casualties. By June 2022, the Country Task Force on Monitoring and Reporting (CTFMR) verified 829 violations affecting 489 children (380 boys and 78 girls and 31 unknown sex) and including 56 attacks on schools, 11 attacks on hospitals and 273 incidents of denial of humanitarian access.

Failure to respond to mine action demands will result in deaths and life-altering injuries from explosive hazards, particularly from IM and ERW, in the immediate term. Children will be disproportionately affected. It will also deprive communities' possibility of utilizing their own lands for livelihood activities such as planting crops for self-consumption and trade, as well as herding animals; explosive contamination along key natural resources such as water denies communities from utilizing these resources for livelihood development and resilience building, maintaining their reliance on humanitarian assistance. In areas with conflict history, contaminated land prevents IDPs and refugees from returning, negatively impacting reconciliation

and livelihood resumption. The results from WoAA indicate that 47 per cent respondents in Hilmand province, 46 per cent in Kabul province, 33 per cent in, Farah province and 10 per cent in Paktika province feel unsafe due to the threat of explosive ordnance. Some humanitarian and development initiatives will not be able to launch due to the presence of explosive hazards in contaminated areas, affecting populations' access to basic services and the delivery of life-saving humanitarian services. Humanitarian personnel, in this context, risk exposing themselves to the danger of explosive ordnance without being aware of it in the field environment. Furthermore, because explosive hazards impede access to fundamental (e.g., health) services, failing to address the threat they pose will increase other humanitarian concerns. In the medium and long term, contaminated areas will impede Afghanistan's socioeconomic development by preventing the implementation of development programs and community resilience building.

Most urgent funding

General Protection

If 75 percent (\$31.5 million) of the required funding is received, general protection response will reach less population in need than was initially targeted. Almost 750,000 people will miss out on assistance. Protection monitoring, provision of individual protection assistance, one-off cash for protection, referrals and provision of lifesaving information and assistance fall under Protection's immediate response category and will be prioritized by general protection using available funding.

If 50 per cent (\$21 million) of the required funding is received, the needs of the vulnerable populations will accumulate and will result in costlier interventions overtime. More than 1.5 million people will miss out on protection aid. Activities that restore or create protective environments are a continuation of the immediate response activities that aim to address restoration and rehabilitation of specific needs, abuse or harm. Missing PSS and IPA and case management due to underfunding has immediate consequences for well-being. If needs are left unaddressed it will lead to costlier responses as longer and more persons to

prevent destitute families from slipping further into negative coping mechanisms.

If 25 per cent (\$10.5 million) of the required funding is received, the reduced response funds would preclude the Cluster from undertaking activities intended to provide more durable solutions which address the underlying drivers of needs. activities such as providing counselling and legal assistance to people in need of Tazkira and other civil documentation would not take place. The Protection Cluster will not be able to invest in environmental and structural aspects of protection including preventive activities and the capacity building; and empowering existing local and community structures through project-oriented aid to enable them to carry out their function to protection individuals and groups to address the underlying protection vulnerabilities.

GBV

Quality, regularly updated, contextualized and functional service mapping, survivor-centred referral pathways, and coordination between specialized and non-specialized providers are essential to ensure a do-no-harm approach in humanitarian contexts. The provision of lifesaving information through community dialogues to ensure access to survivors and the existence of comprehensive specialized services must be prioritized and fully funded to avoid failure to respond and loss of life.

Tier one activities are specialized case management and multi-sectoral response services, such as psychosocial support and referrals to dedicated mental health and maternal reproductive health services, as well as community dialogues to ensure access to survivors. Safe referrals through established and functional referral pathways will be provided, and the provision of dignity kits as an entry point to essential services given in emergencies on a need basis. This will include both static and mobile modalities and incorporate both rural hard-to-reach locations where humanitarian access is possible. Second-tier activities include the efforts to strengthen the capacity of the AoR on planning and responding to GBV in emergencies, and on safe and ethical information management.

Child Protection

If 75 per cent of required funding is received; Given that 7.5 million people are in need humanitarian assistance in 2023, we have targeted 4.8 million children (77 per cent) and caregivers (23 per cent) of which 5.8 million people are rural based and 1.7 million are urban based. So, if we only receive 75 per cent of the funding, we shall need to focus on activities such as lifesaving case management for 100,000 most vulnerable children, provide structured PSS for 730,000 children and only build capacity of 5,000 (50 per cent) humanitarian workers for better quality services provision meaning that over 1 million caregivers will not engaged in PSS interventions on positive parenting and 2.4 million people will not be reached with key child protection messaging for prevention of violence against children including negative coping mechanism which mainly possess risk to children from violence, abuse, exploitation.

If we only receive 50 per cent of the funding, we shall need to focus on activities such as lifesaving case management for 70,000 (70 per cent) most vulnerable children, provide structured PSS for 365,000 (50 per cent) children and only built capacity of 3,000 (30 per cent) humanitarian workers for better quality services provision meaning that over 1.4 million parents/care givers will not to engaged in PSS interventions on positive parenting and 3.4 million people will not be reached with key child protection messaging for prevention of violence against children including negative coping mechanism which mainly possess risk to children from violence ,abuse, exploitation.

If we only receive 25 per cent of the funding, it would be catastrophic since it would even be challenging to provide Child Protection lifesaving activities, however, we shall still focus on case management for 40,000 (40 per cent) most vulnerable children, provide structured PSS for 146,000 (20 per cent) children and only built capacity of 1,000 (10 per cent) humanitarian workers for better quality services provision meaning that over 1.5 million parents/care givers will not to engaged in PSS interventions on positive parenting and 3.4 million people will not be reached with key child protection messaging for prevention of violence against children including negative coping mechanism

which mainly possess risk to children from violence, abuse, exploitation. Given that the violence will remain unabated, this will have immediate and long-term consequences on life of those children not provided immediate services, including PSS, immediate medical care, Family Tracing and Reunification and reintegration support and parents negative coping strategies remain unaddressed. Plus, not enhanced capacity of humanitarian works nor community-based structures /volunteers to create protective environment of children to thrive which would require more costly investment in future to rectify the situation.

Mine Action

To address the most devastating impacts of explosive ordnance, the most urgent funding (to respond to this plan) will be placed on the national explosive contamination survey, quick response, EOD, explosive hazard clearance, and EORE. Humanitarian mine action coordination also has urgent funding needs, the financial requirement is however, not included in this analysis due to constraints in calculating beneficiaries.

If 75 per cent of required funding is received, mine action will not be able to carry out victim assistance activities. Survey, clearance, and EORE will also scale down, missing out over 500,000 target beneficiaries who risk getting harm from explosive ordnance, burdening the already fragile health and social system and catalyse poverty in affected families.

If 50 per cent of required funding is received, mine action will further scale down survey, clearance, and EORE, missing out over one million beneficiaries. In such a scenario, Afghanistan will observe increased civilian casualties from explosive ordnance accidents, putting additional requirements on victim assistance

as well as on the public health sector. Affected families will be dragged into humanitarian assistance target groups, putting an additional burden on food assistance as well as other sectors that aim to alleviate poverty that will enlarge the financial needs.

If 25 per cent of required funding is received, mine action will prioritize survey and clearance with limited EORE, missing out over 1.25 million targeted beneficiaries. When mine action diminishes to such a degree, it will negatively impact the country's overall security situation, in addition to having increased civilian casualties from explosive ordnance accidents. The situation will generate increased humanitarian needs in all other sectors and trigger a catastrophic humanitarian situation that will require multiple times more financial resources to address.

HLP

With only 25, 50 and 75 per cent of funding, HLP partners will only be able to reach 25, 50 and 75 per cent of the targeted beneficiaries. Lower funding levels will impact activities that cost more money to implement and would reduce or exclude those activities. This would impact capacity-building training of duty bearers and other stakeholders. However, it could also include impact on activities addressing the identified urgent HLP needs like community-based tenure security to enable investments in humanitarian infrastructure and legal assistance. It would mean that certain provinces' activities would cease completely.

Water, Sanitation and Hygiene

Failure to respond

Water-borne, water related, water washed etc., and faecal-oral outbreaks will continue spreading in case of discontinuity of the drinking water, sanitation and hand washing services in urban cities, informal settlements and overcrowded urban settings and rural communities at risk. A neglect or absence of urban water networks reinforcements and adequate support to run the water plants will see a total collapse of the already struggling water system- leaving millions of people in desperate need.

Failure to respond to the drought situation in the water scarce areas will see increased displacements of vulnerable persons from their places of origin and or negative coping mechanisms including unsafe sources.

Without WASH minimum package provided to the SAM cases at household level, the waterborne and feco-oral diseases associated to the malnutrition will remain recurrent and worsen over time causing more death to children under five.

Without joint rapid response teams (RRTs) the affected households won't receive a minimum of safe water for drinking and handwashing, and the cholera won't be tackled in the hotspots so will spread again widely in the drought-affected and urban areas.

Water supply, sanitation and hygiene promotion interventions remain integral and have impacts on people's lives which extend far beyond the expected improvements to health through reduction of disease burden as well as time spent in sourcing/collecting

water, allowing households/families time for other livelihood activities as well as reduction on the cost of preventable water borne diseases resulting in significant improvements in household income levels and security of livelihoods.

Increased school attendance occurs along with better childcare, social and cultural benefits such as reductions in stress levels, increased status and self-esteem, better family and community relations, and increased ability to observe religious rites and customs.

Understanding the potential breadth of the impact that water supply and sanitation projects can have on poor people's lives underlines the fact that access to safe water and sanitation is a precursor to any form of sustainable development.

Most urgent funding

If 75 per cent of required funding is received 10.4 million will receive critical lifesaving WASH services but 3.4 million people will be left out.

If 50 per cent of required funding is received, SO1 will be prioritized but about 6.8 million people across SO1 and SO3 will fall into humanitarian crisis.

If 25 per cent of required funding is received, just a third of the SO1 and SO3 WASH activities will be addressed with partial or less quality of the WASH minimum packages services (e.g., absence of soap as part of the critical supplies for the SAM household, temporary uncertain household water treatments made with chlorine powder instead of proper purification tabs etc.) leaving about 10 million people in dire need.

Refugee response

Failure to respond

Failure to respond or delay in response will lead, in the short-term, to a catastrophic condition where the physical and mental well-being of the asylum seeker and refugee population is negatively impacted. In particular, they will be severely affected due to the lack of sufficient food, nutrition, shelter and NFIs and health services including MHPSS. Furthermore, the dire economic situation currently prevailing in Afghanistan will lead to a worsening living standard which has already led the majority of the population to resort to incurring debt and engaging in harmful coping mechanisms, with serious consequences particularly for children.

Moreover, multiple other negative consequences can be foreseen in the mid to long-term including the high mortality and morbidity rates due to insufficient food, nutrition, shelter and health care. The high dependence on debts and selling of assets will oppress the population to live in a perpetual level of poverty while children will be deprived of their right to education. Such situation may trigger secondary movement within the country, particularly to nearby urban areas where in search of employment opportunities as well as to access to services, contributing to displacement and further burdening urban areas. This will, in turn, have a negative impact on already fragile capacity amongst hosting communities.

Most Urgent Funding

Most required assistance are food, nutrition, shelter, ES-NFI, health, and education.

If 75 per cent of required funding is received, efforts will need to be made to ensure that the most immediate needs of the most vulnerable individuals are met, which may result in nearly 25 percent of the population group not having access to sufficient food, continuing to live in emergency shelters or other forms of inadequate shelters, and not having access to sufficient health care and education services.

If 50 per cent of required funding is received, further efforts will be required to have the limited resource allocated to the most critical needs of the population, meaning that half of the already vulnerable population will not receive sufficient food, nutrition, shelter, health services and education.

If only 25 per cent of required funding is received only a portion of the population will have access to food, ES-NFI and health services leaving the majority of the population in vain elevating their reliance to harmful coping mechanisms.

6.5 Monitoring Framework

Strategic Objective SO1

Mortality and morbidity of crisis-affected people of all gender and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance.

Specific Objective SP1.1

Provide timely-equitable and safe, life-saving emergency shelter, water and sanitation, education, mine action, and NFI support to people of all genders, age and diversities.

Specific Objective SP1.2

Prevent famine by improving access to food and life-saving nutrition services for people facing acute food insecurity and malnutrition by the end of 2023.

Specific Objective SP1.3

Reduce morbidity and mortality by providing equitable and gender sensitive integrated life-saving health, nutrition and WASH response including reproductive health, trauma care and mental health and psychosocial support (MHPSS) services while preventing crisis-driven diseases and outbreaks.

Strategic Objective SO2

The protection risks of the most vulnerable are mitigated and the needs of affected persons of all genders and diversities are monitored and addressed through humanitarian action.

Specific Objective SP2.1

People with protection needs have access to safe, inclusive and relevant assistance and services, which take into account the specific vulnerabilities and capabilities related to gender, age, diversity, disability and other elements.

Specific Objective SP2.2

Protection concerns, and needs are identified through continued monitoring of the protection environment and integrated, comprehensive risk analyses, complaint, feedback and communication mechanisms.

Specific Objective SP2.3

Protection risks are mitigated through coherent, meaningful engagement with duty bearers and consistent advocacy efforts, for the actualization of the 'centrality of protection'.

Strategic Objective **S03**

Vulnerable crisis-affected people of all gender and diversities are supported to build their resilience and live their lives in dignity.

Specific Objective SP3.1

Provide emergency livelihood support to vulnerable urban and peri-urban households and protect rural livelihoods and related food sources through early action, emergency agriculture, livestock and other inclusive support in line with their livelihoods and seasonality.

Specific Objective SP3.2

Support access to durable solutions through support for transitional shelter, and access to integrated services, while addressing land and property issues, including for those displaced.

Specific Objective SP3.3

Provide support for basic infrastructure repair and ensuring access to essential services critical to addressing humanitarian needs.

Education

Cluster

IN NEED
8,689,489

TARGET
3,099,138

Cluster Objective C01

Increase access to education for crisis affected boys and girls in both rural and urban area

Contributes to Specific Objective SP1.1

			BASELINE	IN NEED	TARGET
INDICATORS	Outcome: # of boys and girls reached through community-based education initiatives	Total:	517,838	1,315,073	750,000
		Boys:	234,219	683,838	390,000
		Girls:	283,619	631,235	360,000
	Output: # of TLS , CBE, ALC, MBE with minimum WASH facilities established and maintained	Total:	16,354		25,000
	Output: # of male and female teachers receiving monthly stipends	Total:	17,002		25,000
		Men:	11,927		17,500
		Women:	5,075		12,000
	Output: # of secondary school girls reached through alternative learning modalities	Total:		1,149,138	1,149,138
		Girls:		1,149,138	1,149,138

Cluster Activity CA1.1

Establish/maintain Community-Based Classes (CBCs).

			BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of CBE, ALC, MBE and TLS established and maintained	Total:	16,354		25,000
	[Direct reach] # of boys and girls enrolled in CBE, ALC, MBE and TLS	Total:	517,838	1,315,073	750,000
		Boys:	234,219	683,838	390,000
		Girls:	283,619	631,235	360,000

Cluster Activity CA1.2

Alternative learning modalities developed and implemented

			BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of secondary school girls reached through alternative learning modalities	Total:		1,149,138	1,149,138
		Girls:		1,149,138	1,149,138

Cluster Objective C02

Ensure inclusive and protective learning spaces for crisis affected boys and girls including psychosocial support for vulnerable children

Contributes to Specific Objective SP1.1

			BASELINE	IN NEED	TARGET
INDICATORS	Output: # of boys and girls in public schools receiving learning materials (student kits, teaching kits, classroom kits)	Total:	250,000	6,154,778	1,200,000
		Boys:	152,500	3,200,485	624,000
		Girls:	97,500	2,954,293	576,000
	Output: # of boys and girls supported with winterization to continue their education	Total:	47,153	230,000	230,000
		Boys:	19,840	119,600	119,600
		Girls:	27,313	110,400	110,400
	Output: # of teachers (f/m) trained on standardized Teacher training manual including PSS	Total:	7,502		25,000
		Men:	4,790		17,500
		Women:	2,712		12,000

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box

Cluster Activity CA2.1

Support shock-affected vulnerable boys and girls with emergency education support.

			BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of boys and girls in public schools receiving learning materials (student kits, teaching kits, classroom kits, hygiene kits, drinking water, rehabilitated infrastructures)	Total:	250,000	6,154,778	1,200,000
		Boys:	152,500	3,200,485	624,000
		Girls:	97,500	2,954,293	576,000

Cluster Activity CA2.2

Winterization Support in CBE, ALC, MBE and TLS

			BASELINE	IN NEED	TARGET
INDICATOR	# of boys and girls continuing with their studies during winter	Total:	47,153	230,000	230,000
		Boys:	19,840	119,600	119,600
		Girls:	27,313	110,400	110,400

Cluster Activity CA2.3

Recruitment, deployment and payment of teachers.

			BASELINE	IN NEED	TARGET
INDICATOR	# of teachers (m/f) paid a monthly stipend	Total:	17,002		25,000
		Men:	11,927		17,500
		Women:	5,075		12,000

Cluster Activity CA2.4

Teacher training activities on standardized Teacher training manual, including PSS/disability and inclusion

			BASELINE	IN NEED	TARGET
INDICATOR	# of teachers (m/f) trained on standardized Teacher training manual, including PSS/disability and inclusion	Total:	7,502		25,000
		Men:	4,790		17,500
		Women:	2,712		12,000

Cluster Objective CO3

Reduce the risk of disaster, conflict and emergencies on children's education through building systemic resilience

Contributes to Specific Objective SP1.1

			BASELINE	IN NEED	TARGET
INDICATOR	Output: # of Shuras established and trained on roles and responsibilities, community mobilization and preparedness planning	Total:	24,084		75,000
		Men:	20,592		52,500
		Women:	3,492		22,500

Cluster Activity CA3.1

Establish and train Shuras on roles and responsibilities, community mobilization and preparedness planning

			BASELINE	IN NEED	TARGET
INDICATOR	# of Shuras trained on roles and responsibilities, community mobilization and preparedness planning	Total:	24,084		75,000
		Men:	20,592		52,500
		Women:	3,492		22,500

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners	ActivityInfo	Monthly	Education Cluster IM	Education Cluster	Education Cluster Box

Emergency Shelter and NFI

Cluster

IN NEED
9,732,864

TARGET
1,327,953

Cluster Objective C01

Necessary ES-NFI assistance is provided to affected people in a timely manner
Contributes to Specific Objective SP1.1

		BASELINE	IN NEED	TARGET
INDICATORS Output: # of people receiving emergency shelter assistance, including through cash-for-rent support.	Total:		2,003,215	510,854
	Boys:		471,440	155,591
	Girls:		383,180	145,600
	Men:		844,502	101,762
	Women:		304,092	107,900
Output: # of people receiving basic household items / NFIs to meet their immediate needs.	Total:		8,351,888	1,166,583
	Boys:		2,267,927	340,726
	Girls:		2,069,095	320,054
	Men:		2,232,518	244,882
	Women:		1,782,348	260,921
Output: # of people receiving standard winterization package including through heaters and fuel, winter clothing, blankets or quilts.	Total:		5,874,752	824,606
	Boys:		1,593,659	241,250
	Girls:		1,454,300	227,525
	Men:		1,573,836	171,889
	Women:		1,252,957	183,942

Cluster Activity CA1.1

Emergency shelter assistance (cash for rent)

		BASELINE	IN NEED	TARGET
INDICATOR [Direct reach] # of people receiving emergency shelter assistance, including through cash-for-rent support.	Total:		396,803	97,733
	Boys:		94,236	29,829
	Girls:		77,062	27,915
	Men:		164,873	19,391
	Women:		60,632	20,598

Cluster Activity CA1.2

Emergency shelter kit (tent+ 2 pcs of plastic tarpaulin)

		BASELINE	IN NEED	TARGET
INDICATOR [Direct reach] # of people receiving emergency shelter assistance through tents and plastic tarpaulin	Total:		1,606,412	413,121
	Boys:		377,204	125,763
	Girls:		306,118	117,685
	Men:		679,629	82,371
	Women:		243,461	87,303

Cluster Activity CA1.3

NFI Assistance

		BASELINE	IN NEED	TARGET
INDICATORS [Direct reach] # of people receiving cash assistance for basic household items / NFIs to meet their immediate needs.	Total:		8,351,888	58,329
	Boys:		2,267,927	17,036
	Girls:		2,069,095	16,003
	Men:		2,232,518	12,244
	Women:		1,782,348	13,046
[Direct reach] # of people receiving in kind assistance for basic household items / NFIs to meet their immediate needs.	Total:		8,351,888	1,108,254
	Boys:		2,267,927	323,690
	Girls:		2,069,095	304,051
	Men:		2,232,518	232,638
	Women:		1,782,348	247,875

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based

Cluster Activity CA1.4

Assistance to cover winterization needs (Heater & Fuel)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of people receiving seasonal cash assistance for heaters and fuel	Total:	5,874,752	776,541
		Boys:	1,593,659	227,188
		Girls:	1,454,300	214,263
		Men:	1,573,836	161,870
		Women:	1,252,957	173,221
		[Direct reach] # of people receiving seasonal in kind assistance for heaters and fuel	Total:	5,874,752
	Boys:	1,593,659	14,062	
	Girls:	1,454,300	13,262	
	Men:	1,573,836	10,019	
	Women:	1,252,957	10,722	

Cluster Activity CA1.5

Assistance to cover winterization needs (Winter Clothing)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of people receiving seasonal cash assistance for winter clothing	Total:	5,874,752	127,457
		Boys:	1,593,659	37,289
		Girls:	1,454,300	35,168
		Men:	1,573,836	26,568
		Women:	1,252,957	28,431
		[Direct reach] # of people receiving seasonal in kind assistance for winter clothing	Total:	5,874,752
	Boys:	1,593,659	203,961	
	Girls:	1,454,300	192,357	
	Men:	1,573,836	145,321	
	Women:	1,252,957	155,511	

Cluster Activity CA1.6

Assistance to cover winterization needs (Blankets or Quilts)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of people receiving seasonal cash assistance for blankets or quilts.	Total:	5,874,752	370,588
		Boys:	1,593,659	108,421
		Girls:	1,454,300	102,252
		Men:	1,573,836	77,249
		Women:	1,252,957	82,666
		[Direct reach] # of people receiving seasonal in kind assistance for blankets or quilts.	Total:	5,874,752
	Boys:	1,593,659	132,829	
	Girls:	1,454,300	125,272	
	Men:	1,573,836	94,640	
	Women:	1,252,957	101,276	

Cluster Objective CO2

Shelter materials and maintenance tool kits provided to affected people in a timely manner

Contributes to Specific Objective SP1.1

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of people whose shelter was upgraded allowing for safer and more dignified living conditions.	Total:	6,101,371	699,688
		Boys:	1,602,005	198,284
		Girls:	1,446,284	189,166
		Men:	1,772,529	150,475
		Women:	1,280,553	161,763

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based

Cluster Activity CA2.1

Shelter repair reconstruction toolkit

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of people receiving cash assistance for shelter reconstruction toolkits	Total:	6,101,371	629,719
		Boys:	1,602,005	178,455
		Girls:	1,446,284	170,250
		Men:	1,772,529	135,427
		Women:	1,280,553	145,587
	[Direct reach] # of people receiving in kind assistance for shelter reconstruction toolkits	Total:	6,101,371	69,969
		Boys:	1,602,005	19,828
		Girls:	1,446,284	18,917
		Men:	1,772,529	15,047
		Women:	1,280,553	16,176

Cluster Activity CA2.2

Shelter repair / reconstruction for minor damages

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of people receiving cash assistance to repair/ upgrade minor damaged shelters	Total:	4,270,960	398,028
		Boys:	1,121,404	112,797
		Girls:	1,012,399	107,610
		Men:	1,240,770	85,600
		Women:	896,387	92,022
	[Direct reach] # of people receiving in kind assistance to repair/ upgrade minor damaged shelters	Total:	4,270,960	91,754
		Boys:	1,121,404	26,002
		Girls:	1,012,399	24,806
		Men:	1,240,770	19,732
		Women:	896,387	21,213

Cluster Activity CA2.3

Shelter repair / reconstruction for severe damages

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # of people receiving cash assistance to repair/ upgrade severely damaged shelters	Total:	1,830,411	188,916
		Boys:	480,602	53,537
		Girls:	433,885	51,075
		Men:	531,759	40,628
		Women:	384,166	43,676
	[Direct reach] # of people receiving in kind assistance to repair/ upgrade severely damaged shelters	Total:	1,830,411	20,991
		Boys:	480,602	5,949
		Girls:	433,885	5,675
		Men:	531,759	4,514
		Women:	384,166	4,853

Cluster Objective CO3

Transitional shelter support is provided to affected people in a timely manner

Contributes to Specific Objective SP3.2

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of people receiving support to construct transitional shelters	Total:	363,301	211,514
		Boys:	100,624	63,233
		Girls:	93,366	59,224
		Men:	87,413	43,310
		Women:	81,899	45,747

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based

Cluster Activity CA3.1

Transitional Shelter Support

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of people receiving support to construct transitional shelters through in kind	Total:	363,301	21,151
		Boys:	100,624	6,323
		Girls:	93,366	5,922
		Men:	87,413	4,331
		Women:	81,899	4,575

Cluster Objective C04

Vulnerable people with disabilities receive shelter and NFI assistance as per cluster standards after consultation on the design and assistance for people with special needs

Contributes to Specific Objective SP3.2

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of People with disabilities receiving Shelter/NFI assistance delivered after inclusive needs assesment (to overcome barriers in accessing shelter at community and household level)	Total:	646,467	91,120
		Boys:	170,263	26,152
		Girls:	153,965	24,839
		Men:	185,994	19,378
		Women:	136,245	20,751

Cluster Objective C05

CCCM WG: Ensure care and maintenance of the Informal settlements (ISET) infrastructure

Contributes to Specific Objective SP3.2

		BASELINE	IN NEED	TARGET
INDICATOR	Output: CCCM WG: Ensure care and maintenance of the ISETs and IDP site's infrastructure	Total:	1,872,528	430,681
		Boys:	531,132	122,160
		Girls:	498,896	114,746
		Men:	405,039	93,159
		Women:	437,462	100,616

Cluster Activity CA5.1

CCCM WG: Site Care and Maintenance

		BASELINE	IN NEED	TARGET
INDICATORS	# of IDPs living in ISETs which are provided with cash-based care and maintenance.	Total:	1,872,528	344,545
		Boys:	505,583	93,027
		Girls:	486,857	89,582
		Men:	430,681	79,245
		Women:	449,407	82,691
	# of IDPs living in ISETs which are provided with in-kind form of care and maintenance	Total:	1,872,528	86,136
		Boys:	505,583	23,257
		Girls:	486,857	22,395
		Men:	430,681	19,811
		Women:	449,407	20,673

Cluster Objective C06

CCCM WG: Mobile Site Management

Contributes to Specific Objective SP3.2

		BASELINE	IN NEED	TARGET
INDICATOR	Output: CCCM WG: # of in ISETs and IDP Sites with Mobile CCCM team per site/area	Total:	1,872,528	430,681
		Boys:	531,132	122,160
		Girls:	498,896	114,746
		Men:	405,039	93,159
		Women:	437,462	100,616

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	CCCM WG	CCCM WG	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	CCCM WG	CCCM WG	Web-based
Partners Reports	ReportHub	Monthly	CCCM WG	CCCM WG	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	CCCM WG	CCCM WG	Web-based

Cluster Activity CA6.1

CCCM WG: Mobile Site Management

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of IDPs living in ISETs monitored by Mobile CCCM team	Total:	1,872,528	430,681
		Boys:	531,132	122,160
		Girls:	498,896	114,746
		Men:	405,039	93,159
		Women:	437,462	100,616

Food Security and Agriculture

Cluster

IN NEED **TARGET**
21,179,781 **21,179,781**

Cluster Objective C01

Shock- affected (Conflict IDP, returnee, refugee, natural disaster and targeted IPC 3 and 4) women, men and children of all ages (Conflict IDP, returnee, refugee, natural disaster and targeted IPC 3 and 4) have a minimum household food consumption score above 42.5

Contributes to Specific Objective SP1.2

		BASELINE	IN NEED	TARGET
INDICATOR	Outcome: % of households with acceptable food consumption	Total:	35	45

Cluster Objective C02

Necessary food assistance is provided to affected households in a timely manner

Contributes to Specific Objective SP1.2

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # Shock affected and vulnerable women, men, girls and boys of all ages who receive adequate food/cash responses, in a timely manner (IDP, returnee, refugee, natural disaster affected and those facing crisis and emergency levels of food insecurity (IPC 3 and 4).	Total:	21,677,479	21,179,780
		Boys:	6,351,840	5,936,737
		Girls:	6,122,256	5,506,410
		Men:	4,679,230	4,916,060
		Women:	4,523,148	4,820,574

Cluster Activity CA2.1

Food assistance for IDPs (3 months)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # IDPs receiving in-kind food assistance (3 months)	Total:	690,787	483,551
		Boys:	192,146	134,503
		Girls:	178,062	124,644
		Men:	165,439	115,807
		Women:	155,140	108,598
	[Direct reach] # IDPs receiving cash transfers for food (3 months)	Total:	690,787	207,236
		Boys:	192,146	57,644
		Girls:	178,062	53,419
		Men:	165,439	49,632
		Women:	155,140	46,542

Cluster Activity CA2.2

Food assistance for natural disaster-affected (2 months)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # Natural disaster-affected people receiving in-kind food assistance (2 months)	Total:	200,000	140,000
		Boys:	55,631	38,942
		Girls:	51,553	36,087
		Men:	47,899	33,529
		Women:	44,917	31,442

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	ESNFI Cluster	ESNFI Cluster	Web-based

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
SFSA, PLSA, WoA and PDMs	HHs survey	Quarterly	Partners	FSAC	FSAC Sharepoint

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub

Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub

[Direct reach] # Natural disaster-affected people receiving cash transfers for food (2 months)	Total:	200,000	60,000
	Boys:	55,631	16,689
	Girls:	51,553	15,466
	Men:	47,899	14,370
	Women:	44,917	13,475

Cluster Activity CA2.3

Food assistance for cross-border returnees (4 months)

		BASELINE	IN NEED	TARGET
INDICATORS [Direct reach] # Cross-border returnees receiving in kind food assistance (4 months)	Total:		332,991	233,094
	Boys:		92,623	64,836
	Girls:		85,834	60,084
	Men:		79,749	55,824
	Women:		74,784	52,349
[Direct reach] # Cross-border returnees receiving cash transfers for food (4 months)	Total:		332,991	99,897
	Boys:		92,623	27,787
	Girls:		85,834	25,750
	Men:		79,749	23,925
	Women:		74,784	22,435

Cluster Activity CA2.4

Food assistance for Pakistani refugees (6 months)

		BASELINE	IN NEED	TARGET
INDICATORS [Direct reach] # Pakistani refugees receiving in kind food assistance (6 months)	Total:		52,007	36,405
	Boys:		14,466	10,126
	Girls:		13,406	9,384
	Men:		12,455	8,719
	Women:		11,680	8,176
[Direct reach] # Pakistani refugees receiving cash transfers for food (6 months)	Total:		52,007	15,602
	Boys:		14,466	4,340
	Girls:		13,406	4,022
	Men:		12,455	3,737
	Women:		11,680	3,504

Cluster Activity CA2.5

Food assistance for people in IPC Phase 3 (Jan-Apr, Nov-Dec, 6 months)

		BASELINE	IN NEED	TARGET
INDICATORS [Direct reach] # People in IPC Phase 3 receiving in-kind food assistance (Jan-Apr, Nov-Dec, 6 months)	Total:		19,903,995	9,676,705
	Boys:		5,536,412	2,691,632
	Girls:		5,130,595	2,494,336
	Men:		4,766,867	2,317,503
	Women:		4,470,121	2,173,234
[Direct reach] # People in IPC Phase 3 receiving cash transfers for food (Jan-Apr, Nov-Dec, 6 months)	Total:		19,903,995	4,147,159
	Boys:		5,536,412	1,153,556
	Girls:		5,130,595	1,069,001
	Men:		4,766,867	993,216
	Women:		4,470,121	931,386

Cluster Activity CA2.6

Food assistance for people in IPC Phase 4 (Jan-Apr, Nov-Dec, 6 months)

		BASELINE	IN NEED	TARGET
INDICATORS [Direct reach] # People in IPC Phase 4 receiving in-kind food assistance (Jan-Apr, Nov-Dec, 6 months)	Total:		19,903,995	4,256,091
	Boys:		5,536,412	1,183,856
	Girls:		5,130,595	1,097,080
	Men:		4,766,867	1,019,304
	Women:		4,470,121	955,850

Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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[Direct reach] # People in IPC Phase 4 receiving cash transfers for food (Jan-Apr, Nov-Dec, 6 months)	Total:	19,903,995	1,824,039
	Boys:	5,536,412	507,367
	Girls:	5,130,595	470,177
	Men:	4,766,867	436,845
	Women:	4,470,121	409,650

Cluster Activity CA2.7

Food assistance for people in IPC Phase 3 (May-Oct, 2 months)

		BASELINE	IN NEED	TARGET
INDICATORS [Direct reach] # People in IPC Phase 3 receiving in-kind food assistance (May-Oct, 2 months)	Total:	19,903,995	9,289,637	
	Boys:	5,536,412	2,583,966	
	Girls:	5,130,595	2,394,563	
	Men:	4,766,867	2,224,803	
	Women:	4,470,121	2,086,305	
[Direct reach] # People in IPC Phase 3 receiving cash transfers for food (May-Oct, 2 months)	Total:	19,903,995	3,981,273	
	Boys:	5,536,412	1,107,414	
	Girls:	5,130,595	1,026,241	
	Men:	4,766,867	953,487	
	Women:	4,470,121	894,131	

Cluster Activity CA2.8

Food assistance for people in IPC Phase 4 (May-Oct, 6 months)

		BASELINE	IN NEED	TARGET
Indicators [Direct reach] # People in IPC Phase 4 receiving in-kind food assistance (May-Oct, 6 months)	Total:	19,903,995	2,809,020	
	Boys:	5,536,412	781,345	
	Girls:	5,130,595	724,073	
	Men:	4,766,867	672,741	
	Women:	4,470,121	630,861	
[Direct reach] # People in IPC Phase 4 receiving cash transfers for food (May-Oct, 6 months)	Total:	19,903,995	1,203,866	
	Boys:	5,536,412	334,862	
	Girls:	5,130,595	310,317	
	Men:	4,766,867	288,317	
	Women:	4,470,121	270,369	

Cluster Objective C03

Assistance to affected population is provided to all vulnerable groups
Contributes to Specific Objective SP2.2

		BASELINE	IN NEED	TARGET
INDICATOR Output: % of projects that document the participation of affected populations in their diversity (marginalized groups, women)	Total:			100

Cluster Objective C04

Local communities are active interlocutors regarding beneficiary selections
Contributes to Specific Objective SP2.2

		BASELINE	IN NEED	TARGET
INDICATOR Output: % of partners that have clear guidance/procedures on communicating with communities regarding beneficiary targeting/selection criteria	Total:			100

Cluster Objective C05

Livelihoods are protected and rehabilitated for vulnerable people facing acute food insecurity and at risk of hunger and malnutrition
Contributes to Specific Objective SP3.1

		BASELINE	IN NEED	TARGET
INDICATORS Outcome: Percentage of the targeted people reporting increased in food production or income	Total:	13	60	60

Partners reporting	ReportHub	Monthly	Partners	FSAC	Reporhub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	Reporhub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	Reporhub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	Reporhub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	Reporhub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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SFSA, PLSA, WoA and PDMs	HHs survey	Quarterly	Partners	FSAC	FSAC Sharepoint
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Output: Timely assistance provided to protect livelihoods of shock-affected and vulnerable women, men, girls and boys of all ages who receive timely livelihood assistance (IDP, returnee, refugee, natural disaster affected and those facing crisis and emergency levels of food insecurity IPC 3 and 4)	Total:	2,389,557	9,155,000	9,155,000
	Boys:	721,738	2,563,400	2,563,400
	Girls:	695,908	2,380,300	2,380,300
	Men:	490,110	2,105,650	2,105,650
	Women:	481,801	2,105,650	2,105,650

Cluster Activity CA5.1

Livelihoods support for natural disaster-affected (1 month)

BASELINE IN NEED TARGET

INDICATORS [Direct reach] # Natural disaster-affected people receiving in-kind livelihoods assistance (1 month)	Total:	200,000	115,500
	Boys:	55,631	32,127
	Girls:	51,553	29,772
	Men:	47,899	27,661
	Women:	44,917	25,939

[Direct reach] # Natural disaster-affected people receiving livelihoods assistance in cash (1 month)	Total:	200,000	34,500
	Boys:	55,631	9,596
	Girls:	51,553	8,893
	Men:	47,899	8,263
	Women:	44,917	7,748

Cluster Activity CA5.2

Livelihoods support for asset creation (6 months)

BASELINE IN NEED TARGET

INDICATORS [Direct reach] # People receiving in-kind support for asset creation (6 months)	Total:	19,903,995	1,309,000
	Boys:	5,536,412	364,106
	Girls:	5,130,595	337,417
	Men:	4,766,867	313,496
	Women:	4,470,121	293,981

[Direct reach] # People receiving cash support for asset creation (6 months)	Total:	19,903,995	391,000
	Boys:	5,536,412	108,759
	Girls:	5,130,595	100,787
	Men:	4,766,867	93,642
	Women:	4,470,121	87,812

Cluster Activity CA5.3

Livelihoods support: winter wheat cultivation package (1 month)

BASELINE IN NEED TARGET

INDICATOR [Direct reach] # People receiving in-kind winter wheat cultivation package (1 month)	Total:	19,903,995	3,850,000
	Boys:	5,536,412	1,070,900
	Girls:	5,130,595	992,403
	Men:	4,766,867	922,048
	Women:	4,470,121	864,649

Cluster Activity CA5.4

Livelihoods support: summer cultivation package (1 month)

BASELINE IN NEED TARGET

INDICATORS [Direct reach] # People receiving in kind summer cultivation package (1 month)	Total:	19,903,995	80,850
	Boys:	5,536,412	22,489
	Girls:	5,130,595	20,840
	Men:	4,766,867	19,363
	Women:	4,470,121	18,158

[Direct reach] # People receiving cash support for summer cultivation package (1 month)	Total:	19,903,995	24,150
	Boys:	5,536,412	6,717
	Girls:	5,130,595	6,225
	Men:	4,766,867	5,784
	Women:	4,470,121	5,424

Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
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Cluster Activity CA5.5

Livelihoods support: backyard vegetable cultivation (1 month)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # People receiving in-kind support for backyard vegetable cultivation (1 month)	Total:	19,903,995	808,500
		Boys:	5,536,412	224,889
		Girls:	5,130,595	208,405
		Men:	4,766,867	193,630
		Women:	4,470,121	181,576
	[Direct reach] # People receiving cash support for backyard vegetable cultivation (1 month)	Total:	19,903,995	241,500
		Boys:	5,536,412	67,175
		Girls:	5,130,595	62,251
		Men:	4,766,867	57,838
		Women:	4,470,121	54,237

Cluster Activity CA5.6

Livelihoods support: livestock protection package (1 month)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # People receiving in-kind livestock protection package (1 month)	Total:	19,903,995	1,617,000
		Boys:	5,536,412	449,778
		Girls:	5,130,595	416,809
		Men:	4,766,867	387,260
		Women:	4,470,121	363,152
	[Direct reach] # People receiving cash for livestock protection package (1 month)	Total:	19,903,995	483,000
		Boys:	5,536,412	134,349
		Girls:	5,130,595	124,502
		Men:	4,766,867	115,675
		Women:	4,470,121	108,474

Cluster Activity CA5.7

Livelihoods support: backyard poultry package (1 month)

		BASELINE	IN NEED	TARGET
INDICATORS	[Direct reach] # People receiving in-kind backyard poultry package (1 month)	Total:	19,903,995	100,100
		Boys:	5,536,412	27,843
		Girls:	5,130,595	25,802
		Men:	4,766,867	23,973
		Women:	4,470,121	22,481
	[Direct reach] # People receiving cash for backyard poultry package (1 month)	Total:	19,903,995	29,900
		Boys:	5,536,412	8,317
		Girls:	5,130,595	7,707
		Men:	4,766,867	7,161
		Women:	4,470,121	6,715

Cluster Activity CA5.8

Unconditional cash transfer

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # People receiving unconditional cash transfer (1 month)	Total:	19,903,995	70,000
		Boys:	5,536,412	19,471
		Girls:	5,130,595	18,044
		Men:	4,766,867	16,765
		Women:	4,470,121	15,721

Cluster Activity CA5.9

Containment of plant pest and animal disease outbreaks

		BASELINE	IN NEED	TARGET
INDICATOR	Emergency containment of plant pest and animal diseases outbreaks (Lumpy Skin Disease, Locust, etc.)	Total:		1

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub
Partners reporting	ReportHub	Monthly	Partners	FSAC	ReportHub

Health

Cluster

IN NEED
17,552,568

TARGET
15,599,052

Cluster Objective CO1

Maintain and increase access to life-saving and life-sustaining coordinated health services and information for those most vulnerable and in need

Contributes to Specific Objective SP1.3

		BASELINE	IN NEED	TARGET
INDICATORS	Outcome: Proportion of fully functional public health facilities	Total:		80
	Output: Number of primary health care consultations	Total:	8,396,757	17,552,568
		Boys:	1,623,522	3,016,093
		Girls:	1,710,225	3,177,166
		Men:	1,556,417	2,891,429
		Women:	3,506,593	6,514,364
	Output: Number of pregnant women attended first antenatal care visit	Total:	741,740	530,368
		Girls:	58,298	41,685
		Women:	683,442	488,683
	Output: Number of MHPSS consultations	Total:	790,765	1,247,924
		Boys:	70,906	111,898
		Girls:	87,906	138,726
		Men:	164,774	260,034
		Women:	467,179	737,266
	Output: Number of children less than 12 months of age who received measles vaccines	Total:	521,104	499,170
		Boys:	267,107	255,864
		Girls:	253,997	243,306
	Output: Number of trauma cases treated	Total:	599,299	229,500
		Boys:	139,643	53,476
		Girls:	69,934	26,781
		Men:	273,917	104,896
		Women:	115,805	44,347
	Output: Number of health care workers trained	Total:	7,439	7,500
		Men:	3,664	3,694
		Women:	3,775	3,806

Cluster Activity CA1.1

Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] Number of primary health care consultations	Total:	8,396,757	15,599,052
		Boys:	1,623,522	3,016,093
		Girls:	1,710,225	3,177,166
		Men:	1,556,417	2,891,429
		Women:	3,506,593	6,514,364

Cluster Activity CA1.2

Provide support to secondary health care services (e.g. Provision of medical supplies, staff capacity building, transport cost for the referral cases, etc.)

		BASELINE	IN NEED	TARGET
INDICATOR	Number of patients receiving secondary health care	Total:		1,559,905

Cluster Activity CA1.3

Provide support to trauma care services through strengthening the capacity of trauma care facilities (e.g. Provision of supplies, staff capacity building, establishment of triage and isolation areas, support ambulance services, etc.)

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
[Direct reach] Number of trauma cases treated	Total:		599,299	258,241	229,500
	Boys:		139,643	60,173	53,476
	Girls:		69,934	30,135	26,781
	Men:		273,917	118,032	104,896
	Women:		115,805	49,901	44,347

Cluster Activity CA1.4

Provide in-services training to health care workers

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
Number of health care workers trained	Total:		7,439	8,439	7,500
	Men:		3,664	4,157	3,694
	Women:		3,775	4,282	3,806

Cluster Activity CA1.5

Ensure communication, information sharing and coordination among health cluster partners to improve delivery of health care services to vulnerable population

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
Number of Health Cluster coordination meetings organized at national and sub-national levels	Total:		90		96

Cluster Activity CA1.6

Document and report attacks on health care

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
Number of attacks on health care	Total:		9		24

Cluster Objective CO2

Strengthen health sector capacity to prepare for, prevent, detect and deliver timely response to disease outbreaks
Contributes to Specific Objective SP1.3

BASELINE **IN NEED** **TARGET**

INDICATORS			BASELINE	IN NEED	TARGET
Outcome: Proportion of disease outbreaks investigated within 72 hours of alert	Total:		100		100
Output: Number of rapid response teams (RRTs) deployed	Total:		34		51
Output: Number of persons reached with RCCE messages for communicable diseases	Total:		864,630	2,632,885	2,339,858
	Boys:		88,112	268,310	238,448
	Girls:		54,183	164,993	146,630
	Men:		382,142	1,163,661	1,034,151
	Women:		340,193	1,035,921	920,629

Cluster Activity CA2.1

Strengthen infectious diseases outbreak preparedness and response (e.g. Coordination, surveillance, case management, IPC, RCCE, diagnostic and treatment kits, etc.)

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
Number of outbreak-affected people received health care	Total:		65,000		105,000

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster Monitoring tool	Health Cluster Monitoring tool	Monthly	Health Cluster	Health Cluster	Health Cluster Monitoring dataset
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Surveillance System for Attacks on Health Care (SSA)	Surveillance System for Attacks on Health Care (SSA) Platform Online	Per attack	Health Cluster Coordination Team	Health Cluster Coordination Team	Surveillance System for Attacks on Health Care (SSA) Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
NDSR report	Online platform	Weekly	WHO	WHO	NDSR database
NDSR report	Online platform	Weekly	WHO	WHO	NDSR database
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
NDSR report	Online platform	Weekly	WHO	WHO	NDSR database

Cluster Activity CA2.2

Support RCCE activities for communicable diseases outbreak

			BASELINE	IN NEED	TARGET
INDICATOR	Number of persons reached with RCCE messages for communicable diseases	Total:	864,630	2,632,885	2,339,858
		Boys:	88,112	268,310	238,448
		Girls:	54,183	164,993	146,630
		Men:	382,142	1,163,661	1,034,151
		Women:	340,193	1,035,921	920,629

Cluster Objective C03

Ensure access to safe, equitable and inclusive health services and information to GBV survivors

Contributes to Specific Objective SP2.1

			BASELINE	IN NEED	TARGET	
INDICATORS	Outcome: Proportion of health facilities providing clinical management to the survivors of violence	Total:			25	
		Output: Number of health workers trained on health response to survivors of violence	Total:	17	563	500
			Women:	17	563	500
		Output: Number of health care staff trained on PSEA	Total:	560	1,688	1,500
Men:	279		841	747		
Women:	281		847	753		
INDICATORS	Output: Number of attacks on health care	Total:	9		24	

Cluster Activity CA3.1

Train health care workers on GBV treatment protocol, and PSEA identification and reporting

			BASELINE	IN NEED	TARGET
INDICATOR	Number of health workers trained on health response to survivors of violence	Total:	577	2,251	2,000
		Men:	279	841	747
		Women:	298	1,410	1,253

Cluster Activity CA3.2

Provide health services to GBV survivors

			BASELINE	IN NEED	TARGET
INDICATOR	Number of survivors of violence receiving clinical management	Total:			20,000

Cluster Objective C04

Strengthen provision of integrated rehabilitative care to improve resilience of vulnerable people

Contributes to Specific Objective SP3.3

			BASELINE	IN NEED	TARGET
INDICATORS	Outcome: Proportion of public health facilities providing physical rehabilitation services	Total:			80
		Output: Number of people with disabilities receiving rehabilitative care	Total:	11,239	146,280
Boys:	1,118		14,551	12,932	
Girls:	576		7,497	6,663	
Men:	7,798		101,494	90,198	
Women:	1,747		22,738	20,207	

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HeRAMS	HeRAMS Platform online	Quarterly	WHO - Health Cluster partners	WHO - Health Cluster partners	HeRAMS Platform
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
Surveillance System for Attacks on Health Care (SSA)	Surveillance System for Attacks on Health Care (SSA) Platform Online	Per attack	Health Cluster Coordination Team	Health Cluster Coordination Team	Surveillance System for Attacks on Health Care (SSA) Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform

Cluster Activity CA4.1

Support delivery of disability and physical rehabilitation services

		Baseline	In Need	Target	
INDICATOR	Number of people with disabilities receiving rehabilitative care	Total:	11,239	146,280	130,000
		Boys:	1,118	14,551	12,932
		Girls:	576	7,497	6,663
		Men:	7,798	101,494	90,198
		Women:	1,747	22,738	20,207

Nutrition

Cluster

IN NEED
7,223,564

TARGET
5,516,326

Cluster Objective CO1

To increase equitable access and utilization of quality lifesaving curative nutrition services for early detection and treatment of acute malnutrition for girls and boys under five years of age and PLW affected by acute malnutrition by the end of 2023.

Contributes to Specific Objective SP1.2

		BASELINE	IN NEED	TARGET
INDICATORS	Output: Number of children screened at community level for acute malnutrition	Total:	6,982,297	6,982,297
		Boys:	3,630,794	3,630,794
		Girls:	3,351,503	3,351,503
	Output: Number of girls and boys aged 0-59 months with SAM who are admitted for treatment in IPD	Total:	87,522	87,522
		Boys:	45,511	45,511
		Girls:	42,011	42,011
	Output: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD	Total:	787,702	787,702
		Boys:	409,605	409,605
		Girls:	378,097	378,097
	Output: Number of girls and boys aged 6-59 months with MAM who are admitted for treatment	Total:	2,347,802	1,643,461
		Boys:	1,220,857	854,600
		Girls:	1,126,945	788,861
	Output: Number of Pregnant and lactating women with AM who are admitted for treatment	Total:	804,365	563,056
		Women:	804,365	563,056
	Outcome: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment and recover	Total:	875,224	656,418
		Boys:	455,116	341,337
		Girls:	420,108	315,081
	Outcome: Number of girls and boys aged 6-59 months with MAM who are admitted for treatment and recover	Total:	2,347,802	1,760,852
		Boys:	1,220,857	915,643
		Girls:	1,126,945	845,209

Cluster Activity CA1.1

Community screening of children 6-59 months

		BASELINE	IN NEED	TARGET
INDICATOR	Number of children screened at community level for acute malnutrition	Total:	6,982,297	6,982,297
		Boys:	3,630,794	3,630,794
		Girls:	3,351,503	3,351,503

Cluster Activity CA1.2

SAM treatment of children 0-59 months in IPD

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] Number of girls and boys aged 0-59 months with SAM who are admitted for treatment in IPD	Total:	87,522	87,522
		Boys:	45,511	45,511
		Girls:	42,011	42,011

Data Source	Data Collection Method	Data Collection Frequency	Data Collection Responsible	Data Validation Responsible	Data Storage
Health Cluster 4Ws	ReportHub Platform online	Monthly	Health Cluster partners	Health Cluster partners	ReportHub Platform

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based

Cluster Activity CA1.3

SAM treatment of children 6-59 months in OPD

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD	Total:	787,702	787,702
		Boys:	409,605	409,605
		Girls:	378,097	378,097

Cluster Activity CA1.4

MAM treatment of children 6-59 months in OPD

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] Number of girls and boys aged 6-59 months with MAM who are admitted for treatment	Total:	2,347,802	1,643,461
		Boys:	1,220,857	610,429
		Girls:	1,126,945	563,473

Cluster Activity CA1.5

AM treatment of PLW in OPD

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] Number of pregnant and lactating women with AM who are admitted for treatment	Total:	804,365	563,056
		Women:	804,365	563,056

Cluster Objective CO2

To increase equitable access and utilization of quality lifesaving preventative nutrition-specific service delivery for children, and women by the end of 2023

Contributes to Specific Objective SP1.2

		BASELINE	IN NEED	TARGET
INDICATORS	Output: Number of girls and boys aged 6-59 months who received vitamin A supplement	Total:	6,982,297	6,982,297
		Boys:	3,630,794	3,630,794
		Girls:	3,351,503	3,351,503
	Output: Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling	Total:	2,930,841	2,344,672
		Women:	2,930,841	2,344,672
	Output: Number of girls and boys aged 6-59 months provided with specialized nutritious foods	Total:	3,209,630	2,246,741
		Boys:	1,669,008	1,168,305
		Girls:	1,540,622	1,078,436
	Output: Number of PLW provided with specialized nutritious foods	Total:	1,149,127	804,389
		Women:	1,149,127	804,389
	Output: Number of girls and boys aged 6-59 months who received MNP	Total:	6,983,297	2,094,689
		Boys:	3,631,314	1,089,238
		Girls:	3,351,983	1,005,451

Cluster Activity CA2.1

Vitamin A supplementation in children 6-59 months

		BASELINE	IN NEED	TARGET
INDICATOR	Number of girls and boys aged 6-59 months who received vitamin A supplement	Total:	6,982,297	6,982,297
		Boys:	3,630,794	3,630,794
		Girls:	3,351,503	3,351,503

Cluster Activity CA2.2

MIYCN counselling

		BASELINE	IN NEED	TARGET
INDICATOR	Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling	Total:	2,930,841	2,344,672
		Women:	2,930,841	2,344,672

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based

Cluster Activity CA2.3					
BSFP in children 6-59 months			BASELINE	IN NEED	TARGET
INDICATOR	Number of girls and boys aged 6-59 months provided with specialized nutritious foods	Total:		3,209,630	2,246,741
		Boys:		3,630,794	3,630,794
		Girls:		3,351,503	3,351,503

Cluster Activity CA2.4					
BSFP in PLW			BASELINE	IN NEED	TARGET
INDICATOR	Number of PLW provided with specialized nutritious foods	Total:		1,149,127	804,389
		Women:		1,149,127	804,389

Cluster Activity CA2.5					
MNP in children 6-23 months			BASELINE	IN NEED	TARGET
INDICATOR	Number of girls and boys aged 6-59 months who received MNP	Total:		6,982,297	2,094,689
		Boys:		3,630,794	1,089,238
		Girls:		3,351,503	1,005,451

Cluster Objective C03					
To increase equitable access to quality lifesaving preventative nutrition-sensitive services in prioritized setting through joint inter-cluster programming by the end of 2023					
Contributes to Specific Objective SP1.2			BASELINE	IN NEED	TARGET
INDICATOR	Output: Number of households with malnourished children or PLW reached with the integrated package for improved nutrition outcomes	Total:		201,333	73,263

Cluster Activity CA3.1					
Integrated package in prioritized provinces			BASELINE	IN NEED	TARGET
INDICATOR	Number of households with malnourished children or PLW reached with the integrated package for improved nutrition outcomes	Total:		201,333	73,263

Cluster Objective C04					
To strengthen capacities for rolling out improved and effective surveillance, programming and coordination mechanisms					
Contributes to Specific Objective SP1.2			BASELINE	IN NEED	TARGET
INDICATORS	Output: Number of provincial representative SMART surveys conducted	Total:		35	35
	Output: Number of functional community-based sentinel sites	Total:		600	157
	Output: Number of operational research initiated	Total:		3	3
	Output: Number of functional cluster coordination teams at national and subnational levels	Total:		8	8

Cluster Activity CA4.1					
SMART surveys			BASELINE	IN NEED	TARGET
INDICATOR	Number of provincial representative SMART surveys conducted	Total:		35	35

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
SMART Survey Report	Population based	Annually	Nutrition Cluster	Nutrition Cluster	Web-based
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
Nutrition Cluster Meeting Minutes & Website	Desk Compilation of Operational Research Concep notes	Annually	Nutrition Cluster	Nutrition Cluster	Web-based
Nutrition Cluster Meeting Minutes & Website	Desk Compilation of Meeting Minutes	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
SMART Survey Report	Population based	Annually	Nutrition Cluster	Nutrition Cluster	Web-based

Cluster Activity CA4.2			BASELINE	IN NEED	TARGET
Community based sentinel sites					
INDICATOR	Number of functional community-based sentinel sites	Total:		600	157

Cluster Activity CA4.3			BASELINE	IN NEED	TARGET
Operational research					
INDICATOR	Number of operational research initiated	Total:		3	3

Cluster Activity CA4.4			BASELINE	IN NEED	TARGET
Coordination					
INDICATOR	Number of functional cluster coordination teams at national and subnational levels	Total:		8	8

Protection: Child Protection **IN NEED**
7,546,661 **TARGET**
4,867,986
Sub-Sector

Cluster Objective C01			BASELINE	IN NEED	TARGET
Vulnerable families and girls and boys at-risk have access to well-coordinated age, gender and disability sensitive child protection services, including psychosocial support and case management, and are protected against life threatening risk including abuse, neglect, violence and exploitation					
Contributes to Specific Objective SP2.1					
INDICATORS	Output: # of children (boys and girls) and their caregivers (men and women) accessing psychosocial support, mental health services and information messaging on well-being.	Total:	1,715,785	7,546,660	4,867,983
		Boys:	445,705	3,042,250	2,009,657
		Girls:	399,609	2,796,275	1,828,579
		Men:	522,965	854,690	515,158
		Women:	347,506	853,445	514,589
	Output: # of girls and boys at risk, (including unaccompanied and separated children, and grave child rights violations) who received comprehensive case management services.	Total:	110,675	155,000	100,000
		Boys:	66,065	77,500	50,000
		Girls:	44,610	77,500	50,000

Cluster Activity CA1.1			BASELINE	IN NEED	TARGET
Provide structured PSS (Child Friendly Spaces, adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) homes and communities)					
INDICATOR	[Direct reach] # of children (boys and girls) are provided with structured PSS (Child Friendly Spaces, adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) homes and communities)	Total:	251,347	1,131,806	730,197
		Boys:	111,664	452,722	292,079
		Girls:	109,594	452,722	292,079
		Men:	14,795	113,181	73,020
		Women:	15,294	113,181	73,020

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
HMIS and NIS	Facility based	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Nutrition Cluster Meeting Minutes & Website	Desk Compilation of Operational Research Concep notes	Annually	Nutrition Cluster	Nutrition Cluster	Web-based
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Nutrition Cluster Meeting Minutes & Website	Desk Compilation of Meeting Minutes	Monthly	Nutrition Cluster	Nutrition Cluster	Web-based

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected through Activities and compiled and calculation method is based on MAX	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
ReportHub	Data collected through Activities and compiled and calculation method is based on MAX	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub. 80% of this indicator contributes to overall reach.	Monthly	CP information Management Officer	CP information Management Officer	ReportHub

Cluster Activity CA1.2					
Establish adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) to provide Life Skills & new generations skills			BASELINE	IN NEED	TARGET
INDICATOR	# of children (boys and girls) provided with structured PSS (Child Friendly Spaces, adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) homes and communities)	Total:	17,060	7,750	5,000
		Boys:	484	3,875	2,500
		Girls:	16,576	3,875	2,500
Cluster Activity CA1.3					
Referral to specialized services – Mental Health			BASELINE	IN NEED	TARGET
INDICATOR	# of children (boys and girls) referred to specialized services – Mental Health	Total:		37,727	24,340
		Boys:		18,864	12,170
		Girls:		18,864	12,170
Cluster Activity CA1.4					
Provide Family Tracing and Reunification (FTR) services to Unaccompanied and Separated Children (UASC)			BASELINE	IN NEED	TARGET
INDICATOR	# of Unaccompanied and Separated Children (UASC) provided with Family Tracing and Reunification (FTR) services	Total:	9,059	23,250	15,000
		Boys:	8,819	16,275	10,500
		Girls:	240	6,975	4,500
Cluster Activity CA1.5					
Provide interim family-based care or other suitable interim alternative care arrangements to Unaccompanied and Separated Children (UASC)			BASELINE	IN NEED	TARGET
INDICATOR	# of Unaccompanied and Separated Children (UASC) provided with interim family-based care or other suitable interim alternative care arrangements	Total:		7,750	5,000
		Boys:		5,425	3,500
		Girls:		2,325	1,500
Cluster Activity CA1.6					
Provided cash as a component of the Case Management services			BASELINE	IN NEED	TARGET
INDICATOR	# of girls and boys provided with cash as a component of the Case Management services	Total:	26,035	31,000	20,000
		Boys:	14,596	15,500	10,000
		Girls:	11,439	15,500	10,000
Cluster Activity CA1.7					
Identify, register, refer children to access to services and follow up of case management services in line with the Afghanistan SOP for Case Management (child labour, child marriage,			BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of girls and boys at risk identified, registered, referred, facilitated to access services, and follow up of case management services in line with the Afghanistan SOP for Case Management (child labour, child marriage)	Total:	68,978	155,000	100,000
		Boys:	41,101	77,500	50,000
		Girls:	27,877	77,500	50,000
Cluster Activity CA1.8					
Provide social reintegration and life skills assistance to children and youth who have suffered from grave child rights violations (including former CAAC and CoM)			BASELINE	IN NEED	TARGET
INDICATOR	# of children and youth who have suffered from grave child rights violations (including former CAAC and CoM) provided with social reintegration and life skills assistance	Total:	378	7,750	5,000
		Boys:	220	5,425	3,500
		Girls:	158	2,325	1,500

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub

Cluster Activity CA1.9

Provide education reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC and CoM)

BASELINE **IN NEED** **TARGET**

INDICATOR		Total:	3,222	15,500	10,000
# of children and youth who have suffered from grave child rights violations (including former CAAC and CoM) provided with education reintegration assistance		Boys:	263	10,850	7,000
		Girls:	2,959	4,650	3,000

Cluster Activity CA1.10

Provide economic reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC and CoM)

BASELINE **IN NEED** **TARGET**

INDICATOR		Total:	218	7,750	5,000
# of children and youth who have suffered from grave child rights violations (including former CAAC and CoM) provided with economic reintegration assistance		Boys:	189	5,425	3,500
		Girls:	29	2,325	1,500

Cluster Activity CA1.11

Set up a Child Protection Information management System for registration and comprehensive case management services of at risk children

BASELINE **IN NEED** **TARGET**

INDICATOR		Total:	68,978	155,000	100,000
# of girls and boys at risk, (including unaccompanied and separated children, and grave child rights violations) registered in the CPIMS+ and received comprehensive case management services		Boys:	41,101	77,500	50,000
		Girls:	27,877	77,500	50,000

Cluster Objective CO2

Girls and boys are protected through coherent and meaningful engagement with communities, caregivers and duty bearers by promoting evidence based awareness raising and advocacy and use of community based child protection mechanisms
Contributes to Specific Objective SP2.1

BASELINE **IN NEED** **TARGET**

Cluster Activity CA2.1

Provide information on wellbeing messaging to support their children's psychosocial wellbeing.

BASELINE **IN NEED** **TARGET**

INDICATOR		Total:	16,278	2,263,612	1,460,395
[Direct reach] Provide information on wellbeing messaging to support their children's psychosocial wellbeing.		Boys:		339,542	219,059
		Girls:		339,542	219,059
		Men:	10,442	792,264	511,138
		Women:	5,836	792,264	511,138

Cluster Activity CA2.2

Reach community members with messaging through mass media sessions (TV, radio, social media)

BASELINE **IN NEED** **TARGET**

INDICATOR		Total:	1,251,155	7,546,660	4,867,983
# of community members reached with messaging through mass media sessions (TV, radio, social media)		Boys:	252,677	3,042,250	2,009,657
		Girls:	203,815	2,796,275	1,828,579
		Men:	486,304	854,690	515,158
		Women:	308,359	853,445	514,589

Cluster Objective CO3

Increased and strengthened capacities of partners, service providers, civil society, and authorities, including through established guidelines and SOP, training, and resources to safely prevent, mitigate, mainstream, and respond to protection issues
Contributes to Specific Objective SP2.1

BASELINE **IN NEED** **TARGET**

INDICATOR		Total:	7,150	15,500	10,000
Output: # of humanitarian workers including social workers and community volunteers are recruited and/or trained on standards of CP and other specialized CP services		Men:	4,391	9,300	6,000
		Women:	2,759	6,200	4,000

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub. 50% of this indicator contributes to overall reach	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected and added to ReportHub. 21% of this indicator contributes to overall reach.	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHub	Data collected through Activities and compiled and calculation method is based on MAX	Monthly	CP information Management Officer	CP information Management Officer	ReportHub

Cluster Activity CA3.1

Conduct capacity building training to child protection workers and staff from other sectors receiving on the norms and standards of child protection and to adopt new tools and working modalities, including PSS, Caring for Child Survivors (CS) of SGBV Case Management, PFA, (social worker, case worker, teachers, health workers, authorities, staff members)

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
# of child protection workers and staff from other sectors receiving capacity building training on the norms and standards of child protection and to adopt new tools and working modalities, including PSS, Caring for Child Survivors (CS) of SGBV Case Management, PFA, (social worker, case worker, teachers, health workers, authorities, staff members)	Total:		7,150	7,750	5,000
	Men:		4,391	4,650	3,000
	Women:		2,759	3,100	2,000

Cluster Activity CA3.2

Conduct training to humanitarian workers including social workers and community volunteers on CP Minimum standards and other specialized CP services

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
[Direct reach] # of recruited humanitarian workers including social workers and community volunteers trained on CP Minimum standards and other specialized CP services	Total:			15,500	10,000
	Men:			9,300	6,000
	Women:			6,200	4,000

Cluster Activity CA3.3

Develop a contextual adolescents Life Skills Module and conduct training to humanitarian workers including social workers and community volunteers on the module

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
# humanitarian workers including social workers and community volunteers are recruited and trained on contextual adolescents Life Skills Module	Total:			15,500	10,000
	Men:			9,300	6,000
	Women:			6,200	4,000

Protection: Gender-Based Violence

Sub-Sector

IN NEED **TARGET**
10,078,595 **1,952,063**

Cluster Objective CO1

Targeted population have access to lifesaving services in safe and confidential spaces and are provided with tools to restore their dignity and wellbeing in alignment with survivor-centered principles

Contributes to Specific Objective SP2.1

BASELINE **IN NEED** **TARGET**

INDICATORS			BASELINE	IN NEED	TARGET
Output: % of vulnerable populations receiving multi-sectoral lifesaving services (MHPSS, legal, safety, health & case management)	Total:		18,000	2,277,401	594,469
	Boys:		1,500	33,813	8,826
	Girls:		5,000	1,182,721	308,725
	Men:		1,500	27,601	7,205
	Women:		10,000	1,033,266	269,713
Output: # of women and girls reached with PSS activities	Total:		35,000	8,850,263	1,156,874
	Girls:		5,000	4,730,837	617,449
	Men:			-	-
	Women:		30,000	4,119,426	539,425
Output: # of Dignity Kits distributed to displaced/shock-affected women and girls	Total:		7,000	313,194	64,081
	Girls:		3,500	182,814	37,962
	Men:			-	-
	Women:		3,500	130,380	26,119

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHuB	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHuB	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
ReportHuB	Data collected and added to ReportHub	Monthly	CP information Management Officer	CP information Management Officer	ReportHub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP

Cluster Activity CA1.1

Provision of PSS activities to women and girls

		BASELINE	IN NEED	TARGET	
INDICATOR	[Direct reach] % of vulnerable populations receiving multi-sectoral lifesaving services (MHPSS, legal, safety, health & case management)	Total:	18,000	2,277,401	594,468
		Boys:	1,500	33,813	8,826
		Girls:	5,000	1,182,721	308,725
		Men:	1,500	27,601	7,205
		Women:	10,000	1,033,266	269,713

Cluster Activity CA1.2

PSS activities for targeted population

		BASELINE	IN NEED	TARGET	
INDICATOR	[Direct reach] # of women and girls reached with PSS activities	Total:	35,000	8,850,262	1,156,874
		Girls:	5,000	4,730,837	617,449
		Women:	30,000	4,119,426	539,425

Cluster Activity CA1.3

Distribution of dignity kits to displaced women and girls

		BASELINE	IN NEED	TARGET	
INDICATOR	[Direct reach] # of Dignity Kits distributed to displaced/shock-affected women and girls	Total:	7,000	313,194	64,082
		Girls:	3,500	182,814	37,962
		Women:	3,500	130,380	26,119

Cluster Activity CA1.4

Dialogues with men and boys

		BASELINE	IN NEED	TARGET	
INDICATOR	# of men and boys reached with information sessions	Total:	20,000	1,228,285	125,004
		Boys:	10,000	676,260	52,957
		Men:	10,000	552,025	72,047

Cluster Objective CO2

Targeted population, through community engagement, have access to comprehensive information on available services and can access safe, confidential and timely referrals.

Contributes to Specific Objective SP2.1

		BASELINE	IN NEED	TARGET	
INDICATORS	Output: # of dialogues held with community leaders	Total:			
	Output: # of community leaders reached with information sessions	Total:	100	139,142	14,409
		Men:	100	139,142	14,409
	Output: # of dialogues held with men and boys in the community	Total:		2,000	
		Boys:		1,000	
		Men:		1,000	
	Output: # of men and boys reached with information sessions	Total:	20,000	1,228,285	125,004
		Boys:	10,000	676,260	52,957
		Girls:		-	
		Men:	10,000	552,025	-
				72,047	

Cluster Objective CO3

Increased and strengthened partner capacities including through established guidelines, trainings and resources to safely and ethically respond to the needs of targeted population

Contributes to Specific Objective SP2.1

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of staff trained on core concepts, referrals, case management	Total:	800	3,000
		Men:	400	1,500
		Women:	400	1,500

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP

Cluster Activity CA3.1

Dialogues with community leaders

			BASELINE	IN NEED	TARGET
INDICATOR	# of community leaders reached with information sessions	Total:	100	139,142	14,409
		Men:	100	139,142	14,409
		Women:			

Cluster Activity CA3.2

Capacity building of staff on core concepts, pocket guides and referrals

			BASELINE	IN NEED	TARGET
INDICATOR	# of staff trained on core concepts, referrals, case management	Total:	800		3,000
		Men:	400		1,500
		Women:	400		1,500

Protection: General Protection

Sub-Sector

IN NEED
14,052,444 **TARGET**
3,088,658

Cluster Objective CO1

Protection assistance and services are provided to vulnerable, conflict and disaster-affected women, men, boys, and girls, including IDPs, refugees, returnees, elderly as well as people living with disabilities

Contributes to Specific Objective SP2.1

			BASELINE	IN NEED	TARGET
INDICATOR	Outcome: # of vulnerable women, men, boys and girls, including people living with disability and persons of concerns receiving various protection assistance and services	Total:	681,795	3,115,281	685,000
		Boys:	193,320	809,973	178,100
		Girls:	208,068	841,126	184,950
		Men:	124,266	716,515	157,550
		Women:	156,141	747,667	164,400

Cluster Activity CA1.1

Provision of Individual Protection Assistance (IPA) to PSN in emergency cash or in-kind, and Cash for protection (aligned on MEB)

			BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of vulnerable women, men, boys, and girls, including IDPs, refugees, returnees, elderly and people living with disability receiving various protection assistance and services	Total:	608,035	2,728,713	600,000
		Boys:	176,161	709,465	156,000
		Girls:	191,740	736,752	162,000
		Men:	104,143	627,604	138,000
		Women:	135,991	654,891	144,000

Cluster Activity CA1.2

Provision of Legal Counselling and Assistance including identity and support Civil documentation process

			Baseline	In Need	Target
INDICATOR	# of individuals receiving counselling and/or legal assistance on / and supported with civil documentation	Total:	4,408	22,739	5,000
		Boys:	192	5,912	1,300
		Girls:	319	6,140	1,350
		Men:	1,627	5,230	1,150
		Women:	2,270	5,457	1,200

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reporting	ReportHub	Monthly	IMMAP	GBVSC	IMMAP

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP

Cluster Activity CA1.3

Provision of Psycho-Social Support (PSS) Assistance and Referrals

Baseline In Need Target

INDICATOR		Total:	69,352	363,828	80,000
[Direct reach] # of people receiving structured and sustained Psychosocial support services		Boys:	16,967	94,595	20,800
		Girls:	16,009	98,234	21,600
		Men:	18,496	83,681	18,400
		Women:	17,880	87,319	19,200

Cluster Objective C02

Capacities of partners, service providers and civil society are strengthened, including through established guidelines, SOPs and training

Contributes to Specific Objective SP2.1

BASELINE IN NEED TARGET

INDICATOR		Total:	9,737	3,600
Outcome: # of people sensitized and/ or participate in capacity building on various protection related topics including mainstreaming		Boys:	200	80
		Girls:	100	60
		Men:	7,805	2,660
		Women:	1,632	700

Cluster Activity CA2.1

Conduct advocacy activities including dissemination of key messages on protection concerns

BASELINE IN NEED TARGET

INDICATOR		Total:	1,296	500
# duty bearers including donors reached through advocacy initiatives		Boys:	200	80
		Girls:	100	60
		Men:	588	260
		Women:	408	100

Cluster Activity CA2.2

Conduct capacity building of partners, civil society, and other stakeholders

BASELINE IN NEED TARGET

INDICATOR		Total:	3,953	2,000
# people including civil society and local authorities receiving training and/or technical support		Men:	3,137	1,600
		Women:	816	400

Cluster Activity CA2.3

Support Protection mainstreaming

BASELINE IN NEED TARGET

INDICATOR		Total:	4,488	1,000
# staff trained on protection mainstreaming		Men:	4,080	800
		Women:	408	200

Cluster Activity CA2.4

Development of Data Protection and Information Sharing Protocol

BASELINE IN NEED TARGET

INDICATOR		Total:		100
% of partners are using the DPISP				

Cluster Objective C03

Key protection issues are monitored, in order to identify persons in need of assistance, inform the humanitarian response and advocate for the protection of civilians.

Contributes to Specific Objective SP2.2

BASELINE IN NEED TARGET

INDICATOR		Total:	1,430,824	10,926,851	2,400,000
Outcome: # people covered and/ or assisted with a protection response through community based protection activities including protection monitoring and border monitoring		Boys:	375,621	2,837,861	624,000
		Girls:	398,500	2,947,010	648,000
		Men:	310,111	2,522,416	552,000
		Women:	346,592	2,619,564	576,000

Data Source	Data Collection Method	Data Collection Frequency	Data Collection Responsible	Data Validation Responsible	Data Storage
Partner reporting	ReportHub. 20% of this indicator contributes to overall reach.	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Protection monitoring report / partner reporting	ReportHub	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP

Cluster Activity CA3.1

Conduct protection monitoring, border monitoring, community-based protection activities, and awareness raising

BASELINE **IN NEED** **TARGET**

INDICATOR			BASELINE	IN NEED	TARGET
[Direct reach] # people covered and/ or assisted with a protection response through community based protection activities including protection monitoring and border monitoring	Total:		1,430,824	10,926,851	2,400,000
	Boys:		375,621	2,837,861	624,000
	Girls:		398,500	2,947,010	648,000
	Men:		310,111	2,522,416	552,000
	Women:		346,592	2,619,564	576,000

Cluster Objective CO4

Protection risks are mitigated through coherent, meaningful engagement with duty bearers and consistent advocacy efforts, for the actualization of the ‘centrality of protection’

Contributes to Specific Objective SP2.3

BASELINE **IN NEED** **TARGET**

INDICATOR					
Outcome: Timely, relevant information, analysis and tools support evidence-based advocacy and the consistent and effective interaction of partners with authorities and communities.	Total:				80

Cluster Activity CA4.1

Establish an advocacy red flag system for issues to be brought to the HCT

BASELINE **IN NEED** **TARGET**

INDICATOR					
# of HCT meetings where protection concerns are acknowledged and discussed	Total:				6

Cluster Activity CA4.2

Sensitization sessions for local authorities

BASELINE **IN NEED** **TARGET**

INDICATOR					
# of staff in local authorities are sensitized	Total:				80

Cluster Activity CA4.3

Develop standard protection terminology into local languages for system-wide use by all partners

BASELINE **IN NEED** **TARGET**

INDICATOR					
% of partner using agreed terminology in interaction with authorities/communities	Total:				100

Protection: Housing, Land and Property

Sub-Sector

IN NEED **TARGET**
5,906,668 **620,719**

Cluster Objective CO1

Vulnerable people of all genders and diversities are able to claim HLP rights and/or possess HLP documents through legal support and advocacy

Contributes to Specific Objective SP2.1

BASELINE **IN NEED** **TARGET**

INDICATORS					
Outcome: % of individuals who received HLP support who report possessing a security of tenure document for their house/land/ property	Total:			5,906,668	60
Output: # of individuals receiving information on HLP rights in the community and at border points	Total:			5,906,668	406,424
	Boys:			1,635,263	700
	Girls:			1,510,487	700
	Men:			1,450,278	345,461
	Women:			1,310,641	59,563

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Protection monitoring report / partner reporting	ReportHub.60% of this indicator contributes to overall reach.	Monthly	IMO / IMMAP	Cluster Coordination	ReportHub / IMMAP
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Coordination team	Meeting minutes	monthly	APC Coordination team	APC Coordination team	Cluster storage
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Coordination team	Meeting minutes	Quarterly	APC Coordination team	APC Coordination team	Cluster storage
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Coordination team	Meeting minutes	monthly	APC Coordination team	APC Coordination team	Cluster storage
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Coordination team		Quarterly	APC Coordination team	APC Coordination team	Cluster storage
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Household questionnaire	Outcome monitoring survey by partner/s	Bi-annual	Partner/s	Partner/s	Partner/s
Partner data entry into Reporthub	Data collected by partners	Monthly	Partner/s	Partner/s	Partner/s and Reporthub

Output: # of individuals receiving counselling and/or legal assistance on HLP rights	Total:	5,906,668	14,578
	Boys:	1,635,263	1,750
	Girls:	1,510,487	1,750
	Men:	1,450,278	5,539
	Women:	1,310,641	5,539

Cluster Activity CA1.1

Information on HLP rights

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of individuals receiving information on HLP rights in the community and at border points	Total:	5,906,668	406,424
		Boys:	1,635,263	700
		Girls:	1,510,487	700
		Men:	1,450,278	345,461
		Women:	1,310,641	59,563

Cluster Activity CA1.2

Counselling on HLP rights

		BASELINE	IN NEED	TARGET
INDICATOR	# of individuals receiving counselling and/or legal assistance on HLP rights	Total:	5,906,668	5,672
		Boys:	1,635,263	100
		Girls:	1,510,487	100
		Men:	1,450,278	2,736
		Women:	1,310,641	2,736

Cluster Activity CA1.3

Legal assistance on HLP rights

		BASELINE	IN NEED	TARGET
INDICATOR	# of individuals receiving counselling and/or legal assistance on HLP rights	Total:	5,906,668	8,906
		Boys:	1,635,263	1,650
		Girls:	1,510,487	1,650
		Men:	1,450,278	2,803
		Women:	1,310,641	2,803

Cluster Objective CO2

Vulnerable people of all genders and diversities are supported towards obtaining a durable housing, land or property solution through strengthened communal property rights or land allocation

Contributes to Specific Objective SP2.1

		BASELINE	IN NEED	TARGET
INDICATORS	Output: # of individuals with strengthened communal land rights	Total:	5,906,668	108,500
		Boys:	1,635,263	30,038
		Girls:	1,510,487	27,746
		Men:	1,450,278	26,640
		Women:	1,310,641	24,075
	Output: # of individual recipients of land allocation	Total:	5,906,668	91,000
		Boys:	1,635,263	25,193
		Girls:	1,510,487	23,271
		Men:	1,450,278	22,343
		Women:	1,310,641	20,192

Cluster Activity CA2.1

Communal land rights

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of individuals with strengthened communal land rights	Total:	5,906,668	108,500
		Boys:	1,635,263	30,038
		Girls:	1,510,487	27,746
		Men:	1,450,278	26,640
		Women:	1,310,641	24,075

Cluster Activity CA2.2

Land allocation

		BASELINE	IN NEED	TARGET
INDICATOR	# of individual recipients of land allocation	Total:	5,906,668	91,000
		Boys:	1,635,263	25,193
		Girls:	1,510,487	23,271
		Men:	1,450,278	22,343
		Women:	1,310,641	20,192

Cluster Objective C03

Duty bearers and other actors are capacitated on HLP rights and responsibilities

Contributes to Specific Objective SP2.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of duty bearers, humanitarian and other actors receiving training and/or technical support on HLP rights	Total:	5,906,668	2,460
		Men:	1,450,278	1,412
		Women:	1,310,641	1,048

Cluster Activity CA3.1

Training and/or technical support for duty bearers, humanitarian and other actors on HLP rights

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of duty bearers, humanitarian and other actors receiving training and/or technical support on HLP rights	Total:	5,906,668	2,460
		Men:	1,450,278	1,412
		Women:	1,310,641	1,048

Protection: Mine Action

Sub-Sector

IN NEED
4,974,120

TARGET
1,431,472

Cluster Objective C01

Reduce civilian casualties from explosive ordnance through mine action land release, quick response and explosive ordnance risk education (EORE) activities

Contributes to Specific Objective SP1.1

		BASELINE	IN NEED	TARGET
INDICATORS	Output: # of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards	Total:	65,229	3,134,473
		Boys:	18,264	879,494
		Girls:	16,959	820,358
		Men:	15,003	717,930
		Women:	15,003	716,691
	Output: # of vulnerable people receiving EORE	Total:	502,891	1,803,215
		Boys:	163,738	415,323
		Girls:	94,772	330,836
		Men:	168,735	798,694
		Women:	75,646	258,363
	Output: # of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities	Total:	94,653	532,263
		Boys:	26,503	161,022
		Girls:	24,610	149,911
		Men:	21,770	108,331
		Women:	21,770	112,999

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner data entry into Reporthub	Data collected by partners	Monthly	Partner/s	Partner/s	Partner/s and Reporthub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner data entry into Reporthub	Data collected by partners	Monthly	Partner/s	Partner/s	Partner/s and Reporthub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partner data entry into Reporthub	Data collected by partners	Monthly	Partner/s	Partner/s	Partner/s and Reporthub
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database

Cluster Activity CA1.1

Explosive hazard clearance (People benefitting)

		BASELINE	IN NEED	TARGET	
INDICATOR	# of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards	Total:	65,229	3,134,473	108,308
		Boys:	18,264	879,494	30,387
		Girls:	16,959	820,358	28,348
		Men:	15,003	717,930	24,808
		Women:	15,003	716,691	24,765

Cluster Activity CA1.2

Explosive Ordnance Risk Education (EORE)

		BASELINE	IN NEED	TARGET	
INDICATOR	[Direct reach] # of vulnerable people receiving EORE	Total:	502,891	1,803,215	1,358,497
		Boys:	163,738	415,323	309,310
		Girls:	94,772	330,836	247,591
		Men:	168,735	798,694	592,890
		Women:	75,646	258,363	208,706

Cluster Objective CO2

The specific needs with regards to the explosive ordnance of the vulnerable people are identified and responded to through survey and quick response activities

Contributes to Specific Objective SP1.1

		BASELINE	IN NEED	TARGET
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Cluster Activity CA2.1

Explosive Ordnance Disposal (EOD) & Survey

		BASELINE	IN NEED	TARGET	
INDICATOR	[Direct reach] # of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities	Total:	94,653	532,263	532,263
		Boys:	26,503	161,022	161,022
		Girls:	24,610	149,911	149,911
		Men:	21,770	108,331	108,331
		Women:	21,770	112,999	112,999

Cluster Objective CO3

Support the victims of explosive ordnance to ensure their integration in the society

Contributes to Specific Objective SP2.1

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of persons with disabilities supported with victim assistance activities	Total:	36,431	3,166
		Boys:	12,186	890
		Girls:	2,826	822
		Men:	17,073	736
		Women:	4,346	718

Cluster Activity CA3.1

Victim Assistance

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of persons with disabilities supported with victim assistance activities	Total:	36,431	3,166
		Boys:	12,186	890
		Girls:	2,826	822
		Men:	17,073	736
		Women:	4,346	718

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams. 50% of this indicator contributes to overall reach.	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams. 50% of this indicator contributes to overall reach.	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Information Management System for Mine Action (IMSMA)	Reports from mine action partners/ teams. 40% of this indicator contributes to overall reach.	Monthly	UNMAS Liaison Office for Mine Action Coordination	UNMAS Liaison Office for Mine Action Coordination	IMSMA Database

Water, Sanitation and Hygiene

Cluster

IN NEED **TARGET**
21,157,749 **13,938,245**

Cluster Objective CO1

Identified Vulnerable Populations receive timely, life-saving and emergency WASH assistance – targeting people of all gender, ages, and diversities including newly internally displaced, border returnees (refugee returnees, undocumented returnees), refugees and Assylum seekers, and people affected by sudden-onset natural disasters.

Contributes to Specific Objective SP1.1

		BASELINE	IN NEED	TARGET
INDICATORS	Output: # of individuals accessing sufficient quantity of safe water for drinking,cooking and personal hygiene.	Total:	13,124,934	9,659,076
		Boys:	3,682,792	2,710,225
		Girls:	3,434,981	2,527,987
		Men:	3,006,263	2,212,329
		Women:	3,000,898	2,208,536
	Output: # of Individual having access to emergency gender and disability-sensitive sanitation facilities.	Total:	17,686,239	4,701,553
		Boys:	4,962,443	1,319,203
		Girls:	4,628,965	1,230,491
		Men:	4,050,768	1,076,857
		Women:	4,044,063	1,075,002
	Output: # of individuals receiving direct hygiene promotion without double counting.	Total:	15,811,617	8,346,178
		Boys:	4,436,510	2,341,841
		Girls:	4,138,279	2,184,373
		Men:	3,621,469	1,911,621
		Women:	3,615,359	1,908,343
	Output: # of individuals receiving WASH NFIs assistance through all modalities without double counting.	Total:	6,941,374	3,736,244
		Boys:	1,943,584	1,046,148
		Girls:	1,735,344	934,061
		Men:	1,665,929	896,699
		Women:	1,596,517	859,336

Cluster Activity CA1.1

Provision of safe drinking water at community level(handpumps, boreholes and wells rehabilitation or construction, water systems and networks rehabilitation and water trucking as last resort .

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of individuals accessing sufficient quantity of safe water for drinking,cooking and personal hygiene.	Total:	12,744,311	9,378,963
		Boys:	3,575,991	2,631,628
		Girls:	3,335,366	2,454,675
		Men:	2,919,081	2,148,171
		Women:	2,913,872	2,144,488

Cluster Activity CA1.2

Provision of cash or vouchers for safe drinking water access.

		BASELINE	IN NEED	TARGET
INDICATOR	# of individuals receiving cash or vouchers for safe water	Total:	380,623	280,113
		Boys:	106,801	78,597
		Girls:	99,614	73,312
		Men:	87,182	64,158
		Women:	87,026	64,048

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

Cluster Activity CA1.3

Provision of gender-appropriate emergency latrines and bathroom facilities.

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of Individual having access to emergency gender and disability-sensitive sanitation facilities.	Total:	17,686,239	4,701,553
		Boys:	4,962,443	1,319,203
		Girls:	4,628,965	1,230,491
		Men:	4,050,768	1,076,857
		Women:	4,044,063	1,075,002

Cluster Activity CA1.4

Hygiene promotion messages, improved practices and essential WASH supplies.

		BASELINE	IN NEED	TARGET
INDICATOR	# of individuals receiving direct hygiene promotion without double counting.	Total:	15,811,617	8,346,178
		Boys:	4,436,510	2,341,841
		Girls:	4,138,279	2,184,373
		Men:	3,621,469	1,911,621
		Women:	3,615,359	1,908,343

Cluster Activity CA1.5

Prepositioning and distribution of essential WASH NFIs

		BASELINE	IN NEED	TARGET
INDICATOR	[Direct reach] # of people reached with critical WASH supplies	Total:	6,941,374	3,736,244
		Boys:	1,943,584	1,046,148
		Girls:	1,735,344	934,061
		Men:	1,665,929	896,699
		Women:	1,596,517	859,336

Cluster Objective CO2

Identified children under 5 with SAM cases, receive integrated Nutrition-WASH assistance at the household level and prevent further deterioration from WASH-Nutrition related infections.

Contributes to Specific Objective SP1.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of SAM children U5 receiving WASH assistance at household level to support during their treatment .	Total:	875,224	875,224
		Boys:	455,116	455,116
		Girls:	420,108	420,108

Cluster Objective CO3

Pregnant and Lactating women (PLW) linked with reported children U5 with SAM cases are supported with WASH assistance at the household level to improve and promote safe WASH practices at the HH level and prevent subsequent WASH-Nutrition related infections.

Contributes to Specific Objective SP1.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of Pregnant and Lactating women (PLW) linked with reported children U5 with SAM cases at HH level are supported with WASH assistance .	Total:	804,365	402,183
		Women:	804,365	402,183

Cluster Objective CO4

Vulnerable people affected by AWD/cholera outbreaks receive timely effective integrated WASH, Health and Nutrition assistance, and preventive actions to mitigate transmissions at the community and household levels.

Contributes to Specific Objective SP1.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # Individuals in AWD/cholera outbreak spots receive WASH interventions to mitigate the spread of the outbreaks at community and household level.	Total:	3,101,387	2,090,736
		Boys:	868,388	585,406
		Girls:	775,347	522,684
		Men:	744,333	501,777
		Women:	713,319	480,869

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

Cluster Objective C05

Vulnerable people (women, girls, men, boys, and persons with disability) are consulted to identify their specific needs for WASH assistance and take into consideration their safety and dignity in the provision of WASH assistance.

Contributes to Specific Objective SP2.1

		BASELINE	IN NEED	TARGET
INDICATORS	Output: # Individuals with disabilities accessing WASH facilities having taken into considerations and overcome barriers to physical access.	Total:	3,101,387	2,090,736
		Boys:	868,388	585,406
		Girls:	775,347	522,684
		Men:	744,333	501,777
		Women:	713,319	480,869
	Output: # of persons with disabilities having access to WASH facilities and services where they feel safe and dignified after consultation.	Total:	3,101,387	2,090,736
		Boys:	868,388	585,406
		Girls:	775,347	522,684
		Men:	744,333	501,777
		Women:	713,319	480,869

Cluster Objective C06

WASH partners engage with Vulnerable people in decision-making about WASH assistance, ensuring women, men, girls, boys and people with disability participate in the process.

Contributes to Specific Objective SP2.1

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of women, girls and having access to WASH facilities and services where they feel safe and dignified after consultation.	Total:	20,675,910	13,938,245
		Boys:	5,789,255	3,902,709
		Girls:	5,168,978	3,484,561
		Men:	4,962,218	3,345,179
		Women:	4,755,459	3,205,796

Cluster Objective C07

Vulnerable people in Urban areas are supported through rehabilitations, repairs, extensions and provision of WASH services that are resilient and sustainable.

Contributes to Specific Objective SP3.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of individuals accessing sufficient quantity of safe water for drinking, cooking and personal hygiene in AWD hotspots and drought stressed areas to mitigate outbreak and population movement.	Total:	5,624,972	4,139,604
		Boys:	1,578,339	1,161,525
		Girls:	1,472,135	1,083,423
		Men:	1,288,398	948,141
		Women:	1,286,099	946,515

Cluster Activity CA7.1

Rehabilitation, upgrading and extension of water supply infrastructures, chlorination and household water treatments, in AWD hotspots and drought stressed areas to mitigate outbreak and population movement.

		BASELINE	IN NEED	TARGET
INDICATOR	# of individuals accessing sufficient quantity of safe water for drinking, cooking and personal hygiene.	Total:	5,624,972	4,139,604
		Boys:	1,578,339	1,161,525
		Girls:	1,472,135	1,083,423
		Men:	1,288,398	948,141
		Women:	1,286,099	946,515

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

Cluster Objective C08

Vulnerable populations in rural areas have access to drought-responsive water supply options through drought risk mapping and continuous groundwater monitoring and are supported with sustainable sanitation options.

Contributes to Specific Objective SP3.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of Individual having access to basic gender and disability-sensitive sanitation facilities having incorporated vector control measures to prevent AWD and other outbreaks.	Total:	4,421,560	1,175,388
		Boys:	1,240,611	329,801
		Girls:	1,157,241	307,623
		Men:	1,012,692	269,214
		Women:	1,011,016	268,751

Cluster Activity CA8.1

Provision of basic sanitation facilities and environmental sanitation to prevent AWD and other outbreaks.

		BASELINE	IN NEED	TARGET
INDICATOR	# of people accessing improved gender and disability-sensitive sanitation facilities.	Total:	4,421,560	1,175,388
		Boys:	1,240,611	329,801
		Girls:	1,157,241	307,623
		Men:	1,012,692	269,214
		Women:	1,011,016	268,751

Cluster Objective C09

Provision and promotion of safe hygiene promotion practices through a participatory approaches that are culturally appropriate.

Contributes to Specific Objective SP3.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of individuals receiving direct hygiene promotion without double counting.	Total:	5,270,539	2,782,059
		Boys:	1,478,837	780,614
		Girls:	1,379,426	728,124
		Men:	1,207,156	637,207
		Women:	1,205,120	636,114

Cluster Activity CA9.1

Provision and promotion of improved hygiene practices through a participatory approaches that are culturally appropriate.

		BASELINE	IN NEED	TARGET
INDICATOR	# of people reached with culturally appropriate hygiene promotion messages and practices.	Total:	5,270,539	2,782,059
		Boys:	1,478,837	780,614
		Girls:	1,379,426	728,124
		Men:	1,207,156	637,207
		Women:	1,205,120	636,114

Cluster Objective C010

Health and Nutrition facilities are supported with a basic WASH package for infection and prevention control.

Contributes to Specific Objective SP3.3

		BASELINE	IN NEED	TARGET
INDICATOR	Output: # of nutrition and health facilities with basic WASH package implemented.	Total:		896,966
		Boys:		251,150
		Girls:		224,242
		Men:		215,272
		Women:		206,302

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

Cluster Activity CA10.1

Provision of safe drinking water to health and nutrition facilities (HF) (handpumps, boreholes and wells rehabilitation or construction, water systems and networks rehabilitation, chlorination and water treatment

BASELINE **IN NEED** **TARGET**

INDICATOR			
# individuals accessing health and nutrition facilities with improved water source	Total:		896,966
	Boys:		251,150
	Girls:		224,242
	Men:		215,272
	Women:		206,302

Cluster Activity CA10.2

Provision of improved sanitation facilities complete with hand washing facilities in health and nutrition facilities (HF)

BASELINE **IN NEED** **TARGET**

INDICATOR			
# individuals accessing health and nutrition facilities with access to improved sanitation facilities complete with hand washing facilities.	Total:		896,966
	Boys:		251,150
	Girls:		224,242
	Men:		215,272
	Women:		206,302

Cluster Objective C011

Schools and Learning Centres are supported with a basic WASH package to promote learning & prevent disease outbreaks. Contributes to Specific Objective SP3.3

BASELINE **IN NEED** **TARGET**

INDICATOR			
Output: # of students/pupils benefitting from basic WASH package in schools and learning centres	Total:		597,978
	Boys:		310,949
	Girls:		287,029

Cluster Activity CA11.1

Provision of safe drinking water to schools and learning centres (handpumps, boreholes and wells rehabilitation or construction, water systems and networks rehabilitation, chlorination and water treatment

BASELINE **IN NEED** **TARGET**

INDICATOR			
# of students/pupils with access to safe drinking water.	Total:		597,978
	Boys:		310,949
	Girls:		287,029

Cluster Activity CA11.2

Provision of improved sanitation facilities complete with hand washing facilities in schools and learning centres

BASELINE **IN NEED** **TARGET**

INDICATOR			
# of students/pupils with access to improved sanitation facilities complete with hand washing facilities.	Total:		597,978
	Boys:		310,949
	Girls:		287,029

DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners Reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM
DATA SOURCE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	DATA COLLECTION RESPONSIBLE	DATA VALIDATION RESPONSIBLE	DATA STORAGE
Partners reports	ReportHub	Monthly	Partners	Cluster IM	Cluster IM

6.6

IASC Monitoring and Reporting Indicators for Minimum Criteria for Programming for Afghanistan Response

Note: *The overall indicators were approved by the HC and the HCT on 23 February 2023. Work is ongoing to develop and refine the technical requirements for the new indicators. This document is a working draft and will be updated continuously as required.*

Following the issuance of a decree by Afghanistan's de facto Ministry of Economy on 24 December 2022 banning Afghan women from working for NGOs, the IASC Principals instated a month-long operational pause of non-time critical humanitarian programmes. Following an operational review, a Concept of Operations including a minimum set of criteria for programming were developed and agreed by the IASC Principles, and are being elaborated through the HCT and ICCT.

The **Concept of Operations** is three-pronged:

1) continue negotiations to **expand authorisations to cover all sectors**; 2) pursue **local reinforcement** with authorities at the provincial and district levels; and 3) agree on **minimum criteria for operations**.

The minimum set of criteria for programming guided by humanitarian principles include:

- **A needs-based response:** Humanitarian partners must safeguard the ability to reach those in need. Assistance delivery must include the participation of both male and female workers. No sector is exempt from this requirement. Priority should be given to quality and inclusive delivery while not losing sight of the need for scale and a broad reach. Experience shows that women play an essential role throughout the project cycle, and this of course must be protected.
- **Methods of response:** Under the leadership of the HC, the HCT will tightly monitor program

implementation under the range of exceptions provided by the de facto authorities (DFA), including whether aid is reaching those who need it without discrimination. Regular review by sector of programmes is necessary to ensure that assistance is reaching those in need.

All programmes should include elements of protection, particularly Gender-Based Violence (GBV), mental health and psycho-social support (MHPSS), Prevention of Sexual Exploitation and Abuse-Harassment (PSEAH).

- **Staffing:** It is recommended that humanitarian partners commit to not replace female staff by men nor restrict future recruitment to only men; cover additional costs required to meet conditionalities; and continue to pay female and male staff salaries even if they are not able to work during the operational trial period. Work from home should be only considered as a last resort.
- **Minimum AAP standards:** Making assistance accountable to the people we serve is a global priority and nowhere is this more essential than in Afghanistan under current circumstances. Humanitarian partners must demonstrate creative and expanded ways for community engagement (particularly with women). All ongoing programmes must remain guided by humanitarian principles and the nine commitments of the Core Humanitarian Standards. In addition to frequent project monitoring, humanitarian partners should strengthen community monitoring systems to regularly feedback on the most effective and least harmful way of delivering aid. Safeguarding systems must be put in place for community members, with special attention to female community members and female religious and community leaders undertaking voluntary work

to support the humanitarian response, and for female staff.

■ **Prioritising gender-responsive programming:**

During funding and project decision-making, donors and humanitarian partners should prioritise programmes that offer creative ways to reach and meet the specific needs of women and girls and women-headed households, including through the inclusion and meaningful participation of female staff and female community members in all steps of the programme cycle, from design to final evaluation. Resources to facilitate enhanced and regular gender analysis and to collect and use Sex, Age, and Disability Disaggregated data – must be prioritized at program/sector and organizational-levels and system-wide.

Purpose

These indicators will serve to provide a core qualitative and quantitative monitoring system against the operational and programmatic work outlined under these five pillars. Additional indicators, guidance and reporting will also be required to fully ensure that the response meets the minimum set of criteria. The indicators will allow the HCT to report on the overall permissiveness of the access environment and demonstrate humanitarian partners' ability to operate within the IASC Mission recommendations / minimum criteria for operations under the impact of the ban, complementing and compiling existing reporting structures.

Accountability

A Technical Working Group will be established with membership from OCHA, AWG/HAG, Clusters and thematic/technical Working Groups (AAP, GiHA, AAWG, DIWG, etc.) to provide quality control and ensure that the indicator data is properly contextualized. The monitoring reports will be produced by OCHA and with the final accountability resting with the HC.

Methodology

Wherever possible, existing monitoring systems and structures are being used or modified, to minimize the reporting burden, particularly on front-line organizations. Also all data will be collected under a strict “do no harm” principle particularly considering the grey areas in which women may be working in different activities and under different types of legal and cultural frameworks.

Every attempt will be made to establish indicative baselines where possible against: 1) the status quo before 24 December, 2) the conditions in Afghanistan before the Taliban takeover, and 3) global averages for operations in similar scale emergencies.

The indicators are designed to show trends against the four areas:

- quality of access;
- adequacy of response;
- response composition (staffing); and
- change in needs.

The reports will use a mix of qualitative and quantitative modalities and as the periodicity of available data is different the reports will include only information that can be accurately updated during the reporting period. Processing of data collected generally takes 2-3 weeks after the end of the period, meaning that data is available at the end of the subsequent month to the period covered. For example, monthly data for February will be available at the end of March, while quarterly data for Q1 will be available at the end of April. As the first report is due at the end of March, Q1 and March data will not be available until the subsequent report.

Quality of access

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE-EXISTING/ NEW
1. # of national exemptions established and maintained with the DfAs (beyond the exemption for health and teachers under education) including at activities, positions (including support staff) and sectors affected.	Quantitative	No	Engagement Monitoring Framework (EMF)	HAG	Monthly	New
2. # of localized arrangements established and maintained with the DfAs (at all levels- sectoral and /or administrative) including activities, positions and sectors affected (EMF)	Quantitative	Yes (Jan data)	EMF	HAG	Monthly	New
<p>Tools and methodologies: The Engagement Monitoring Tool has been developed in February 2023 which is a revised modality of reporting and capturing engagement under the IASC operational framework. Humanitarian partners are required to report on the humanitarian access incidents and constraints, and fruits of engagements efforts at all levels to inform leadership’s collective action. Furthermore, reporting access issues are critical to; 1) obtain an evidence-based analysis of challenges, impediments; 2) notify humanitarian leadership or partners of trends, frequency of incidents; 3) enable aid negotiations and advocacy to address challenges; 4) support partners efforts in deconflicting constrains; and 5) learn best practice from lessons learned.</p> <p>Reports are treated strictly confidential, and only shared with the HAG and OCHA access unit. A monitoring framework adopted to capture:</p> <ul style="list-style-type: none"> • The negotiations aiming to expand authorizations to cover all sectors at the national and sub-national levels. • The pursuit for local reinforcement with authorities at the provincial and district levels. <p>Definitions:</p> <ul style="list-style-type: none"> • National exemptions: Written/verbal directive or instruction shared by the de facto Ministry to allow women aid workers to work in the humanitarian response/sector. • Localized arrangements: Written/verbal directive or instruction shared by Provincial authorities including line departments Ministry to allow women aid workers to work in the humanitarian response/sector. <p>Baseline approach: Data has been collected from January and February based on reports from humanitarian partners.</p> <p>Analytical limitations and challenges: Humanitarian partners and Cluster Coordinators / Thematic Groups are required to report the humanitarian access constraints and authorizations secured with the DfAs to the HAG/ OCHA national and sub-national offices. Lack of reporting is a challenge.</p>						
3. # of access impediments, including retaliations against humanitarian organizations, and obstruction to the implementation of authorizations addressed.	Quantitative	Yes (Jan data)	AMRF / Directives Tracker/ bilateral reports	HAG	Monthly	New
<p>Tools and methodologies: OCHA uses the Access Monitoring and Reporting Framework (AMRF) Tool to record and report on humanitarian access challenges globally. This is data source for the monthly Afghanistan humanitarian access snapshot. The directive tracer established in December 2021 allows OCHA to record any directives with direct/ indirect implications on the humanitarian response.</p> <p>Definitions: Access impediments: An access incident/constraint is any restriction on your ability to deliver assistance freely and safely, restrictions on communities’ access to assistance, or interference on humanitarian assets, supplies or premises. This includes incidents committed by both state and non-state actors (security forces or civil authorities), civilians and criminals.</p> <p>Baseline approach: OCHA AMRF allows OCHA to review humanitarian access reports from 2019 and Directive tracker have been in place since December 2021 with data covering all of 2022.</p> <p>Analytical limitations and challenges: Humanitarian partners and Cluster Coordinators / Thematic Groups are required to report the humanitarian access constraints and authorizations secured with the DfAs to the HAG/ OCHA national and sub-national offices. Lack of reporting is a challenge.</p>						

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE-EXISTING/NEW
4. Female humanitarian workers perceptions of their ability to engage in the humanitarian response	Quantitative/ Qualitative	Yes	Female Participation Mapping	Female Participation Mapping Team / OCHA	Mid-year	Pre-existing
5. # of provinces ranked by humanitarian workers as having high or low participation of female humanitarian staff.	Quantitative	Yes	Female Participation Mapping	Female Participation Mapping Team / OCHA	Mid-year	Pre-existing

Tools and methodologies: Between June and July 2022, OCHA Afghanistan conducted its first Female Participation Mapping Exercise across the country to better understand the challenges national female staff are experiencing in humanitarian action since the take-over by the DfA in August 2021. The exercise was composed of quantitative and qualitative components – convening Focus Group Discussions (FGDs) with national female and male staff (separately) from UN agencies, and International and National Non-Governmental Organizations (I/NGOs). The exercise aims to offer a comprehensive and robust understanding of the participation and access challenges national female staff are facing at the regional, provincial and district level in Afghanistan, and covers several thematic areas affecting engagement, including:

- directives and decrees issued by the DfA.
- office environment and working arrangements.
- programmes and operations, including movements and field work.
- interaction and engagement with the DfA.
- security and safety.
- recruitment practices.

The findings also include a mapping of severity scores across the different provinces. It is important to note that not all provinces were assigned severity scores. The ability of participants to assign a score was determined by their familiarity with and knowledge of the participation of female humanitarian workers in humanitarian programming in that particular area. ranked in terms of FGD participants' perceptions of the top five districts where female humanitarians experience high (or good) participation, and the top five where they experience low (or compromised) participation and access. Data was collected through 24 FGDs covering 19 provinces throughout June and July 2022. In total, 200 female humanitarian workers participated across Badakhshan (17), Badghis (9), Bamyān (18), Herat (24), Kabul (48), Kandahar (17), Kunduz (16), Mazar (11) and Nangarhar (40) provinces in addition to 145 men. Of the 24 FGDs held, all but two – one male FGD in Jalalabad and Kandahar City each – were conducted in the local Dari and Pashto languages.

Definitions:

- Female humanitarian worker: any woman employed by an agency implementing humanitarian programs, regardless of function.

Baseline approach: The initial survey was conducted between June and July 2022, pre-ban and will provide the baseline for trend lines.

Analytical limitations and challenges: As a perception survey it can not be used to fully extrapolate absolute numbers of women involved in the response or to prove which provinces actually have more or less humanitarian staff. It however provides the direct perspective and experience of women working in Afghanistan and is a key point of triangulation against other indicators.

Adequacy of response

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE-EXISTING/NEW
6a. #/% of female-headed households reached with direct assistance at Cluster level versus planned # of reached	Quantitative	Not at the inter-sector level	ReportHub and RPM	Clusters (except Health and Nutrition) / OCHA (as part of monthly HRP monitoring)	Monthly	Pre-existing with updated disaggregation

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE-EXISTING/NEW
6b. #/% of women and girls reached with direct assistance at Cluster level versus planned target	Quantitative	Not at the inter-sector level	ReportHub and RPM	Clusters (except Health and Nutrition) / OCHA (as part of monthly HRP monitoring)	Monthly	Pre-existing
7. % of change in consultations of health and nutrition services, disaggregated by sex, age and disability.	Quantitative/ Qualitative	Yes	Cluster reporting / narrative updates	Health and Nutrition Clusters	Every two months	Pre-existing
<p>Tools and methodologies: All Clusters report against HRP response indicators that are divided into direct and indirect to calculate different levels of reach. Clusters will now add # of women-headed household reached (and percentage of the Cluster target) against each of these indicators (see annex). For Health and Nutrition, the key indicator is the % change in consultations for relevant services – which is disaggregated to the individual level for sex and age. Based on this, any change against the 2022 comparable month in women and girls accessing health and nutrition services can be monitored.</p> <p>Definitions: A female-headed household is a household which consists of women with children/dependents or a single woman.</p> <p>Baseline approach: The national average of women-headed households of all HH is approximately 10%. Some clusters/indicators will have data from 2022 that can be used to give an exact figure, otherwise 10% of total reach by HH will be used against 2022 reach per month.</p> <p>Analytical limitations and challenges: The bulk of women and girls in Afghanistan receiving assistance are in male-headed households, but within the existing monitoring tools clusters only report down to the household, not individual level. Therefore reach to female-headed households is the best available indicator of whether women continue to receive aid proportionally but may still mask serious discrepancies in terms of equitable distribution of assistance. The exception to this is health, where data on consultations is available at the individual level.</p>						
8. % of female staff participating in needs assessments (national/international)	Quantitative/ Qualitative	Yes (for some Clusters – impact surveys on the ban)	Assessment Dashboard (OCT, OCHA Regional Offices)/ Assessment reporting	OCHA/ IMWG/ AAWG	Every two months	New
<p>Tools and methodologies: Through the OCHA Regional offices and regional coordination forums – Operational Coordination Teams (OCT), OCHA regularly collects data on localized assessments for its assessment dashboard (https://response.reliefweb.int/afghanistan/assessments). Moving forward the % of female staff participating will also be collected. As the location, trigger for assessment, etc. and other information is also available this information will be able to be disaggregated along existing lines. For larger scale national assessments – REACH, DTM, SFSA – etc. the Assessment and Analysis Working Group, will work to collect data on % of women involved in the assessment teams for these tools. Triangulating between these tools will allow for a coverage of the variety of assessments including from sudden onset, as well as longer terms national assessments.</p> <p>Definitions: Female staff participating in needs assessment: “women involved in directly assessing individuals, households, or key informants, inclusive of different modalities including in-person, via telephone or other method of consultation”.</p> <p>Baseline approach: Some assessments and organizations will have estimated baselines for % of women’s participation, or examples from specific elements of the response (post-earthquake assessment) where it was tracked. Baselines will not necessarily be generalizable across all types of assessments as there has been wide variation in the % of women participating over the years.</p> <p>Analytical limitations and challenges: Not all assessments carried out will be captured between the two mechanisms and regional and technical variations will have an impact. As noted, baselines are difficult to establish.</p>						

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE- EXISTING/ NEW
9. % of female staff participating in indicative field activities by cluster (national/international)	Quantitative/ Qualitative	Yes (for some Clusters – impact surveys on the ban)	Cluster- specific tracking	OCHA/ Clusters	Quarterly	New
<p>Tools and methodologies: Each Cluster has identified 1-2 indicators that involve direct interaction with women during the programme cycle – service delivery, monitoring, distributions that are most critical to have women in, and where data is collectible. For example, a project that provides cash through a private money transfer service but does direct monitoring might use post-distribution monitoring of cash as an indicator for women's engagement, rather than distribution. This indicator will also capture alternative modalities such as use of community monitoring as long as the % of women involved can be accurately estimated.</p> <p>Definitions: "indicative field activities": activities in the program cycle that involve direct contact with women and girls and are representative of the overall gender balance in field operations.</p> <p>Baseline approach: While precise baselines are not available in many instances, estimations of the level of women participation in field activities will be provided, as well as illustrative anecdotal evidence from 2022 and before, as well as estimates of global participation from other contexts.</p> <p>Analytical limitations and challenges: Due to the variety of program implementation modalities, shifting exemptions and other complexities, an accurate count of women in "field activities" at any given time is not feasible. By focusing on providing percentages of women working in the most critical areas for direct engagement, a more representative figure can be produced. However, accurate baselines are not available – noting the large differences in pre-takeover programming between Government-held, Taliban-controlled and "hard to reach districts", the high level of departures of female staff after August 2021, and the increasing restrictions leading up to the ban, which have resulted in substantial fluctuations over the past several years.</p>						
10. % of people surveyed (disaggregated by age / sex) who express their ability to safely access humanitarian assistance	Quantitative/ Qualitative	Yes (GTS Dec 2022) Women: 60% Men: 82%	Afghanistan Community Voices and Accountabili- ty Platform / Field FGDs/ GTS Perception Surveys	AAP WG (supported by AAWG GiHA, DIWG and other technical support)	Monthly	Pre- existing
11. % of people surveyed (disaggregated by age / sex) who express that the assistance they received was of appropriate quality to meet their needs	Quantitative/ Qualitative	Yes (GTS Dec 2022) Women: 32% Men: 26%	Afghanistan Community Voices Platform / GTS Perception Surveys	AAP WG (supported by AAWG, GiHA, DIWG and other technical support)	Monthly	Pre- existing
12. % of people surveyed (disaggregated by age/sex) who feel that aid providers consulted them	Quantitative/ Qualitative	Yes (GTS Dec 2022) Women: 30% Men: 40%	Afghanistan Community Voices Platform / GTS Perception Surveys	AAP WG (supported by AAWG, GiHA, DIWG and other technical support)	Monthly	Pre- existing

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE- EXISTING/ NEW
<p>Tools and methodologies: The Afghanistan Community Voices and Accountability Platform was established in January 2023 – four weeks after the new Decree of DfA that bans women NGO staff from working. This common AAP tool for response will be continually adjusted to capture community feedback and perceptions on the response, also related to the above indicators, to support HC, HCT, ICCT to course correct as appropriate. This platform will use existing feedback mechanisms within aid organizations to avoid creating new systems. It will also triangulate data on community feedback (needs and priorities) from other sources such as specific consultations/FGDs by Clusters and aid agencies to enrich data analysis on evolving needs of affected people. Additionally, community perception surveys held quarterly (by Ground Truth Solutions – GTS) will complement this localized tool to further enhance the findings around community perceptions (with gender lens).</p>						
<p>GTS perception surveys were commissioned by GiHA WG, with support from AAP WG, to be conducted every quarter. They include both qualitative and quantitative data. Quantitative data: The quantitative perception surveys sample aims to cover the general population in Afghanistan and is stratified by urban and rural areas of the country. The total sample size is 1800 women and men (actual sample size for baseline was of 1973 with oversampling). The sample is disaggregated by age, gender and disability and is collected quarterly. All data is collected in person by trained enumerators, and data from women respondents is collected by women enumerators. The data is reviewed by GiHA WG, AAP WG and GenCap. Qualitative data: GTS quantitative data is complimented with qualitative data obtained through FGDs. This is to ensure effective triangulation. Participants for the qualitative interviews are sampled from the same target community with a total of three communities selected per round of perception surveys. The communities are identified as being locations for aid distribution and areas with high numbers of people in need. FGDs in these communities target women, men and community leaders, separately.</p>						
<p>Definitions: People surveyed are women, girls, men, boys, persons with disabilities and other marginalised people who have received humanitarian assistance. This will be complemented by data from Access group on people who are not reached with humanitarian assistance (through FGDs) to suggest information on Access (by Access Group).</p> <ul style="list-style-type: none"> • Afghanistan Community Voices and Accountability Platform (ACVAP): a common community feedback platform using existing feedback mechanisms by individual agencies such as regular face to face communication, PDM, hotlines etc. and consolidated/analysed/ segregated to advocate for corrective actions in response. • Community Perception Survey: A quarterly monitoring system supported by Ground Truth Solutions that complement the community voices platform. • People surveyed: refer to women, men, girls and boys, and people with disability who are in need, have received humanitarian assistance through the humanitarian response in Afghanistan, and have been targeted for selection and interview as part of a survey or data collection exercise. A specific attention will be given to women's perspectives in the surveys. The surveys will be used to gather information about specific aspects of their experience with the humanitarian assistance they have received, including their ability to access assistance safely, their satisfaction with the quality of assistance received, and their perception of aid provider consultation. • Accessing assistance safely: who feel safe and do not face dangers when looking to obtain humanitarian assistance at distribution, service points, and other modalities for the provision of humanitarian assistance. • Assistance of appropriate quality to meet their needs: assistance which covers the basic needs of the affected population (in terms of food, water, health, etc) including from a gender perspective and looking at women's needs specifically (women specific health services, menstrual hygiene, etc). • Who feel that aid providers consulted them: who describe that they have had interactions with aid providers where they have been able to influence modalities for the distribution of aid, or the content of the aid itself. 						
<p>Baseline approach: Baselines from 2022 assessments/surveys from the Whole of Afghanistan Assessment and GTS were established and are used to measure the performance of these indicators in 2023. The GTS report was issued in February 2023 has a baseline established before the ban (data collected in November-December 2022).</p>						
<p>Analytical limitations and challenges: ACVAP may present limitations/challenges in outreach as it is dependent on the participating agencies' existing feedback mechanisms, complemented by Awaaz helpline. It may not be representative for all provinces in Afghanistan, as well as all segments of communities. However, this platform will explore the qualitative information (in addition to quantitative methods) and triangulated with other studies, assessment, FGDs on community feedback and perceptions. This platform will be supported by GTS community perception survey quarterly (gender lens) that targets nearly 2000 respondents country-wide. AAP WG will work with AAWG to perform data analysis to establish trends of needs and priorities of affected people based on available data.</p>						
<p>As perception surveys, the three indicators may not capture absolute numbers or provide a comprehensive overview of the humanitarian response in Afghanistan. However, they do provide a direct perspective and experience of individuals who have received assistance, and can be used as a key point of triangulation against other indicators. Moreover, the self-reported nature of the data may introduce some subjectivity or recall bias, and the security situation in Afghanistan may limit the generalizability and reliability of the data. GTS women enumerators in the field may also face challenges and be prevented from interacting with women. Close monitoring of the situation will be done to establish and ensure women enumerators' ability to continue the data collection work in the field.</p>						

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE- EXISTING/ NEW
13. # of people engaged on PSEA awareness-raising activities through PSEA Task Force, Clusters, Thematic Working Groups.	Quantitative/ Qualitative	-	Cluster reporting / PSEA TF reporting	PSEA TF	Quarterly	Pre-existing

Tools and methodologies: The PSEA TF will establish monitoring tool (linked to HRP 2023) to track various PSEA activities including on the awareness raising and community engagement components. The PSEA TF will analyze the reports from Clusters, Thematic WGs, PSEA TF members, on messaging activities that include PSEA awareness raising to present the number of people reached on PSEA messages nationwide.

Definitions: People engaged in PSEA awareness raising are women, girls, men, boys, persons with disabilities and other marginalized people who are currently engaged in humanitarian response and have direct communication/interaction with aid workers.

Baseline approach: The baseline will be built from the IASC PSEA indicators tracking 2022 (to be finalized end of Feb 2023).

Analytical limitations and challenges: The tracking on number of people reached on PSEA awareness raising may be low compared to the target population in HRP 2023, and may not provide adequate information around quality PSEA information provided to affected communities. As such, this indicator will be complemented by qualitative information on the types of PSEA messages shared with communities (i.e. in different languages and formats), questions and inquiries from communities when engaged in sensitive issues in humanitarian response etc.

Response composition (staffing + organisation)

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE- EXISTING/ NEW
14. % of Afghan women staff (disaggregated by grade / function / location / UN & I/NGOs)	Quantitative	"Yes, for UN Not yet, for NGOs"	HCT Action Plan on improving female participation in the humanitarian response	OCHA/RCO/ UN Women/ ACBAR	Mid-year	Pre-existing for UN, new for NGOs
15. % of Afghan women staff working from home (disaggregated by UN agencies and I/NGOs)	Quantitative	End Dec 2022 (through GiHA-HAG monitoring)	Same as above	OCHA/RCO/ UN Women/ ACBAR	Mid-year	Pre-existing for UN, new for NGOs

Tools and methodologies: The UN and NGOs through ACBAR are tracking the level of female staffing across the response in terms of job title / grade / location and gender in late 2022 with the NGO exercise ongoing. The staffing table will track basic information in terms of grade, general function (admin, programmes, etc.) and location in the country. It also captured the rough percentage of women staff working from home – although this figure remains extremely dynamic in response to the local security and access situation.

Definitions: In line with UN standardized terminology. For NGOs, rough equivalents will be provided.

Baseline approach: The current version will serve as a baseline as it largely reflects the staffing level as of the end of 2022. Comparative reference data, and global averages of staffing in similar contexts will also be provided for reference.

Analytical limitations and challenges: The staffing information will not show how many women are involved in field positions where they interact directly with Afghan women in programmatic contexts. While indicator #9 will provide some indication of the number of women involved in those activities, absolute #s will not be available. In addition, the survey will not be able to track whether women are able to continue in their previous functions uninterrupted but simply reflects the number of women on contract in any general function.

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE-EXISTING/NEW
16. % change in the # of women-led organizations active in the response and # of women-led organizations who have received funding.	Quantitative	Yes (GiHA Monitoring and UN Women Surveys)	GIHA Monitoring Survey	GIHA WG	Monthly	Pre-existing
<p>Tools and methodologies: The data will be collected through the Gender and Access Monitoring Survey done by the GiHA and HAG working groups, which will capture the change in the proportion of women-led organizations receiving funds and participating actively in the humanitarian response, disaggregated by sector and location. The survey will be conducted every two months, allowing for regular updates to track changes over time and identify trends and gaps between sectors. To ensure the full participation of women led and focused organizations, GiHA will also be conducting telesurveys with the organizations who have not filled the online survey, based on its existing mapping of more than 130 women organizations. This will ensure consistency of the data over time by making sure similar respondents are sharing their data on ability to operate and funding, and will eliminate data biases. Quantitative data will be complimented by qualitative data obtained through FGDs with women organizations which will be conducted regularly by GiHA co-leads, UN Women and IRC and will aim to further dive into challenges faced by women organizations in the current context.</p> <p>Definitions: This indicator measures the percentage change in the number of women-led organizations that are operationally active in the humanitarian response and receiving funding. The term women-led organizations refers to : NGOs and CSOs, regardless of their registration status, where either a) a woman has full decision-making authority at the time of the survey; or b) at least 51% staff are women</p> <p>Baseline approach: Data is available for both aspects of the indicator. The number of women-led organizations who are operationally active is known (through GiHA/HAG previous survey data, 30 January 2023), while data on the number of such organizations receiving funding was established through a GiHA study done in March 2022.</p> <p>Analytical limitations and challenges: One potential limitation of this indicator is that the data may not be fully representative of all women-led NGOs in the humanitarian response, as the focus is on those that are operationally active and receiving funding. Additionally, the number of respondents may be limited, which could impact the generalizability of the data. This risk will be mitigated through telesurvey conducted by GiHA WG with women organizations who do not respond to the online survey.</p>						

Change in top priority needs

INDICATORS	TYPE	BASELINE	TOOL	RESPONSIBILITY (FOR ANALYSIS + REPORTING)	FREQUENCY	PRE-EXISTING/NEW
17. # of needs indicators showing an increase / decrease by sector, disaggregated by sex and age (to show any changes for specific sex and age groups)	Qualitative	Yes	Humanitarian Situational Monitoring Tool / Cluster specific Monitoring	REACH Initiative (for ICCT) / Cluster specific monitoring	Every 4 months	Pre-existing
<p>Tools and Methodologies: This indicator will follow the HNO need indicators that can be disaggregated by sex and age for each cluster.</p> <p>Definitions: See HNO.</p> <p>Baseline approach: See 2023 HNO projections.</p> <p>Analytical limitations and challenges: Changes in needs are driven by a wide-range of factors – notably seasonality, natural disasters and drought, decreases in absolute volume of humanitarian assistance, etc. and attributing causality to the access situation or the ban on female workers will require careful analysis of all drivers of need.</p>						

6.7

How to Contribute

Contribute to the Humanitarian Response Plan

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

<https://response.reliefweb.int/afghanistan>

Contribute through the Central Emergency Response Fund (CERF)

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

cerf.un.org/donate

Contribute through Afghanistan Humanitarian Fund (AHF)

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

www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf

For information about the AHF, please contact:

ahf-afg@un.org

unocha.org/afghanistan/about-ahf

In-kind relief

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

logik@un.org

Registering and recognising your contributions

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

fts.unocha.org

6.8

Acronyms

AAP	Accountability to Affected Populations	CPIMS+	Child Protection Information Management Systems
ACBAR	Agency Coordinating Body for Afghan Relief and Development	CSO	Civil Society Organization
AFN	Afghani	CSSF	Comprehensive School Safety Framework
AGD	Age/Gender/Diversity	CTFMR	Country Task Force on Monitoring and Reporting
AHF	Afghanistan Humanitarian Fund	CVA	Cash and Voucher Assistance
AIM	Abandoned Improvised Mines	CVWG	Cash and Voucher Working Group
ALC	Accelerated Learning Classes	DFA	De Facto Authorities
AMAS	Afghanistan Mine Action Standards	DIEM	Data in Emergencies
AMN	Acute Malnutrition	DIWG	Disability Inclusion Working Group
AMRF	Access Monitoring and Reporting Framework	DP	Data Protection
ANDMA	Afghanistan Natural Disasters Management Authority	DPIA	Data Protection Impact Assessment
AOAD	Accessibility Organization for Afghan Disabled	DRR	Disaster Risk Reduction
AWD	Acute Watery Diarrhoea	DTM	Displacement Tracking Matrix
BMA	Baseline Mobility Assessment	EiE	Education in Emergencies
BSC	Balanced Scorecard	ENSO	El Niño-Southern Oscillation
BSFP	Blanket Supplementary Feeding Program	EOD	Explosive Ordnance Disposal
CBE	Community-Based Education	EORE	Explosive Ordnance Risk Education
CCCM	Camp Coordination Camp Management	ERM	Emergency Response Mechanism
CCHF	Crimean-Congo Haemorrhagic Fever	ERW	Explosive Remnants of War
CCS	Caring for Child Survivors	ES-NFI	Emergency Shelter Non-Food Items
CDC	Community Development Committees	FAO	Food and Agriculture Organization
CFRM	Complaint and Feedback Response Mechanisms	FFA	Food Assistance for Assets
CIE	Community impact Evaluation	FFT	Food Assistance for Training
COVID-19	Coronavirus Disease 2019	FSAC	Food Security and Agriculture Cluster
CP	Child Protection	FSP	Financial Service Providers

FTS	Financial Tracking Service	IHRL	International Human Rights Law
GAM	Gender and Age Markers	ILO	International Labour Organization
GBV	Gender Based Violence	IM	Information Management
GCR	Global Compact on Refugees	IMAM	Integrated Management of Acute Malnutrition
GenCap	Gender Capacity Advisory	IMAS	International Mine Action Standards
GiHA	Gender in Humanitarian Action	iMMAP	Information Management and Mine Action Programs
GIS	Geological Information Systems	INGO	International Non-Governmental Organization
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit	IOM	International Organization for Migration
GTS	Ground Truth Solutions	IPA	Individual Protection Assistance
HAG	Humanitarian Access Group	IPC	Integrated Food Security Phase Classification
HAP	Health Assessment Programmes	IRIS	Internally Displaced Persons Statistics
HC	Humanitarian Coordinator	ISET	Informal Settlement
HCT	Humanitarian Country Team	IS-K	Islamic State of Khorasan
HDPN	Humanitarian, Development and Peace Nexus	ISP	Information Sharing Protocols
HDX	Humanitarian Data Exchange	IYCF	Infant and Young Child Feeding
HER	Health Emergency Response	JIAF	Joint Inter-Sectoral Analysis Framework
HeRAMS	Health Resources and Services Availability Monitoring System	JMMI	Joint Market Monitoring Initiatives
HLP	Housing, Land and Property	JOP	Joint Operating Principles
HMIS	Health Management Information System	MA	Mine Action
HNO	Humanitarian Needs Overview	MAM	Moderate Acute Malnutrition
HR	Human Resources	MBA	Market-Based Approach
HRP	Humanitarian Response Plan	MCCT	Maternal and Child Cash Transfer
HSM	Humanitarian Situation Monitoring	MEB	Minimum Expenditure Basket
IASC	Inter-Agency Standing Committee	MHNT	Mobile Health and Nutrition Team
ICCT	Inter-Cluster Coordination Team	MHPSS	Mental Health and Psychosocial Support
ICLA	Information Counselling and Legal Assistance	MISP	Minimum Initial Service Package
IDP	Internally Displaced People	MIYCN	Maternal, Infant, and Young Child Nutrition
IEC	Information, Education and Communication	MNP	Multiple Micronutrient Powders
IED	Improvised Explosive Device	MoRR	Ministry of Refugees and Repatriation
IFI	International Financial Institutions	MoU	Memorandum of Understanding
		MPC	Multi-Purpose Cash

MRRD	Ministry of Rural Rehabilitation and Development	RIMA	Resilience Index Measurement and Analysis
MUAC	Middle Upper Arm Circumference	spRRT	Rapid Response Team
MUDL	Ministry of Urban Development and Land	SADD	Sex and Age Disaggregated Data
N-DSWG	National Durable Solutions Working Group	SAG	Strategic Advisory Group
NAWG	National Access Working Group	SAM	Severe Acute Malnutrition
NGO	Non-Governmental Organization	SEA	Sexual Exploitation and Abuse
NHAG	National Humanitarian Access Group	SFSA	Seasonal Food Security Assessment
NIS	Nutrition Information System	SO	Specific Objective
NNGO	National Non-Governmental Organization	SOP	Standard Operating Procedure
NNS	National Nutrition Survey	TEF	Transitional Engagement Framework
NSAG	Non-State Armed Group	TLM	Teaching and Learning Materials
OCHA	Office for the Coordination of Humanitarian Affairs	TLS	Temporary Learning Spaces
OPD	Organizations of Persons with Disabilities	TWG	Technical Working Groups
PARR	Priority Areas of Return and Reintegration	UASC	Unaccompanied and Separated Children
PDM	Post Distribution Monitoring	UN	United Nations
PED	Provincial Education Directorates	UNAMA	United Nations Assistance Mission in Afghanistan
PFA	Psychological First Aid	UNCT	United Nations Country Team
PiN	People in Need	UNDP	United Nations Development Programme
PLSA	Pre-Lean Season Assessment	UNFPA	the United Nations Populations Fund
PLW	Pregnant and Lactating Women	UNHAS	United Nations Humanitarian Air Services
PSEA	Protection against Sexual Exploitation and Abuse	UNICEF	The United Nations Children's Fund
PSN	Persons with Specific Needs	UNMAS	United Nations Mine Action Services
PSS	Psychosocial Support	USD	United States Dollars
PwD	People with disabilities	UWASS	Urban Water Supply and Sewage Corporation
RAWG	Regional Access Working Group	UXO	Unexploded Explosive Ordnance
RC	Resident coordinator	WAG	Women Advisory Group
RCCE	Risk Communication and Community Engagement	WASH	Water Sanitation and Hygiene
RGA	Rapid Gender Analysis	WFP	World Food programme
RHT	Regional Humanitarian Team	WHO	World Health Organization
		WPS	Women, Peace and Security
		WoAA	Whole of Afghanistan Assessment

6.9

End Notes

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**HUMANITARIAN
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ISSUED MARCH 2023