

2014

STRATEGIC RESPONSE PLAN

Afghanistan



December 2013

Prepared by OCHA on behalf of the Humanitarian Country Team

PERIOD:

January 2014 – December 2014

100%

27.5 million

total population

33%

of total population

9 million

estimated number of people in
need of humanitarian aid

18%

of total population

5 million

estimated people targeted for
humanitarian aid in this plan

Key categories of people in need:

Displaced	135,000	internally displaced
	210,000	refugee returnees
Health	5.4 million	people in need
	2.5 million	targeted

Source: HNO as of Dec 2013



USD 406 million
requested

SUMMARY

Strategic priorities

1. Providing emergency health care and prioritizing access to critical services
2. Responding to conflict IDP and returning refugee needs
3. Preventing protection infringements
4. Responding to natural disasters

Cluster/Sector	Targeted caseload	Budget request (US\$)	Average US\$ cost per beneficiary
ES/NFI	315,000	28,744,000	91
Food Security and Agriculture	2,000,000	148,955,000	74
Health	2,503,000	43,600,000	17
Multi sector	198,000	58,090,000	293
Nutrition	1,198,000	47,900,000	40
Protection	939,000	30,722,000	33
WASH	870,000	16,500,000	19
UNHAS flights	30,000	20,238,873	675
Coordination (OCHA)	n.a.	11,679,732	n.a.

TOTAL \$406 million

CHAP 2013 APPEAL \$474 million

CONTENTS

Summary	1
Strategic priorities.....	1
Contents	2
Overall purpose: Civilians are protected in Afghanistan in 2014.....	3
People in need and targeted	4
Strategic prioritization	5
Priority needs review	5
Scope of the Strategy.....	5
Humanitarian access framework	6
Fundamental principles governing humanitarian action.....	6
Humanity	6
Neutrality.....	6
Impartiality	6
Independence.....	6
Access opportunities and constraints.....	7
Key recommendations to actors influencing humanitarian access.....	9
TRANSFORMING ERF TO CHF	10
Humanitarian-development nexus	11
A sustainable and effective health care system	11
Durable solutions for IDPs and refugee returnees	11
Water management – rural livelihoods	12
Effective disaster management system.....	12
Emergency Response Preparedness	13
Advocacy	14
Gender	14
Cluster Operational Response Plans	14
PROTECTION CLUSTER	15
EMERGENCY SHELTER AND NON FOOD ITEMS CLUSTER.....	16
FOOD SECURITY AND AGRICULTURE CLUSTER	18
HEALTH CLUSTER.....	20
NUTRITION CLUSTER	22
WASH CLUSTER	24
MULTI-SECTOR.....	26

OVERALL PURPOSE: CIVILIANS ARE PROTECTED IN AFGHANISTAN IN 2014

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

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

Total resources required:\$406 million (including funding requests for coordination and UN Humanitarian Air Services)

People in need and targeted

The people in need data (table below) is the same as is presented in the Humanitarian Needs Overview (HNO), to maintain consistency. Some clusters have made adjustments to their people in need figures in the intervening period between the HNO being finished and the SRP. These are not shown here, but are in the cluster response plans annexed to this document, as well as the clusters own response plans on their website.

The targeted caseloads are the number of people which the clusters plan to deliver physical inputs to in 2014; they do not include beneficiaries of advocacy or policy or public messaging campaigns.

Humanitarian Needs Overview - CHAP 2014

2 December 2013

People in Need	Individuals by Cluster						
	Health	Nutrition	FSAC	WASH	ES & NFI	M.Sector	Protection
Cluster Specific	5,446,200	1,450,629	2,559,482	1,863,529	288,331		1,578,696
Conflict Induced IDPS				184,000	135,000		135,000
Refugee Returnees				210,000		193,242	
Undocumented Returnees						45,768	
Natural Disaster Affected			157,494	110,000	157,494		
Total People in Need	5,446,200	1,450,629	2,716,976	2,367,529	580,825	239,010	1,713,696
Target Caseload	2,503,325	1,198,443	2,000,000	870,000	314,800	198,300	938,686

Notes:

- 1) Some cluster specific figures may vary due to adjustments made at the provincial level based on the cluster thresholds & approach.
- 2) A provincial breakdown of the cluster specific people in need is provided in Annex A.
- 3) The target caseloads are explained in detail within the cluster response plans.

Source: HNO

STRATEGIC PRIORITIZATION

Priority needs review

The 2014 humanitarian action plan is focused on responding to the most acute needs through life-saving interventions. That is not to say that there are not other humanitarian needs requiring urgent response: the scale of need in Afghanistan is enormous, reflecting the low level of development, extensive chronic poverty, remoteness, frequency of natural disasters and livelihood dependency on highly variable agricultural yields.

A review of the humanitarian context shows that there have been an increasing number of civilians killed and wounded in the conflict; more people displaced from their homes; a reduction in access to emergency health services; and more violence, intimidation, and a loss of basic services, especially in Afghanistan's most contested areas.

The humanitarian needs overview identified the five provinces with relative highest humanitarian needs as Hilmand, Kunar, Badghis, Nangarhar and Ghor. These provinces have seen a high level of security incidents, and produced large numbers of IDPs. The five provinces represent the Southern, Eastern, Western regions of Afghanistan, illustrating the geographical spread of conflict and associated needs.

The humanitarian situation is worsening. The number of people in need of access to health services has increased from 3.3 to 5.4 million. 1.5 million people are in need of protection assistance, and 8.4 million are food insecure.

Although humanitarian needs are increasing, the CHAP funding requirement for 2014 is slightly reduced compared to 2013. This is the result of a more narrowly defined humanitarian focus on acute, as opposed to chronic needs. The rationale for the current humanitarian strategy is the recent intensification and spread of conflict and the acute emergencies resulting from this, not least among IDPs, the war wounded, and the people living in contested areas.

Scope of the Strategy

Establishing the boundaries of the collective humanitarian response

Based on evidence provided by humanitarians of the increasing impact of the conflict on civilians; which includes: an increase in wounded of 28 per cent; an increase in the number of Afghans killed in the conflict of 13 per cent; an increase in people seeking treatment for weapon wounds of 60 per cent; and an increase in women and children wounded of 38 per cent coupled with a reduction in access to and delivery of essential health care such as a low immunisation coverage causing an increase in morbidity and mortality risk; the Humanitarian Country Team (HCT) requested the clusters to focus their needs analysis and response on the most conflict-affected populations and areas.

The Tokyo Mutual Accountability Framework & Humanitarian Assistance in Afghanistan

Development assistance to Afghanistan falls under the Tokyo Mutual Accountability Framework (TMAF) established to give a stronger foundation for development partners' collaboration and partnership with Afghanistan, and to support the sustainable growth and development of Afghanistan throughout the Transformation Decade (2015–2024). The TMAF governs the significant volumes of external development assistance to Afghanistan. The international community has pledged to improve aid effectiveness and provide US\$16 billion in development assistance through 2015 to respond to Afghanistan's predicted budget shortfall following military transition. In return, the Afghan Government committed to important economic and governance reforms, including holding credible elections, tackling corruption, improving financial transparency and promoting human rights, including the rights of women and girls. Humanitarian assistance does not form part of this much larger development assistance framework. Rather, the development framework defines the overall aid context within which humanitarian assistance is delivered. Humanitarian funding and action is a separate, smaller and contained area of assistance underpinned by the CHAP as well as appeals by components of the International Red Cross and Red Crescent Movement.

Priorities within the scope of the strategy

The Humanitarian Coordinator (HC) identified three strategic objectives at the October HCT meeting to respond to the most life-saving needs. These are to reinforce the protection of civilians; to strengthen emergency health care, prioritising access to critical services in areas of highest humanitarian need; and to enhance life saving assistance to people recently displaced by conflict. This provides the overall purpose of the CHAP 2014 as Civilians are Protected in Afghanistan in 2014, with the impact that lives are saved; injuries and diseases are treated and suffering reduced amongst the conflict and disaster-affected.

Four strategic priorities can be placed in a results hierarchy to support the overall purpose:

1. Providing emergency health care and prioritize access to critical services.
2. Responding to conflict IDP and returning refugee needs.
3. Preventing protection infringements.
4. Responding to natural disasters.

The section below sets out a preliminary humanitarian access framework to facilitate the delivery of the four strategic priorities.

HUMANITARIAN ACCESS FRAMEWORK

The Humanitarian Needs Overview (HNO) highlighted the most conflict intense areas of Afghanistan and explained how acute needs, such as emergency health services and IDP protection, are accentuated by conflict. The armed conflict between pro-Government forces and armed non-state actors is still most prevalent in the contested areas in the east, south and central regions of the country but, at the same time, it is intensifying in parts of the northern, western, and north-eastern regions. Thus, there is no black and white picture of contested versus peaceful, stable areas. The conflict is fluid, expansive and fragmented, and each district displays its own particular dynamic. Unsurprisingly, there is a negative correlation between the concentration of security incidents on the one hand, and humanitarian access on the other. Similarly, the comparison between humanitarian presence and severity of needs shows important gaps.

Guided by the humanitarian imperative to help those in most dire need, this Strategic Response Plan presents a preliminary humanitarian access framework. The framework consists of three parts. First, a presentation of fundamental principles governing humanitarian action. Second, a summary overview of access opportunities and constraints in 2014. Third, a set of practical recommendations towards expanding humanitarian access in the current operational environment.

Fundamental principles governing humanitarian action

Access describes the ability of humanitarian actors to reach populations affected by crisis, as well as affected population's ability to access protection and assistance. Access is therefore a pre-requisite to effective humanitarian action. Access is essential to establish and sustain operations, move goods and personnel where they are needed, distribute aid and provide services. It is also a pre-requisite for affected populations to benefit from the assistance and services made available.

In situations of disaster or civil unrest, national authorities have primary responsibility for the well-being of those affected. In situations of armed conflict, the responsibility for the civilian population's well-being lies with all of the parties to conflict. If they are unable or unwilling to meet the basic needs of the affected population within their control, they are obliged to allow and facilitate the impartial provision of assistance.

The ability to establish and maintain humanitarian access is conditional on adherence to humanitarian principles.

HUMANITY	NEUTRALITY	IMPARTIALITY	INDEPENDENCE
Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.	Humanitarian action must be carried out on the basis of need alone, prioritising the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religion, class or political opinions.	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

These rules are derived from the Red Cross & Red Crescent Movement. The principles' centrality to humanitarian action is enshrined in two UN General Assembly resolutions¹. Commitment to the principles has also been

¹ The first three principles (humanity, neutrality and impartiality) were endorsed in UN GA resolution 46/182 (1991). UN GA resolution 58/114 (2004) added independence as a fourth key principle underlying humanitarian action. The UN General Assembly has repeatedly reaffirmed the importance of promoting and respecting these principles within the framework of humanitarian assistance.

expressed by many humanitarian organizations. Of particular note is the Code of Conduct for the International Red Cross and Red Crescent Movement and non-governmental organizations in disaster relief. The code provides a set of common standards for organizations involved in humanitarian activities including a commitment to adhere to the humanitarian principles. More than 492 organizations have signed the Code of Conduct².

The core principles are key tools for expanding humanitarian access in Afghanistan, against the backdrop of the last 12 years where humanitarian aid was highly politicized and militarized. With the withdrawal of international military forces, there is an opportunity to distinguish humanitarian action more clearly from the activities and objectives of political, military and other actors. A key assumption is that observing the humanitarian principles at the field level will garner acceptance by all relevant actors for humanitarian action. This acceptance is critical to ensuring humanitarian personnel have safe and sustained access to affected people.

Acceptance of humanitarian action

Improving acceptance of humanitarian action is key to reducing risk to aid workers. Comprehensive acceptance strategies focus not only on the beneficiary community, but also on those in a position to control or influence the community; locally or nationally, the neighbouring communities and those who the community perceive will object to the programme. Similarly, acceptance does not just concern the end product or result of the intervention. It also concerns who is delivering the programme, the source of supplies and funding, and links to power holders. Public perception of these actors and understanding of their motives is critical.

Access opportunities and constraints

Within the Afghan operational context, there are five principal types of actors who determine humanitarian access opportunities and constraints: First, the humanitarian actors themselves; second, affected communities; third the Government; fourth, the armed non-state actors; and fifth, the humanitarian donors. Each of them is examined briefly below, with a view to maximizing the opportunities they present and minimizing the constraints they impose on humanitarian action.

Humanitarian actors

Underpinning any successful access strategy is a consistent application by the actors themselves of the humanitarian principles, as well as their commitment to do no harm to the assisted communities. Most humanitarian actors in Afghanistan have a long history of working in the country. Institutional memory, contextual understanding, communication, language and culture skills are key assets available to humanitarian actors seeking to build access. Attracting and retaining qualified staff is critical to building relationships with interlocutors at all levels.

Impartial relationships are crucial at both the local and strategic level. Humanitarian actors that implement programmes funded by the Government of Afghanistan risk being perceived as less impartial by armed non-state actors. Similarly, humanitarian actors that accept funding associated with military actors or programmes risk damaging the perception not only of themselves, but also of the wider humanitarian community, as neutral, impartial and independent.

In cases where access through traditional means is considered too problematic, some humanitarian actors are piloting new methods of aid delivery and monitoring, such as cash transfer by phone, community-based monitoring, building localized emergency response capacity by hiring and training villagers, establishing satellite offices through an incremental geographical expansion, and training scholars and community elders on humanitarian principles.

Affected communities

The affected community is an indispensable enabler of access. Communication with Afghan communities and their leaders is essential to build a positive perception. Communities and humanitarian actors share an interest in identifying the people most in need of assistance and developing a contextually tailored programme design. Community leaders may act as intermediaries with other local power holders including armed non-state actors and

² Code of conduct: The humanitarian imperative comes first; Aid is provided regardless of the race, creed, or nationality of the recipients and without adverse distinction of any kind; Aid priorities are calculated on the basis of need alone; Aid will not be used to further a particular political or religious standpoint; We shall endeavor not to act as instruments of government foreign policy; We shall respect culture and custom; We shall attempt to build response on local capacities; Ways shall be found to involve programme beneficiaries in the management of humanitarian assistance; Relief aid must strive to reduce further vulnerabilities as well as meeting basic needs; We hold ourselves accountable to both those we seek to assist and those from whom we accept resources; In our information, publicity and advertising activities, we shall recognize disaster victims as dignified humans, not hopeless objects.

neighbouring communities. Constraints posed by communities include possible rejection of humanitarian actors due to a failed perception and acceptance strategy, or attempts by community or municipality leaders to bribe humanitarian actors, divert assistance, or instrumentalize aid for their own personal or political gains. In order to mitigate these risks, it is important to invest in their understanding and acceptance of interventions, and to avoid beneficiary dependence or a sense of entitlement to interventions over the long term.

The Government of Afghanistan

International humanitarian actors rely on Government accreditation, and all NGOs operate on the basis of registration with the Afghan authorities. Thus, the Government plays a key role in facilitating humanitarian action, including issue of visas and work permits, tax collection, customs clearance and internal movement of goods. The Government of Afghanistan is recognized as positively disposed towards humanitarian action. Recent examples include the close cooperation with humanitarian partners on national IDP policy as well as in the development of disaster management mechanisms.

Steps have been taken by the Government of Afghanistan to regulate humanitarian actors. This represents an access opportunity for actors who deliver quality assistance and respect the reporting requirements. However, the regulatory measures can become an undue administrative burden on humanitarian actors. For example, the Government currently operates with multiple reporting lines for NGOs, which is cumbersome and diverts humanitarian resources. Reporting lines need to be streamlined, to the benefit of all parties involved. The Government frequently changes its practices in the issuing of visas and work permits, causing uncertainty, delay and interruption of humanitarian programming. A range of tax related issues have also been raised by the Government, such as value added tax collection from sub-contractors and taxation of beneficiaries in cash for work programmes. At the operational level, humanitarians working in contested areas risk detention, interrogation and accusation of supporting terrorism. Finally, government counterparts occasionally engage in aid diversion, undue interference in beneficiary selection and denial of timely access to affected populations.

Armed non-state actors

As the nature and scope of the conflict continues to evolve, certain districts have and will likely fall under the influence of armed non-state actors who typically assume the role of local authority vis-à-vis humanitarian actors. Assumption of local governance can incentivise armed non-state actors to engage with humanitarians to provide basic services and emergency relief in the best interest of the population. This engagement does however entail a clear risk of humanitarian actors being manipulated unless the humanitarian principles are clearly conveyed and observed. Armed non-state actors can impose a number of access constraints related to taxation, licensing and registration, interrogation and detention, aid diversion, interference in beneficiary selection and denial of timely access to affected populations.

Throughout 2013, a number of Taliban public statements recognised the role of humanitarian actors and action but subject to certain conditionality and restrictions. However, the situation is further complicated by an increasingly fragmented armed non-state actors landscape with the issue of increasingly uneven command and control over operational commanders and affiliates on the ground requiring heightened situational awareness and more complex and risky engagement to elicit access.

Humanitarian Donors

Without funding humanitarian actors cannot access people in need, and expanding access to new areas requires dedicated funding. As demonstrated by the growing support to Common Humanitarian Action Plan (CHAP) and Common Humanitarian Fund (CHF), there is currently an interest in the donor community in pursuing a more needs-based approach. This represents an opportunity for a structured dialogue between humanitarian actors and donors on the practical challenges faced in the field, not least when dealing with counterparts attempting to bribe or collect tax from humanitarians. Donor imposed access constraints are significant. They include funding conditionality related to programmatic profile, restricted geographic locations of projects, short duration of projects, and counter-terrorism measures. In particular, partner vetting requirements have led principled humanitarian actors to suspend big contracts, thereby depriving people in need of assistance. Counter-terrorism measures also have a chilling effect on humanitarians, increasing their perception of risk entailed by venturing into areas influenced by listed entities.

Donor best practices include making funding available for security assessments, allowing temporary suspension of projects due to fluctuations in the security environment, funding access capacity building, and accepting some degree of risk and remote management and monitoring for the sake of saving lives.

Key recommendations to actors influencing humanitarian access

Affected communities

- Communities have a responsibility to prevent and report diversion of aid.

The Government of Afghanistan

- The Government should facilitate humanitarian operations by simplifying administrative procedures, including streamlining reporting lines, putting in place a fixed work permit and visa regime, and revisiting tax requirements for humanitarian agencies.
- The Government needs to continue protecting humanitarian space by addressing aid diversion and minimising undue interference in beneficiary selection.

Armed non-state actors

- Armed non-state actors should recognise humanitarians and their right to provide neutral and impartial assistance to people in need.
- Armed non-state actors should facilitate the safety, security and freedom of movement of humanitarian personnel during their operations.

Humanitarian actors

- Humanitarian action must demonstrate application of the humanitarian principles, transparency and motivation to reach those in most need.
- It is imperative to maximise the opportunities that lie within the security management policies of each organization to take acceptable risks when warranted, and to use creative approaches to reduce risk. Humanitarian actors should only use military assets as a last resort, including armed escorts.

Donor governments

- Donors should actively support independent humanitarian action by providing flexible, access-conducive funding and by contributing to the CHF.
- Donors should accept the delivery of non-branded relief items.
- Donors should carefully consider the possible negative impact of counter-terrorism measures on humanitarian actors and beneficiaries, including the Partner Vetting System.

TRANSFORMING ERF TO CHF

With strategic and geographic priorities set for humanitarian action in 2014, the Afghanistan Common Humanitarian Fund (CHF) will serve as a new strategic tool to implement the Strategic Response Plan. The CHF, which replaces the Emergency Response Fund (ERF) in 2014, is a larger and more flexible pooled funding instrument intended to improve the timeliness and coherence of humanitarian operations. The three main objectives of the Common Humanitarian Funds globally are to: (1) Ensure that funding is allocated to priority humanitarian needs; (2) Strengthen the leadership of the HC; and (3) Reinforce the CHAP.

The CHF is expected to bring a new coordination impetus to the humanitarian community, and may foster a stronger, more inclusive system where Afghan organizations play an active role. The CHF will fund individual projects of UN or NGO partners, and will encourage consortium projects bringing several partners together in larger projects. The CHF can also be used to support capacity development projects and needs assessments, both of which are much needed in the Afghan context. Given the CHAP's emphasis on responding to the needs of people affected by conflict, the CHF will actively support the access framework outlined earlier. In particular, the CHF will serve as a tool to strategically fund competent actors to expand their geographical reach into areas with elevated acute needs.

The Afghanistan CHF is expected to attract contributions equivalent to 10-20 per cent of the CHAP funding requirement – between USD 40-80 million. Thus, it will operate alongside a range of other, bilateral funding streams between donors and individual agencies. The CHF comes under the overall authority and accountability of the Humanitarian Coordinator (HC), and is managed on a day to day basis by a dedicated humanitarian financing unit in OCHA. An advisory board bringing together representatives of donors, NGOs and agencies will advise the HC in strategy formulation and funding decisions, and the clusters will play a key role in preparing proposals within their sectors for consideration. The Government acknowledges the importance of independent, needs-based humanitarian funding. Thus, the CHF will be exempted from the governance framework of development assistance which requires on-budget support and alignment with national development priorities.

HUMANITARIAN-DEVELOPMENT NEXUS

Humanitarian assistance is requested and distributed annually in Afghanistan to respond to predictable yet unanswered development needs. This is neither dignified for beneficiaries nor cost-effective for donors. Four sectors that require long term, sustainable development solutions to reduce the annual cycle of claims on the humanitarian donors and resolve recurrent needs are:

1. A sustainable and effective health care system
2. Durable solutions for IDPs and refugee returnees
3. Water management to reduce flooding and droughts on livelihoods
4. Effective disaster management system

The preparation of a new United Nations Development Assistance Framework (UNDAF) for 2015 to 2019 is a golden opportunity for the humanitarian actors to advocate the need for a development response. The UNDAF process began in the second half of 2013, and the humanitarian community has been engaged from the outset to highlight these four areas for inclusion.

The five year UNDAF will demonstrate how the UN supports development. The five priority areas have been identified in the UNDAF are: (1) Equitable Economic development, (2) Basic Social Services, (3) Social Equity and Investment in Human Capital, (4) Justice and the Rule of Law and (5) Accountable Governance³.

A sustainable and effective health care system

The Basic Package of Health Care System (BPHS) is the current system for providing curative healthcare at the primary level; about 80 per cent of which is delivered by NGOs, in 30 of the 34 provinces of Afghanistan. Provision is made based on approximate US\$5 per capita per annum. Despite being originally planned as providing essentially curative and referral services, there is a growing need for emergency health care to be provided under the BPHS system to including disease early warning surveillance systems, emergency trauma care, community-based management for acutely malnourished children and to deliver outreach immunization-campaigns, rather than site-based. This will improve the effectiveness of the health system in terms of access and outcomes to reduce some of the most easily prevented and cured diseases, whilst taking better account of the increasing limitations of a site-based health care system in a predominantly rural population in experiencing the increased effects of the conflict.

Durable solutions for IDPs and refugee returnees

Over 35 years of conflict, as well as cyclical natural disasters, have caused large populations movements. Civilians caught up in territorial disputes as part of the conflict, or after harvests have failed, have often abandoned their homes and livelihoods. Afghanistan has a very large number (620,000) of internally displaced people (IDPs), with over 110,000 newly displaced in 2013. There are more than 5.7 million refugee returnees from Iran and Pakistan over the past decade. There is a need for a state-led response to the predicament of the displaced. Unable to return to their places of origin and lacking the means to buy land or property, tens of thousands of Afghans every year go to the cities to join those already living in urban slums, without any security of tenure or land rights, and lacking access to basic services such as water, health care and schools, their children, growing up in such situation perpetuate the cycle of poverty. International humanitarian agencies are called upon to respond on a yearly basis to acute points and crisis, such as excessively cold winters where children regularly die in the slums. However, the granting of some types of land rights and the semi-formalisation of their right to live in a place which is not their place of origin would allow for those who cannot return to regularise their current temporary locations. This has to be primarily a government led partnership, with the relevant UN agencies that have a mandate to support urban development and planning.

In July 2012, the Ministry of Refugees and Repatriation was tasked by the Government of Afghanistan to develop a National IDP Policy, to provide a framework and guidance for addressing the situation of internal displacement in Afghanistan; the resulting National IDP policy was endorsed on 27 November 2013. The policy intends not only to address the emergency needs of both IDPs and displacement affected communities, but also to bring an end to displacement by identifying and implementing durable solutions for IDPs. Provincial Governors and Mayors, in

³ An explanation of why these four areas have been identified as a priority to be included in the work plan of the UNDAF

consultation with the Emergency Department of MoRR, commit to setting up a Provincial IDP Task Force and develop a Provincial Action Plan to find durable solutions for IDPs. It is hoped that sustainable solutions for displacement can thus be found, alleviating the cycle of short-term humanitarian aid.

Water management – rural livelihoods

Afghanistan has either too much water or too little which is the underlying cause of the most common natural hazards which are drought and floods. The country as a whole is not under water stress - there is far in excess of 1000 m³ of water per capita, but the distribution and management of the water resource is not adequately harnessed for human development. There is a need for an effective long term solution to water management, which will both spur the country's agricultural productivity and economic growth, and reduce human and economic resources lost to flooding. The dependence on precipitation and the variability of wheat, the staple crop for human consumption, production in Afghanistan by a factor of two can be seen from variability in the decade-long wheat production statistics. These problems are not going to go away, and with the probable increasing variability of precipitation from the effects of climate change, there is an urgent need to intensify development solutions to the water management issues which will relieve humanitarian agencies from responding every year to floods and droughts and be a more cost-effective use of limited international development aid budgets.

Effective disaster management system

Afghanistan needs an effective and functional government-led disaster-management system at all levels. Despite the formal existence of disaster management and risk reduction mechanisms, Afghanistan's progress towards the goals set in the Hyogo Framework for Action (HFA) to reduce vulnerability and exposure to disasters has been independently assessed as "quite fragile"⁴. Where progress has been made it has not been supported by systematic policy or institutional commitment which means that achievements are neither comprehensive nor substantial.

The country is exposed to multiple, predictable and recurrent natural hazards which are exacerbated by ongoing climate change. Afghanistan is ranked twelfth on the seismic risk index, twenty second on the drought risk index and twenty fourth on the flood risk index. Widespread natural disasters occur every year, loosely affecting on average a quarter of a million people: these are often small-scale events. For the past years, international humanitarian agencies and international military forces have been responding each year to relatively small scale natural disasters. The UN Secretary-General's Special Representative for Disaster Risk Reduction, Margareta Wahlström, has said that it is critical for Afghanistan to build the capacity of its national institutions to respond to recurring disasters in the country.

⁴ UN Secretary-General's Special Representative for Disaster Risk Reduction, Margareta Wahlström

EMERGENCY RESPONSE PREPAREDNESS

Humanitarians anticipate a steady deterioration in the situation in Afghanistan following the conflict dynamics of the current situation. Given the dynamic nature of the political and security transitions, the humanitarian community needs to be prepared for increasing complexity and unpredictability in the operating environment. The Inter-Agency Emergency Response Preparedness (ERP) is the latest IASC guidance on emergency preparedness, and is used by other agencies, including WFP in Afghanistan.

The Emergency Response Preparedness has four components: (1) Risk Assessment and Monitoring; (2) Minimum Preparedness Actions; (3) Contingency Response Planning; and (4) Standard Operating Procedures.

Component 1 - Afghanistan Risk Register: The HCT used the ERP guidance to identify the likelihood and impact of selected emergency risks in Afghanistan⁵.

Component 2 - Minimum Preparedness Actions (MPA): mark and track the overall country systems' readiness for an emergency. The MPA approach focuses on the main actions which the HCT need to complete and monitor. Doing this ensures that the humanitarian system is prepared to respond to a sudden escalation in any of the risks identified in the register.

The MPAs are based on a multi-hazard approach and are not risk-specific. They recognise that for many significant risks, 80 per cent of the response will require a similar level of system readiness. The MPA's focus is on coordination arrangements, cross-cutting issues, coherence and response readiness in any kind of emergency and continuity of operations. The process ensures that roles and responsibilities, cross cutting operation modalities and effective coordination mechanisms at the joint level are clearly defined and agreed to by the different response actors. The table below shows the status of the MPAs and identifies activities that still need to be implemented to complete the MPAs.

Minimum Preparedness Action	Status
Coordination	8 of 14 actions completed
Assessments	2 of 4 actions completed
Response Planning	to be initiated
Resource Mobilization and Monitoring	All completed
Information Management	All completed
Reporting, Public Information, and Crisis Communication	2 of 6 completed
Training	on-going

Source: July 2013, see Annex B for detailed table

In 2014 the HCT needs to review the MPA to identify which ones need to be progressed in the coming six months as a matter of priority. The Afghanistan humanitarian risk register should be updated for January to June 2014. During December-January 2014, the risk register is being compiled across Afghanistan in the five regions, so as to have specific risks identified and scored, and to identify what MPA need to be put in place in the region to take account of the local context.

Component 3 - Contingency Response Plans: are hazard-specific; they are developed once early warning signs indicate that a particular hazard becomes likely, in a specific area. They are up-to-date, precise and easily converted from a 'plan' to a 'response strategy'. In Afghanistan last year, flood contingency response plans for spring 2013 were developed for very specific locations within provinces that were identified as flood prone.

Component 4 Standard Operating Procedures: to cover the actions for the first seven days after a risk evolves into a crisis.

⁵ Detailed methodology can be found in Annex C of the HNO.

ADVOCACY

This Strategic Response Plan is underpinned by an advocacy strategy adopted by the HCT in September 2013. The purpose of the advocacy strategy is three-fold: To formulate an evidence-based humanitarian narrative that is realistic but not alarmist; to communicate coherent messages generating humanitarian awareness, funding and response; and to support the Emergency Relief Coordinator, the Humanitarian Coordinator and the HCT membership in their humanitarian advocacy.

The advocacy strategy has four thematic priorities: (1) Protection of Civilians (POC); (2) Humanitarian Space and Access; (3) Access to Basic Services; and (4) Transition. In the last quarter of 2013, activities supporting these thematic priorities centred on CHAP, CHF and winter preparations.

In 2014, POC advocacy will reinforce messages pertaining to the impact of conflict on civilians. The humanitarian community will also support the Government by formulating an IDP response strategy as part of implementing the new national IDP policy. Advocacy relating to humanitarian space and access will actively address the shrinking of operational space, the growing intensity of conflict and constraints imposed by all parties. Advocacy will also focus on the right of principled humanitarian actors to engage with all the parties to the conflict to negotiate access to people in need; the importance of keeping humanitarian access negotiations distinct from mediation on peace and reconciliation; and the separation of humanitarian funding from the development framework under TMAF and the national aid management policy.

Humanitarian advocacy on access to basic services highlights the Government's lead role in this area and encourages development actors to respond to the chronic, poverty-related and long-term needs of the population. Transition advocacy will focus on the need to safeguard humanitarian funding through establishment of a Common Humanitarian Fund, linkages between humanitarian and development action in the areas of resilience and disaster risk reduction.

GENDER

The IASC Gender Marker is a tool available for donors to analyse the extent to which gender has been considered in programming the proposed humanitarian responses. In general, significant challenges remain in Afghanistan, particularly as the understanding of the concept of gender does not translate into Dari and Pashto and gender and gender equality is mostly seen as a foreign import. Amongst national partners this is a particular challenge, to internalise the concept which is further constricted by the lack of women staff in NGOs at all levels, especially in rural and remote areas. As a result progress on gender equality programming in humanitarian response is still limited. In 2013, while the use of gender marker was presented in the CHAP as a requirement as for funding by donors, there was limited demand to OCHA for resources to appraise projects for their gender sensitivity.

The Gender Marker is a self-assessment tool to measure progress and hold cluster members accountable. It is a requirement that all projects submitted to donors should mainstream gender (code 2a), and there should be a number of targeted actions (code 2b) that address disadvantage and special needs. All agencies should specify the IASC Gender Marker code on the proposal before submission to donors. They should also inform the relevant cluster of the project selection criteria applied and state the self assessed Gender Marker code for monitoring purposes. It is recommended that donors advocate and hold agencies and clusters accountable on their gender mandates. These commitments should be implemented by ensuring all projects funded have a code 2a/2b on the Gender marker

CLUSTER OPERATIONAL RESPONSE PLANS

A one page summary of the cluster operational response plans along with maps detailing the funding by province and a reference to the needs index as defined by the clusters in the HNO. Detailed cluster operational response plans can be found in Annex A.



PROTECTION CLUSTER



PEOPLE IN NEED
1.7 million



PEOPLE TARGETED
940,000
for monitoring & advocacy
12.5 million

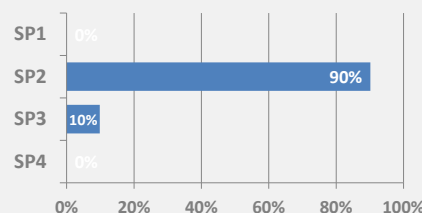


REQUIREMENTS (US\$)
30.7 million

PRIORITY INTERVENTIONS

1. Evidence-based advocacy to parties to the conflict
2. Specialised protection programs targeting conflict-affected people.
3. Field-based protection and human rights alert systems.
4. Internal displacement monitoring, assessments and targeted profiling.
5. Increased national NGO cluster participation to improve access.

% FUNDING BY STRATEGIC PRIORITY



CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

STRATEGIC PRIORITY 2 AND 3	CLUSTER OBJECTIVE 1: Protection of Civilians strengthened.	TARGET: 30 Number of reports on protection issues/human rights violations. TARGET: 12 Number of training sessions/briefings for duty bearers on Protection of Civilian issues.
STRATEGIC PRIORITY 2 AND 3	CLUSTER OBJECTIVE 2: Populations of concern benefit from and access critical protection services.	TARGET: 25,000 Number of conflict displaced under 18s who are out of school accessing humanitarian child protection services. TARGET: 4,000 household heads Number of IDPs assisted with acquiring HLP rights. TARGET: 5 Number of functioning referral and service mechanisms for GBV survivors at in emergency and humanitarian context. TARGET: 27,014 (clearance); 700,000 (mine risk education); 27,672 (victim assistance) Number of people benefiting from mine action (clearance, mine risk education and victim assistance).
STRATEGIC PRIORITY 2 AND 3	CLUSTER OBJECTIVE 3: Information collected, managed and disseminated to understand IDP flows.	TARGET: 40% Per cent of IDP groups assessed within one month of being displaced.
STRATEGIC PRIORITY 3	CLUSTER OBJECTIVE 4: Increase access to affected populations through improved cluster capacity.	TARGET: 10 Per cent of protection- specific tools developed by cluster, piloted and in use.



TARGET CASELOAD

CONFLICT AFFECTED

12.5 million

INTERNALLY DISPLACED POPULATION

184,000

MINE AFFECTED POPULATIONS

754,686



EMERGENCY SHELTER AND NON FOOD ITEMS CLUSTER



PEOPLE IN NEED
580,825



PEOPLE TARGETED
314,800

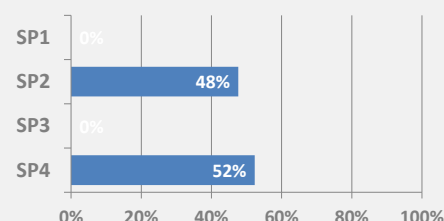


REQUIREMENTS (US\$)
28.7 million

PRIORITY INTERVENTIONS

1. Ensure assistance of Shelter, NFIs and Winterization/Cool package kits to the most vulnerable and affected population due to conflicts and natural disasters.
2. Strengthen ES/NFI cluster coordination at the national and regional level by streamlining and standardising the packages and tools delivered.

% FUNDING BY STRATEGIC PRIORITY



CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

STRATEGIC PRIORITY 2 AND 4	CLUSTER OBJECTIVE 1: Ensure IDPs (natural disaster and conflict induced) and people affected by natural disasters have adequate protection from the weather and privacy for family life through provision of emergency shelter and NFIs.	TARGET: 284,800 Number of people assisted with emergency shelters, and shelter/NFI kits.
STRATEGIC PRIORITY 4	CLUSTER OBJECTIVE 2: Affected people living in damaged or destroyed houses are provided with short-term shelter solutions.	TARGET: 99,000 Number of people assisted with cash grants and partial shelter kits.
STRATEGIC PRIORITY 2 AND 4	CLUSTER OBJECTIVE 3: Ensure immediate and appropriate service delivery of shelter and NFIs through assessment, prepositioning and post-distribution monitoring.	TARGET: 30,000 Number of shelter/NFI and winterization kits prepositioned and distributed in each region.



TARGET CASELOAD

CONFLICT AFFECTED 135,000	NATURAL DISASTER AFFECTED 149,800	VULNERABLE POPULATIONS 30,000
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AFGHANISTAN: ES and NFI Overview

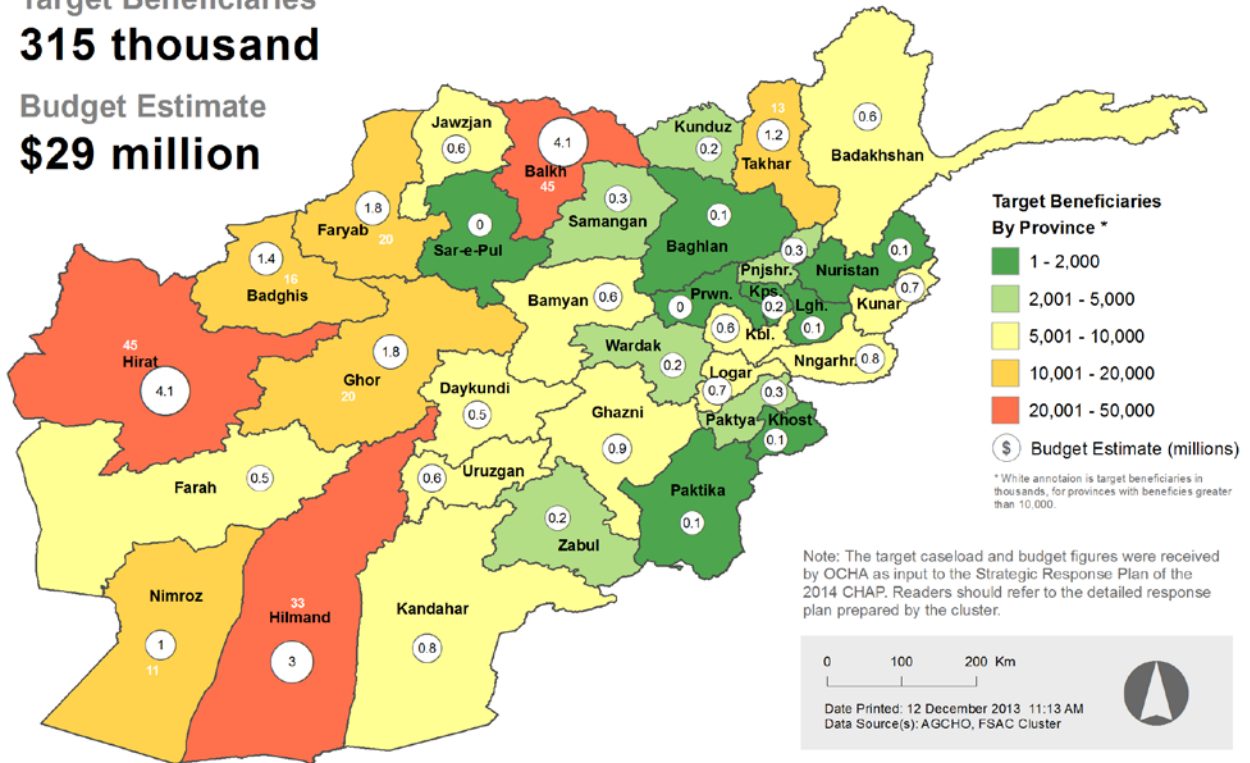
Provincial Target Caseloads and Budget Estimates



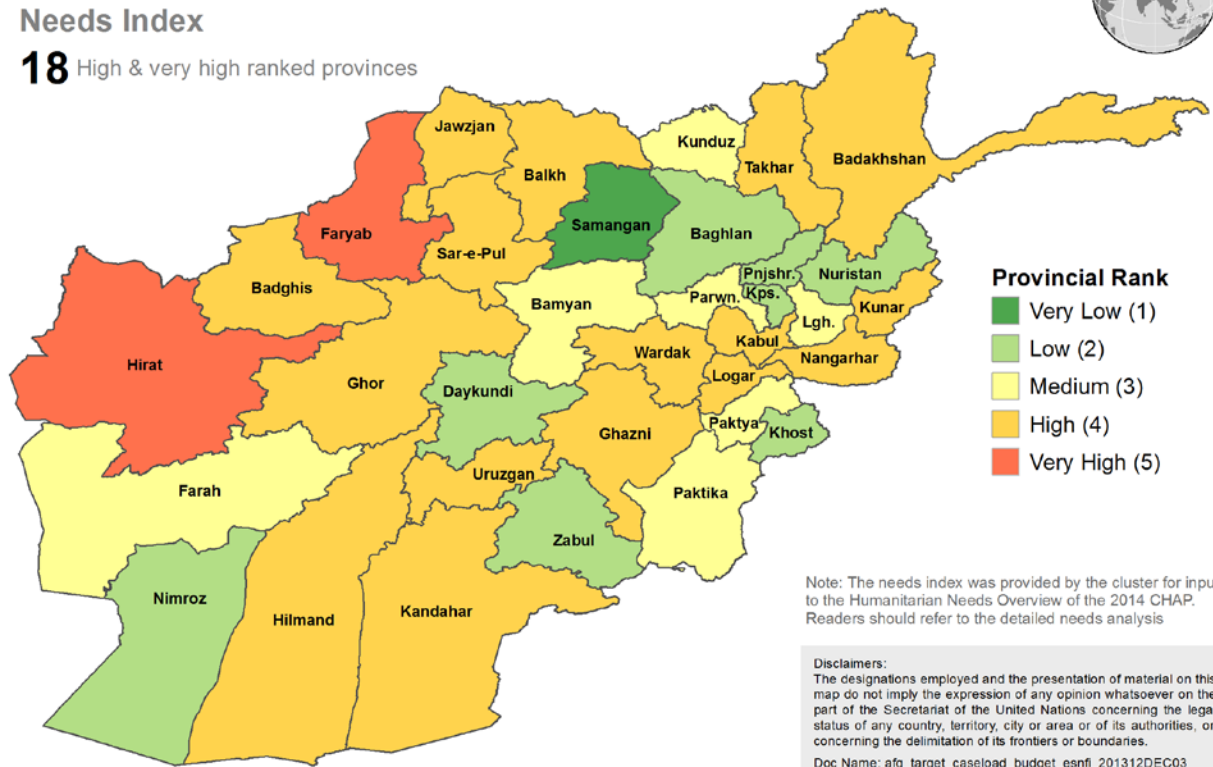
CHAP
2014

Target Beneficiaries
315 thousand

Budget Estimate
\$29 million



Needs Index
18 High & very high ranked provinces





FOOD SECURITY AND AGRICULTURE CLUSTER



PEOPLE IN NEED

2.7 million



PEOPLE TARGETED

2 million



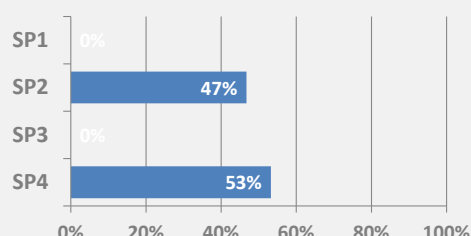
REQUIREMENTS (US\$)

149 million

PRIORITY INTERVENTIONS

1. To respond to acute food shortages through the provision of emergency food aid as well as cash and voucher programming.
2. Deliver humanitarian assistance for livelihood recovery of populations that have been recently affected by a transitory shock.
3. Strengthen national capacity to anticipate disasters, alleviate their effect and improve the timeliness and quality of emergency humanitarian response.

% FUNDING BY STRATEGIC PRIORITY



CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

STRATEGIC PRIORITY 2 AND 4	CLUSTER OBJECTIVE 1: Respond to immediate food insecurity needs to save lives and livelihoods of acutely food insecure people affected by conflicts and natural disasters	TARGET: 1.76 million Per cent of people in emergency need (inc. IDPs) assisted on time with appropriate transfers (cash, food, voucher)
STRATEGIC PRIORITY 2 AND 4	CLUSTER OBJECTIVE 2: Support the livelihood early recovery of populations affected by conflict/insecurity and natural disasters.	TARGET: 850,000 Per cent of highly food insecure people (inc. IDPs) and those affected by natural disasters receiving early recovery assistance.
STRATEGIC PRIORITY 2 AND 4	CLUSTER OBJECTIVE 3: Strengthen the effectiveness of the emergency preparedness system.	



TARGET CASELOAD

CONFLICT-INDUCED IDPs 110,000	NATURAL DISASTER AFFECTED 240,000	ACUTE FOOD INSECURITY 1,650,000
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AFGHANISTAN: FSAC Overview
Provincial Target Caseloads and Budget Estimates



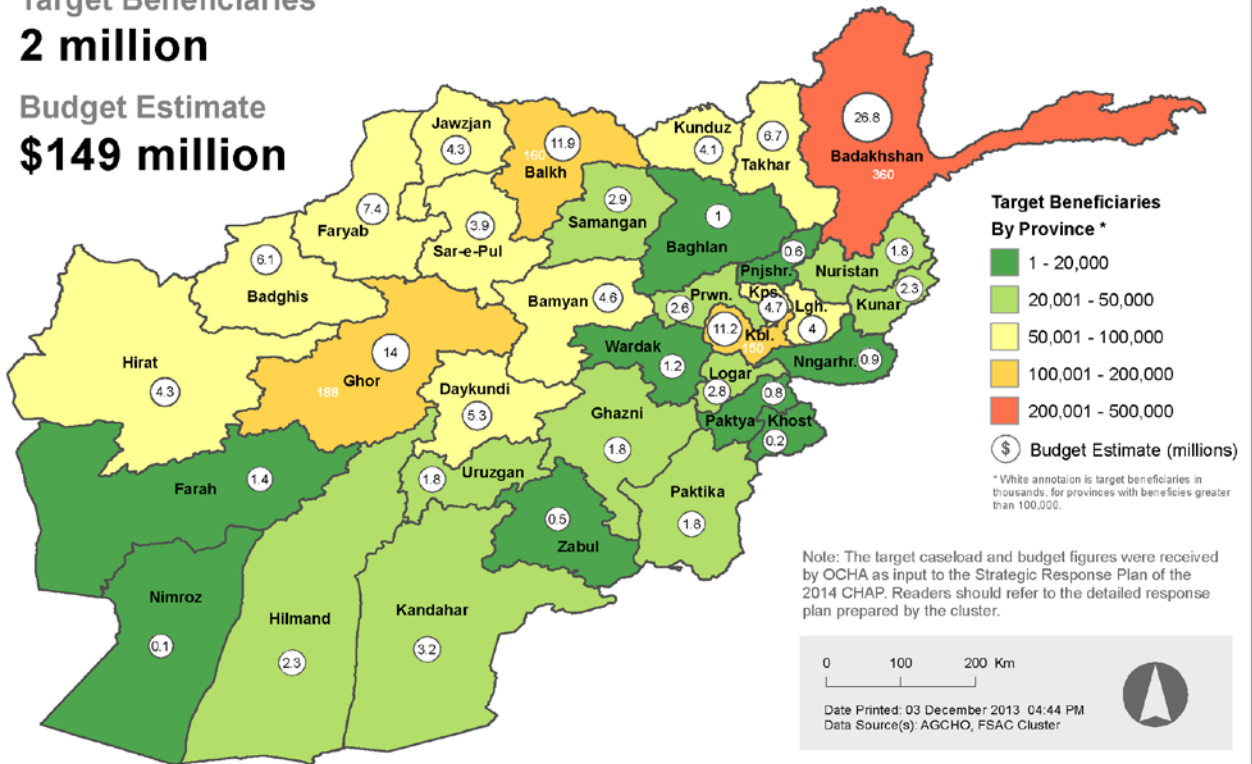
CHAP 2014

Target Beneficiaries

2 million

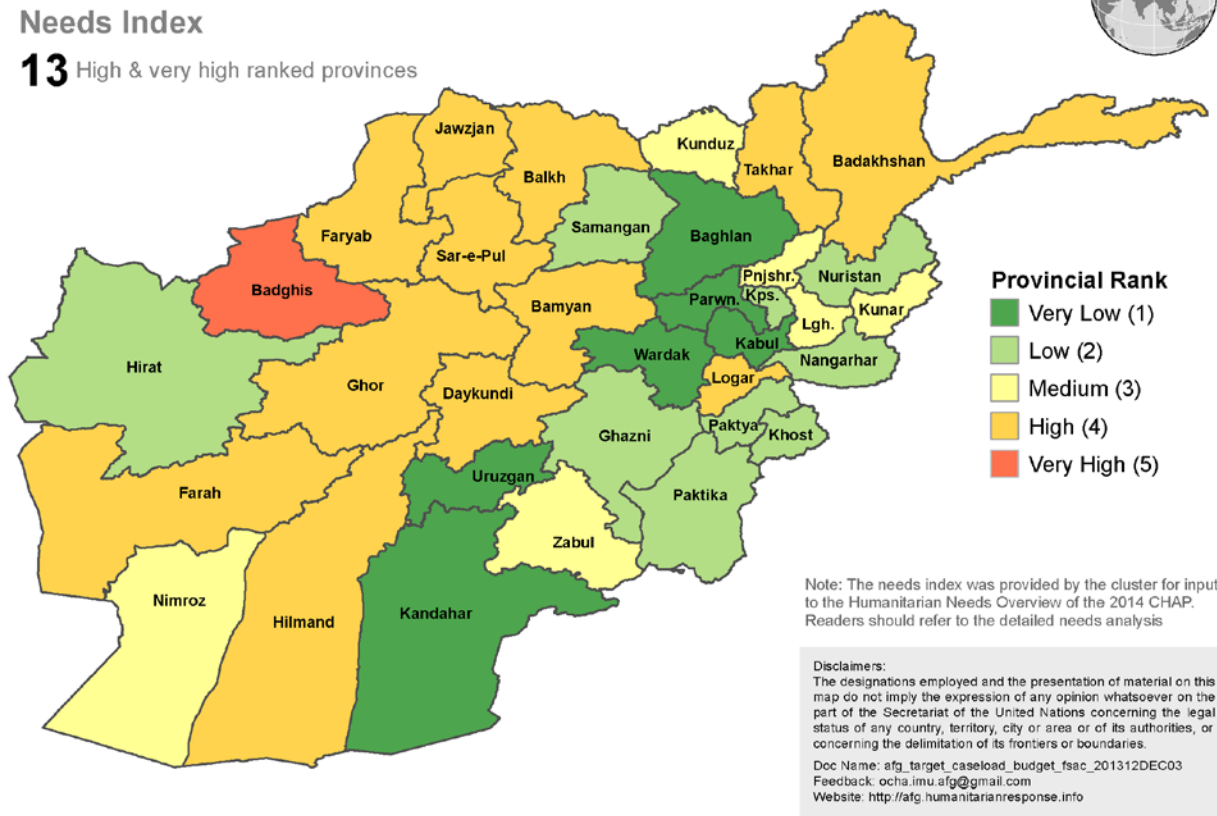
Budget Estimate

\$149 million



Needs Index

13 High & very high ranked provinces





HEALTH CLUSTER



PEOPLE IN NEED
5.4 million



PEOPLE TARGETED
2.5 million

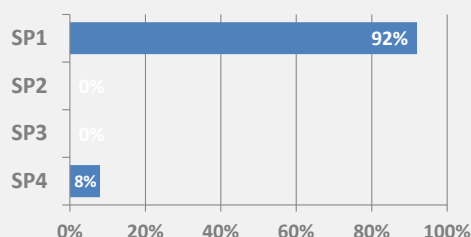


REQUIREMENTS (US\$)
43.6 million

PRIORITY INTERVENTIONS

1. Temporary emergency static and mobile teams to cover conflict affected, IDP and vulnerable (not covered by BPHS).
2. Support First Aid Trauma Posts, provincial and district hospitals in specialized treatment of civilian casualties, for stabilization and evacuation, and community level triage, and transport.
3. Early warning, supplies/response to people affected by outbreaks (and other sudden onset emergencies).

% FUNDING BY STRATEGIC PRIORITY



CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

STRATEGIC PRIORITY 1	CLUSTER OBJECTIVE 1: People affected by conflict and insecurity have equitable access to effective, safe, and quality essential health services	TARGET: 800,000 Population covered by emergency PHC and referral services
STRATEGIC PRIORITY 1	CLUSTER OBJECTIVE 2: People in provinces and districts identified at high risk due to conflict have timely access to effective trauma care to prevent avoidable morbidity, mortality and disability	TARGET: 20 FATP & 48 PHC Facilities FATP and PHC facilities in high risk provinces
STRATEGIC PRIORITY 1 AND 4	CLUSTER OBJECTIVE 3: People have access to information and services designed to prevent and control communicable diseases that contribute most significantly to excess morbidity and mortality	TARGET: Cholera <1% Measles < 5% Case fatality rate maintained within international agreed limits



TARGET CASELOAD

CONFLICT AFFECTED
2.3 million

NATURAL DISASTER AFFECTED
200,000

AFGHANISTAN: Health Overview
 Provincial Target Caseloads and Budget Estimates



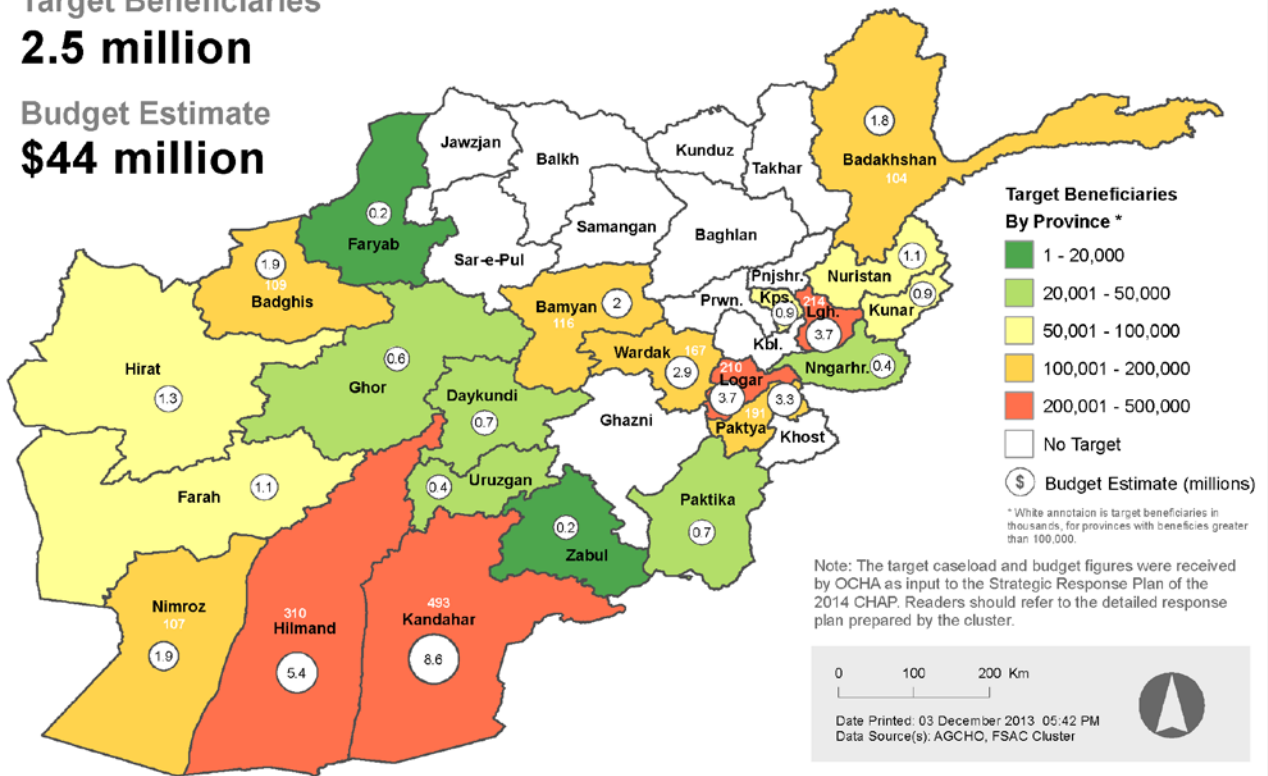
CHAP 2014

Target Beneficiaries

2.5 million

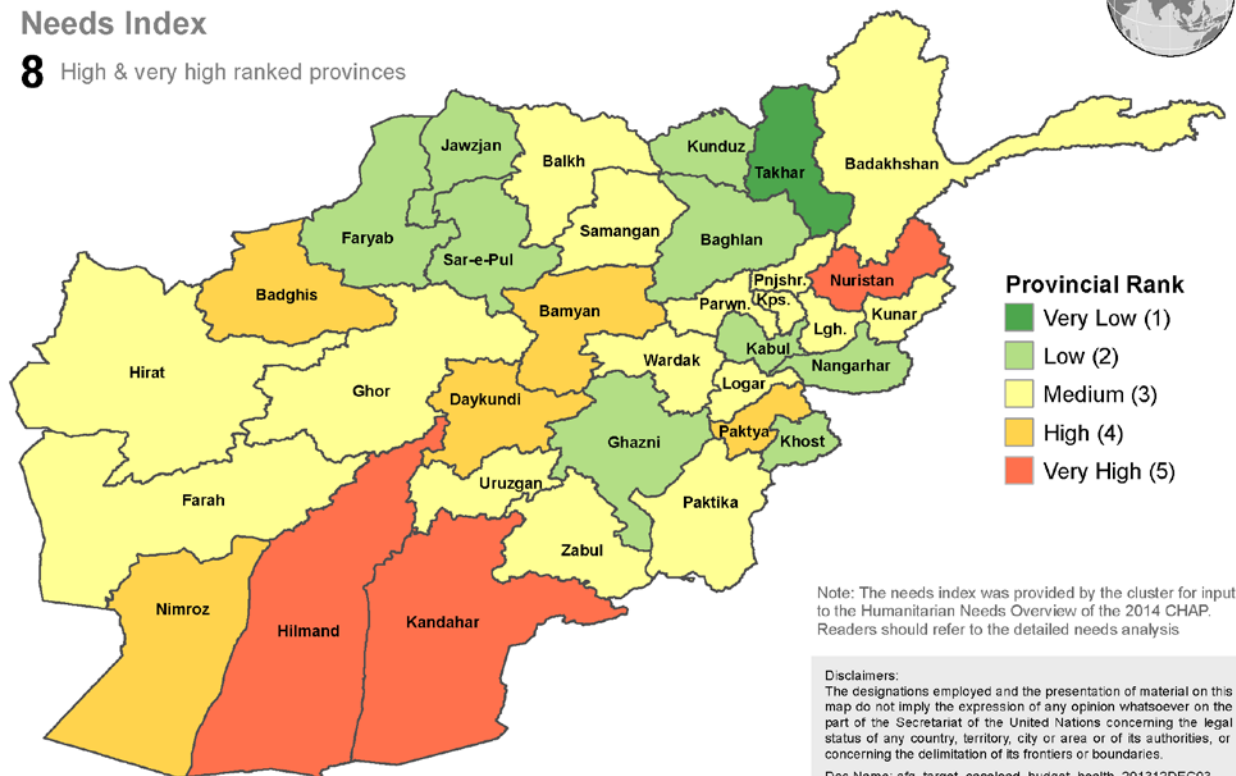
Budget Estimate

\$44 million




Needs Index

8 High & very high ranked provinces




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Doc Name: afg_target_caseload_budget_health_201312DEC03
 Feedback: ocha.imu.afg@gmail.com
 Website: <http://afg.humanitarianresponse.info>




NUTRITION CLUSTER



PEOPLE IN NEED
1.4 million



PEOPLE TARGETED
1.2 million

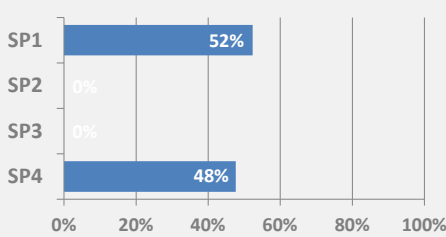


REQUIREMENTS (US\$)
47.9 million

PRIORITY INTERVENTIONS

- Integrated interventions to treat acute malnutrition in children <5, pregnant and lactating women
- Prevention of further deterioration through interventions to reduce micronutrient deficiencies and suboptimal infant and young child feeding practices.
- Scaling up of cluster member capacity on Nutrition in Emergencies, needs and coverage assessment

% FUNDING BY STRATEGIC PRIORITY



Strategic Priority	Funding %
SP1	52%
SP2	0%
SP3	0%
SP4	48%

CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

STRATEGIC PRIORITY 1 AND 4	CLUSTER OBJECTIVE 1: Prevalence of acute malnutrition in U5 and PLW is reduced in most at risk communities.	TARGET: > 75% Proportion of acutely malnourished children and PLW successfully treated.
STRATEGIC PRIORITY 1	CLUSTER OBJECTIVE 2: Boys, girls and PLW have access to evidence-based and feasible nutrition and nutrition related resilience activities to avoid deterioration to malnutrition.	TARGET: 707,000 Number of boys, girls 6-23 month old reached with MNPS
STRATEGIC PRIORITY 1	CLUSTER OBJECTIVE 3: The nutrition cluster has addressed critical capacity gaps to ensure timely assessment, response and monitoring of emergency nutrition interventions.	TARGET: > 100 Nutrition Cluster members including MOPH/DOPH trained in NIE/SQEAC/SMART/RNA



TARGET CASELOAD

CONFLICT AFFECTED 91,500	NATURAL DISASTER AFFECTED 570,500	VULNERABLE (FOOD INSECURE) 536,300
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AFGHANISTAN: Nutrition Overview

Provincial Target Caseloads and Budget Estimates



OCHA

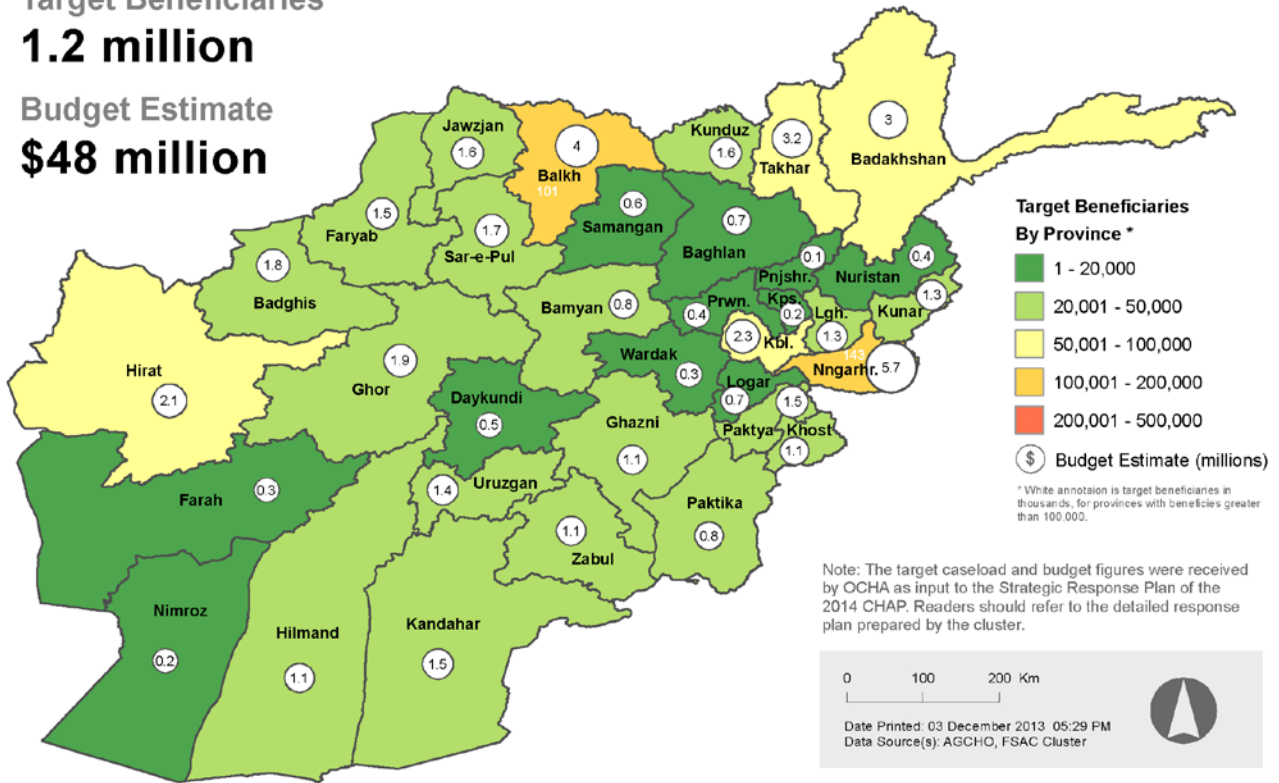
CHAP
2014

Target Beneficiaries

1.2 million

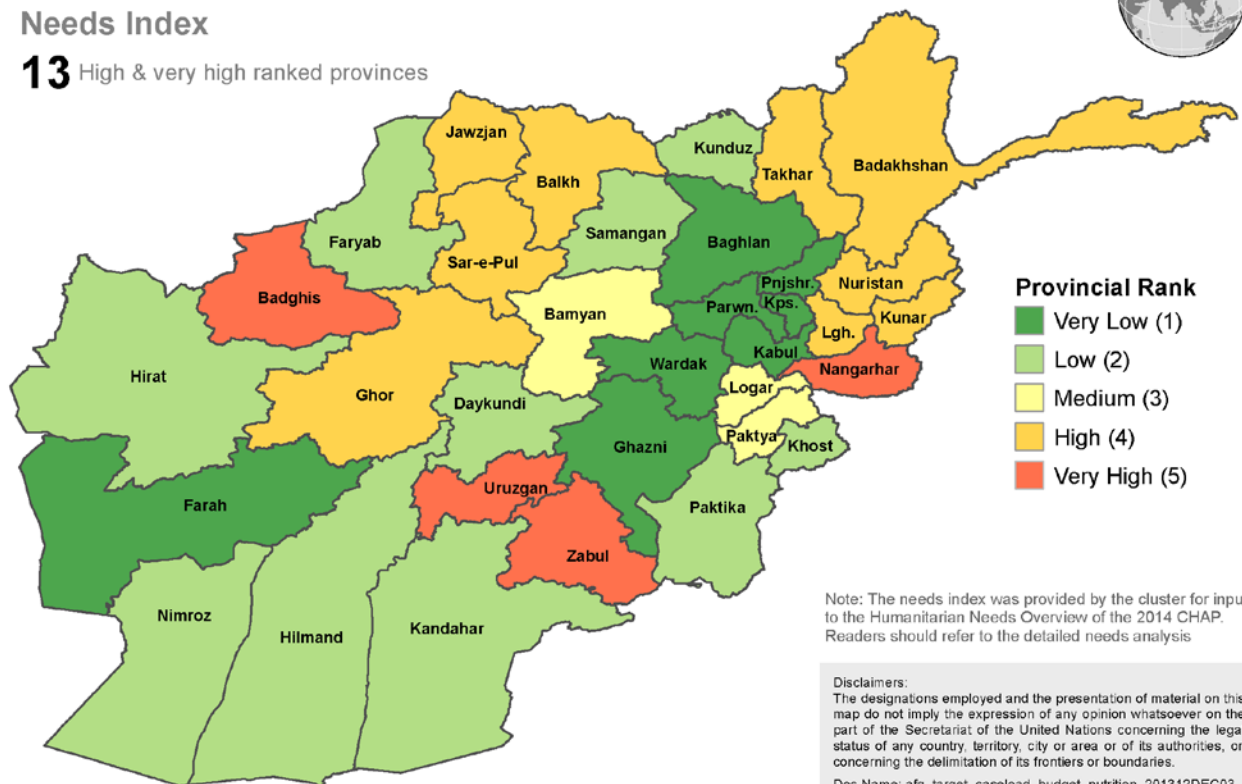
Budget Estimate

\$48 million



Needs Index

13 High & very high ranked provinces



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WASH CLUSTER



PEOPLE IN NEED
2.4 million



PEOPLE TARGETED
870,000

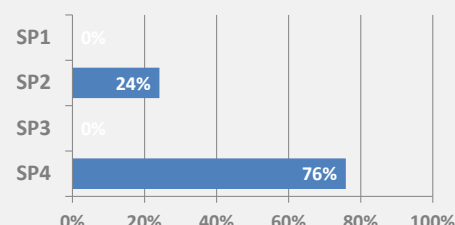


REQUIREMENTS (US\$)
16.5 million

PRIORITY INTERVENTIONS

- Emergency WASH will be delivered through a package approach of safe drinking water interventions in conjunction with basic sanitation and hygiene promotion prioritizing the needs of conflict displaced populations, their host communities, and populations affected by outbreaks of disease and natural disaster.

% FUNDING BY STRATEGIC PRIORITY



CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

<p>STRATEGIC PRIORITY 4</p>	<p>CLUSTER OBJECTIVE 1: Provision of emergency safe drinking water with basic sanitation and hygiene promotion benefitting 660,000 natural disaster affected, and acutely vulnerable populations, in the 2014 WASH cluster priority provinces.</p>	<p>TARGET: 660,000</p> <p>Proportion of target population with equitable access to safe drinking water.</p>
<p>STRATEGIC PRIORITY 2</p>	<p>CLUSTER OBJECTIVE 2: Contribute to cross cluster life saving interventions for 210,000 conflict affected IDPs and returnees through appropriate and timely emergency WASH interventions</p>	<p>Target : 160,000</p> <p>Proportion of the IDPs living in host communities and returnees with access to equitable WASH facilities and services.</p> <p>Target : 50,000</p> <p>Proportion of IDPs living in Camps with access to equitable WASH facilities and services.</p>



TARGET CASELOAD

CONFLICT AFFECTED
210,000

NATURAL DISASTER AFFECTED ACUTE VULNERABLE
660,000

AFGHANISTAN: WASH Overview

Provincial Target Caseloads and Budget Estimates



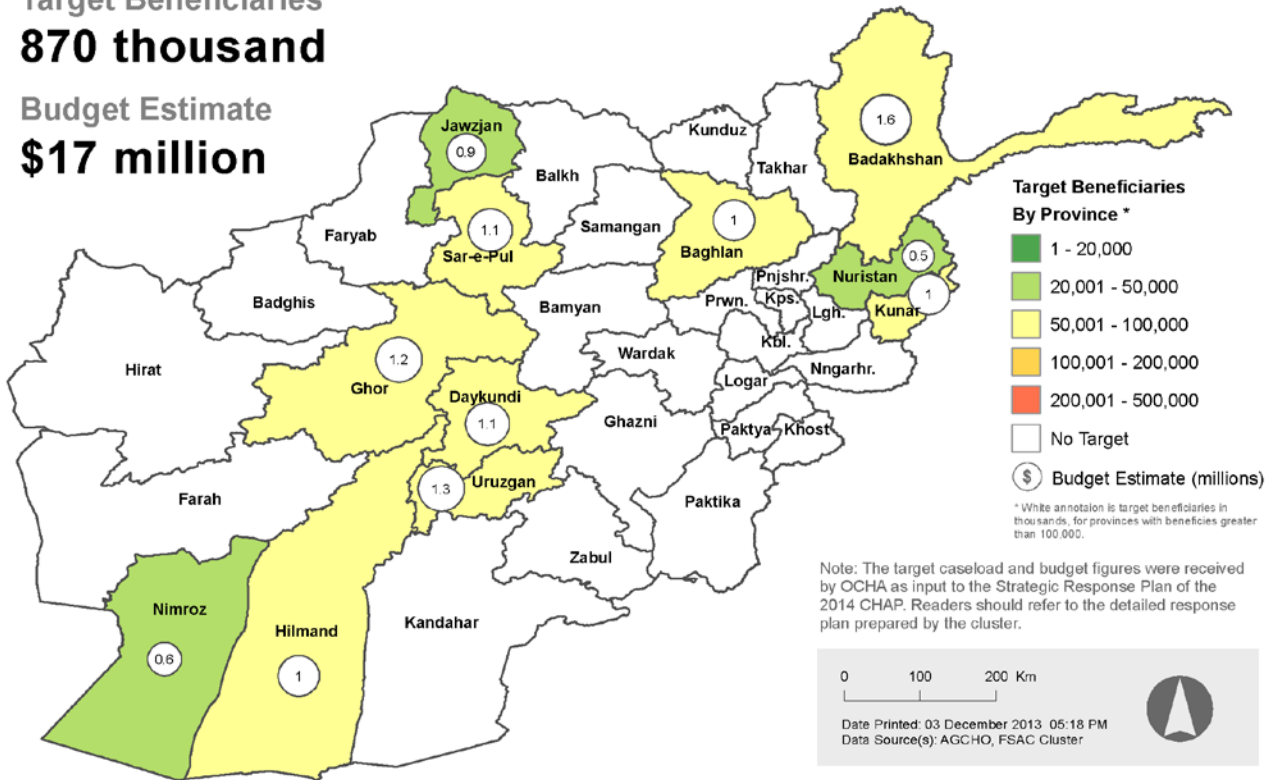
CHAP
2014

Target Beneficiaries

870 thousand

Budget Estimate

\$17 million



Needs Index

11 High & very high ranked provinces



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MULTI-SECTOR



PEOPLE IN NEED
239,010



PEOPLE TARGETED
198,300

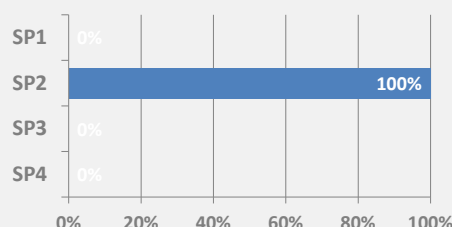


REQUIREMENTS (US\$)
58 million

PRIORITY INTERVENTIONS

1. Providing humanitarian assistance to returning refugees and the most vulnerable undocumented migrants at the point of entry.
2. Ensuring access to shelter and basic services for the most vulnerable returnees (i.e. single and female headed households and unaccompanied minors), at their place of return.

% FUNDING BY STRATEGIC PRIORITY



CONTRIBUTION TO THE STRATEGIC PRIORITIES

DASHBOARD INDICATORS

<p>STRATEGIC PRIORITY 2</p>	<p>CLUSTER OBJECTIVE 1: The immediate humanitarian needs of returning refugees and the most vulnerable undocumented migrants are met.</p>	<p>TARGET: 50,000 Number of Afghan refugees receiving assistance at point of entry</p> <p>TARGET: 45,300 Number of PSNs safely transported to place of return</p>
<p>STRATEGIC PRIORITY 2</p>	<p>CLUSTER OBJECTIVE 2: The most vulnerable returnees are protected through access to basic services and community-based interventions promoting peaceful co-existence.</p>	<p>TARGET: 170 Number of returnee communities assisted at place of return.</p>



TARGET CASELOAD

<p>REFUGEE RETURNEES 153,000</p>	<p>PEOPLE WITH SPECIFIC NEEDS (PSNS) 45,300</p>
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