

**REVISED  
HUMANITARIAN  
RESPONSE PLAN (JUN - DEC 2023)**  
AFGHANISTAN



# About

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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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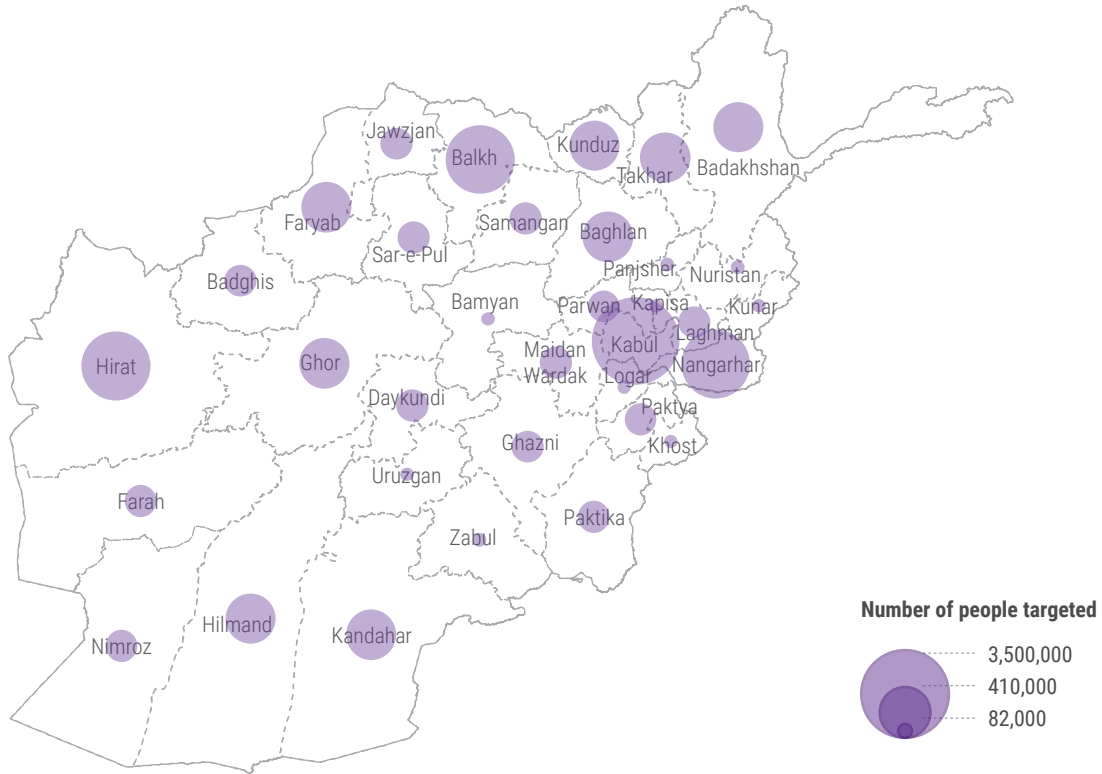
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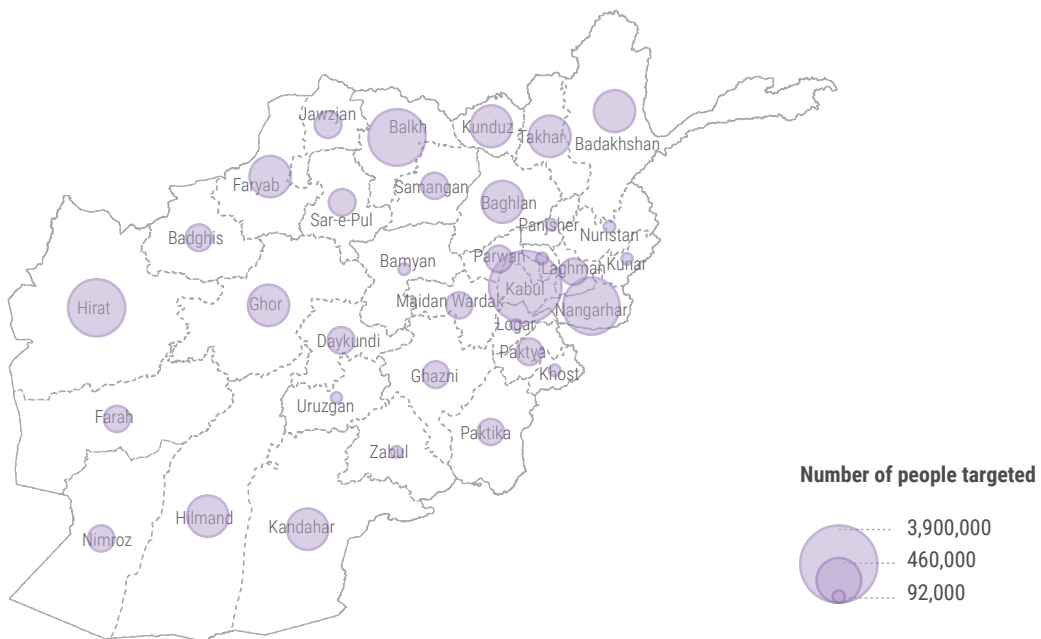
Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH (JUN - DEC)	WOMEN	CHILDREN	WITH SEVERE DISABILITY
<b>28.8M</b>	<b>20M</b>	<b>23%</b>	<b>54%</b>	<b>8.3%</b>






Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH (JAN - DEC)	WOMEN	CHILDREN	WITH SEVERE DISABILITY
<b>28.8M</b>	<b>22.3M</b>	<b>23%</b>	<b>54%</b>	<b>8.3%</b>



# 2023 HRP Revision Summary

- S01  Mortality and morbidity of crisis-affected people of all gender and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance.
- 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.
- S03  Vulnerable crisis-affected people of all gender and diversities are supported to build their resilience and live their lives in dignity.

The prohibition on Afghan women working with non-governmental organisations (NGOs) and the United Nations (UN) in Afghanistan is not an isolated or unprecedented event, but rather reflective of a series of increasingly restrictive measures imposed by the Taliban de-facto authorities (DFA) on Afghan women and girls since August 2021 which have sought to erase them from all aspects of public life. These restrictions include barriers to education, public spaces, movement and work.

Following the initial ban on Afghan women working for NGOs, the Inter-Agency Standing Committee (IASC) supported the humanitarian community in Afghanistan in making the transition from a 'partial operational pause' to an 'operational trial period'. During this period, humanitarian actors continued their work while striving for improved operating space through national-level and sector-wide exemptions, as well as local authorisations, operating within agreed-upon minimum criteria for operations. These criteria include: i) maintaining a needs-based response; ii) adjusting response methods to include all aspects of protection with a tight monitoring of implementation; iii) ensuring that women's participation in the response is amplified through a commitment of no replacement, continued hiring and provision of support to meet conditions to facilitate work, as well as the deployment of mixed-gender teams; iv) application of minimum standards for accountability to affected people (AAP); and v) prioritisation of gender-responsive programming.

In light of the changing operating environment, the 2023 HRP underwent a revision in May 2023. The purpose was to assess the validity of initial planning

assumptions made in the fourth quarter of 2022 and adjust the response accordingly. Simultaneously, the humanitarian community monitored the permissiveness of the operating environment and the ability of partners to comply with the IASC's "minimum criteria for operations" of the IASC through the dedicated 'IASC Monitoring Framework'.<sup>1</sup>

The mid-year revision primarily focused on prioritizing the response planning based on changes in the number of people requiring assistance, planned activities, and geographic priorities. The adjustments were informed by a realistic assessment of the capacity of humanitarian partners to deliver aid. The revision also entailed changes in overall and sector-level response approaches, emphasising quality, accountability, and scale. Additionally, it served as an opportunity to evaluate the main drivers of need and identify emerging threats not anticipated at the start of the year. As necessary, adjustments were made to programme and operating costs, considering commodity prices and expenses associated with meeting the DFA conditionalities.

Several datasets informed the revision process, including an updated analysis of the operating environment's risks, population projections, revised food insecurity estimates, severity analysis through the Needs Monitoring Framework, Minimum Expenditure Basket, Cluster-specific capacity analyses, and updated response approach guidance on AAP, gender, Protection from Sexual Exploitation and Abuse (PSEA), and Disability Inclusion in humanitarian response.

## Summary of Changes in the Revision

Humanitarian needs remain extensive and prevalent across all sectors and throughout the country. The Inter-Cluster Coordination Team (ICCT) Needs Monitoring Framework identifies different severity hotspots in various sectors (please see "NMF Multi-Sectoral Severity Map" in the Annex). Although there has been a slight improvement in the food insecurity outlook, it is no longer the sole indicator of vulnerability, following the revision of the sampling and analysis lens to rural and urban domains at the start of 2023.

## Revised Figures

The revised HRP aims to reach 20 million people with multi-sectoral assistance between June and December 2023, requiring US\$2.26 billion in new funding.

Amidst challenging circumstances, the humanitarian community maintained a broad response throughout the initial five months of the year. During this period, assistance was provided to more than 17.3 million individuals, ensuring at least one round of support. The expenditure for this period amounted to \$942 million, which includes \$850 million carried over from 2022.

Taking into account the assistance already delivered between January and May, and the planned response for the remainder of 2023, humanitarian partners have set their sights on reaching a total of 22.3 million people (throughout 2023) (5 million women, 5.3 million men, 5.8 million girls, 6.2 million boys), with a budget of \$3.2 billion. Of this, \$2.26 billion represents new funding requirements for the period between June and December, while the remaining \$942 million already spent between January and May.

## Response Share

Food, Health, and Nutrition sectors constitute over 70 per cent of the revised HRP requirements. These sectors have seen increased health-seeking behaviour, particularly among women and girls, and higher rates of malnutrition treatment in the first quarter of 2023 compared to the same period in 2022.

## Cost Efficiency

The HRP revision involved a rigorous prioritisation exercise aimed at maximizing cost efficiency. Activities heavily affected by the ban and pronounced capacity constraints have lower costs, while costlier activities are seasonal and planned for the final quarter of the year to align with early-onset winter and the lean period. Despite these factors, the revised HRP achieved maximum cost efficiencies through stricter prioritisation.

Additionally, operating costs were not as high as initially anticipated. At the same time, the reductions in programme costs, such as commodity prices, were not significant enough to offset the rise witnessed at the start of the year. The Minimum Expenditure Basket (MEB) transfer value decreased slightly, by 6 per cent, compared to a 28 per cent increase at the start of the year.

## Planned Activities

While most activities did not experience major changes, there were reductions in targets, particularly for activities affected by the current operating environment. The capacity of Clusters to respond is gradually increasing, with more partners resuming programmes since the operational pause in January. However, underfunding remains the primary capacity constraint across all sectors.

## Geographic Focus

Similar to the planning at the beginning of the year, the revised HRP maintains a focus on rural response. The aim is to expand the humanitarian footprint in underserved areas with high needs, in line with previous commitments of the humanitarian community. Overall, in 2023, humanitarian partners aim to assist approximately 5.1 million people in urban areas and 17.2 million people in rural areas.

## Anticipating Worsening Needs

The revised HRP accounts for potential worsening needs towards the end of the year. This particularly

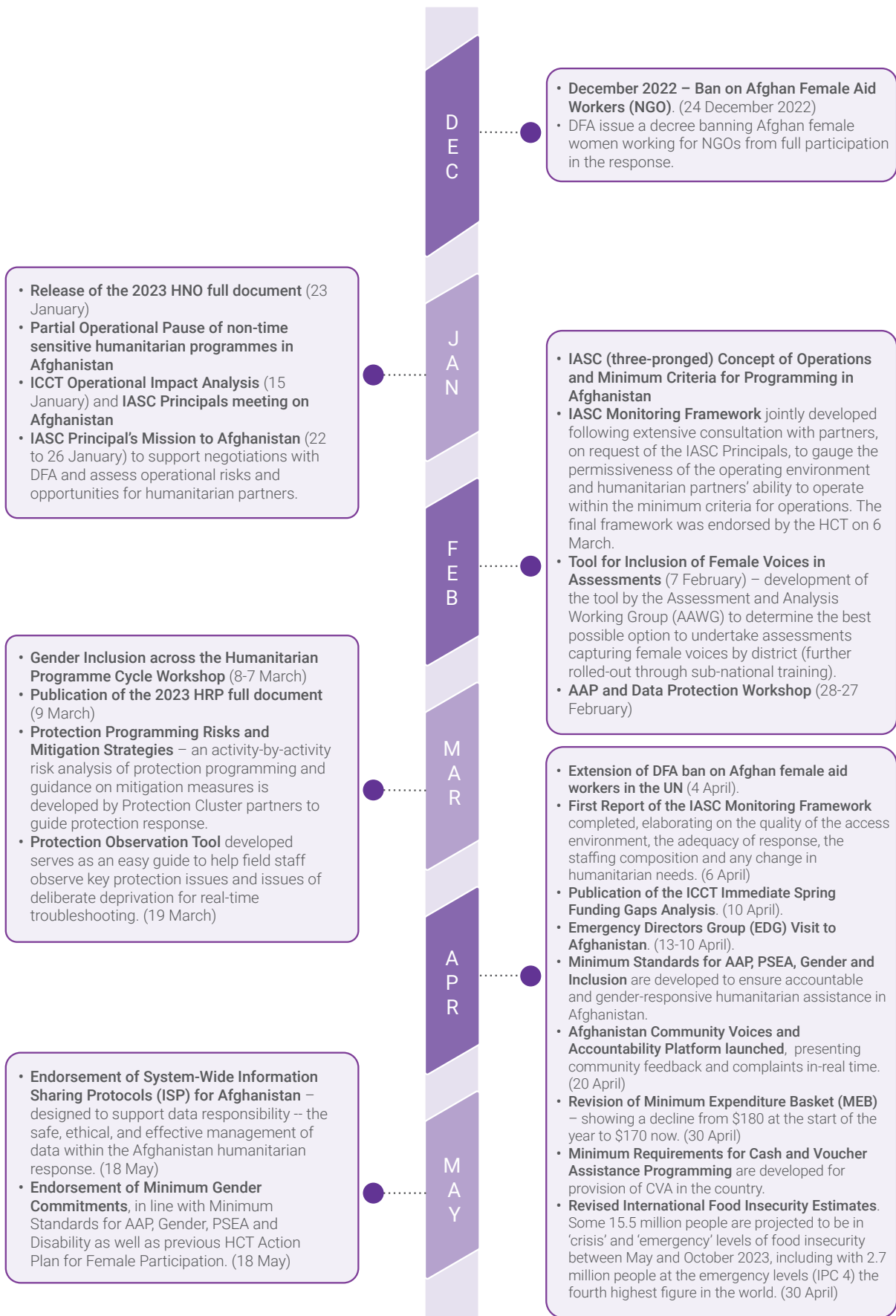
applies to the Food Security and Agriculture Cluster (FSAC), which has witnessed and planned for an 18 per cent increase each year in the number of people falling into the IPC3+ categories between November and December over the past five years.

In conclusion, the ongoing HRP revision aims to address changes in the response, incorporate updated data and analysis, optimise cost efficiencies, and ensure prioritisation based on capacity and needs. The revised HRP requires fundraising for \$2.26 billion for the next seven months of 2023, with adjustments to full-year figures to accurately reflect response efforts throughout the year.

At the time of publication of the revised 2023 HRP, the DFAs issued new instructions that some community-based education activities, which were previously partially delivered by international NGOs, now shift

towards delivery through national actors only. The Education Cluster, Cluster Lead Agencies and relevant Education partners are engaging to understand the scope and nature of the recent instruction. Lessons from similar events – such as the instruction to shift all mobile health facilities to static ones – show that time is required for the parameters of the instructions to be drawn and negotiated, and a phased approach to be put in place. All in all, the impact of this recent instruction on community education activities delivered by INGOs cannot be measured at this time. The Education Cluster's plans will, therefore, remain as is and a revision will be considered as the impact percolates over time.

# Timeline of Events





# Situation Overview

## Emerging and Lingering Needs

The main drivers of need seen at the start of the year have not changed or improved. However, a mid-year trend check shows a worsening of the protection environment, a marginal respite in the food insecurity outlook, and a minimal decline in the number of people projected to be newly affected by natural disasters and undocumented returnees from Iran and Pakistan for the remainder of the year.

In this revised HRP, the People in Need (PiN) figure for most Clusters remained the same, with slight reductions in the Food Security and Agriculture Cluster (FSAC) due to reduced IPC projections. Between May and October 2023, approximately 15.5 million people will fall in 'crisis' (IPC 3) and 'emergency' (IPC 4) levels of food insecurity, with 2.7 million people in IPC 4 category – the fourth highest figure in the world. The Protection PiN has risen primarily driven by increased needs in Gender-Based Violence (GBV) (from 10.1 million to 13.1 million people) anticipating a worsened situation in terms of limitations of women and girls to access to services, particularly tailored humanitarian assistance to women and girls.

Emerging threats such as the Moroccan Locust outbreak and other plant pests and animal diseases pose a threat to the already fragile food insecurity and livelihoods situation. Efforts are underway to expand control measures to minimise the impact on vulnerable households. AWD / cholera and other disease outbreaks continue to be rife in Afghanistan creating standalone and aggravating challenges for millions, especially undernourished children.

While there is no declaration of a drought in 2023, the effects of two consecutive preceding years of drought continues to drive acute food, livelihoods and water insecurity. This is exacerbating the already fragile access to safe water whereby only half of the

urban population and 60 per cent of rural areas are unable to access safe water. The lingering effects of the economic instability continues to drive the loss of livelihoods and increased debt, most pronounced in urban areas. People spend three quarters of their income on food, trading off their other basic needs.

While a lifeline has been extended to basic services – particularly health services – through the Basic Human Needs funding stream, other fundamental services continue to deteriorate, with major challenges around infrastructure maintenance, urban water systems and provision of other basic services preventing community or economic recovery.

At the start of the year, the Assessment and Analysis Working Group (AAWG) of the ICCT had rolled out a new Needs Monitoring Framework (NMF) with the aim to ensure a more regular (quarterly) monitoring of the evolution of needs in between yearly Humanitarian Planning Cycles (HPCs) and serve as an evidence base to support joint planning exercises at the provincial and district levels. <sup>2</sup>

The results of the NMF multisectoral analysis show high levels of needs across the country, with all 401 districts experiencing either severe (3), extreme (4) or catastrophic (5) multisectoral needs. Districts in the Western and Southern regions exhibit comparatively more severe needs across all districts, with pockets of particularly high levels of needs in Badghis (Western region) and Helmand (Southern region) provinces.

According to the NMF, three quarters of districts in the country (299/401) face unmet needs (severity of 3 or more) in all seven sectors, while a minority of districts (20/401) experience extreme needs (4 or more) in all sectors. Analysis from the NMF can be found on page 56 of the Annex.

## Operating Environment

The issuance of a ban on the participation of women aid workers in the full spectrum of humanitarian response (firstly among NGOs, and its further extension to the UN) has compounded the long-standing bureaucratic impediments imposed by DFAs. While humanitarian organisations have made efforts to resume programmes in line with the IASC Minimum Criteria for Operations, the impact of the ban on female aid workers is evident.

A recent survey of the Humanitarian Access Group (HAG) and the Gender in Humanitarian Action Working Group (GiHA) <sup>3</sup> shows that the modalities of operations further reflect the challenges faced by women staff. 42 per cent of respondent organisations noted that women staff were working from home, with only men present in the office, while 22 per cent mentioned that women staff were only allowed to go to the field, without access to the office. Overall, 28 per cent of women are currently working from home across the 175 organisations surveyed (nearly half of which were women-led organisations).

Women-led organisations continue to bear the brunt of the ban, with 15 per cent of them unable to operate at all, and 38 per cent of their women staff working remotely. Funding remains a significant concern, although 33 per cent of women-led organisations have received funding since the ban.

Humanitarian partners continue to push to secure authorisations through laborious negotiations to operate and the scale of response is gradually increasing (details explored in the 'Response Overview' section). While in January the DFAs had committed that new guidelines for operations would 'soon' be issued with a notion that they will meet the requirements of the humanitarian community, these are yet to materialise. In addition to thematic and geographic focused negotiations, humanitarian partners and DFAs have now agree to stand-up a Technical Ministerial Committee – between line Ministries and Humanitarian Actors – to be formed

as a decision-making body to resolve issues of humanitarian operations. This is expected to commence in June 2023 and it is hoped that such a forum provides the space for a push for more sector-wide exemptions.

At the same time, in the first four months of 2023, humanitarian partners reported a concerning 23 per cent increase in access incidents compared to the same period the previous year. Of these, 82 per cent were attributed to the DFAs and Armed Forces. Interference in humanitarian activities accounted for 69 per cent of access incidents, including attempts to influence beneficiary selection and staff recruitment. Additionally, movement restrictions within the country affected 6 per cent of incidents, while 16 per cent involved violence against humanitarian personnel, assets, and facilities. Gender related incidents have quadrupled from 31 between January and April 2022 to 162 during the same period in 2023. Despite a relatively stabilised security situation since August 2021, security incidents continue to pose a threat to humanitarian operations. Partners reported 311 incidents from January to April 2023, including physical violence (29 per cent), checkpoint incidents (29 per cent), hazards (21 per cent), civil unrest (14 per cent), and crimes (10 per cent). These incidents, coupled with low-level conflicts and attacks by armed groups, as well as the presence of improvised explosive devices (IEDs) and unexploded ordnances (UXOs), further hinder access and endanger civilians.

An updated outlook of the operating environment for the second half of the year shows a more challenging environment as compared to what was envisaged at the start of the year – both because of the female aid workers ban as well as the strict implementation of the DFAs' procedures for implementation of humanitarian response'. The updated assumption includes increased bureaucratic impediments (such as inconsistent application of MoU requirements and delays) resulting in delayed project implementations (up to 3 months for some Clusters). More interferences in humanitarian

programmes are anticipated, as has been seen with recent directives to make the transition from Mobile Health and Nutrition Teams (MHNTs) to static facilities. It is also anticipated that there are higher risks of violence against humanitarian workers and community volunteers, with increased restriction on movement of humanitarian personnel and operations.

Despite the relatively stable security situation, IS-KP attacks (including against DFAs) are anticipated to increase. Meanwhile, the presence of IEDs and UXOs

## Response Overview

Despite the numerous challenges faced, the humanitarian community continues with its efforts to maintain and expand existing operational space to implement a large-scale response—something which partners have been able to broadly maintain despite the additional time-investments and costs generated by the bans. Nevertheless, the ability of Afghan women to engage in the response in a sustained manner at adequate levels has been adversely affected by the bans and other restrictions on women and girls and will need to continually be addressed to maintain a quality and principled response. Likewise, greater attention will need to be paid to disaggregating response data by female-headed households – for which visibility is currently limited – to better understand how women and girls’ ability to access assistance and services has affected in particular.

Between January and April 2023, the humanitarian community provided multi-sectoral humanitarian assistance to 17.3 million individuals. This figure represents a decrease of 13 per cent compared to the same period in 2022 when 19.8 million people were assisted. The broad response in 2023 was mainly financed by carried-over funds from the previous year, amounting to \$850 million. The reduced reach can be attributed to both lower levels of new funding and slower uptake in response capacity due to the ban, subsequent operational pause, and challenges in securing sustained and timely authorisations to deliver aid – although partners appear to have increasingly found ways to navigate these as indicated by the 34

continue to be a threat across the country. Crime and insecurity have also not abated and are likely to continue to be fuelled by cumulative debt, high-levels of unemployment, and the ripple effects of the economic instability.

The scored risk matrix in the 2023 HNO has been updated to reflect some of the changes in the operational environment across the ‘governance and services’ and ‘security and conflict’ categories – and is annexed to this document (see page # of the Annex).

per cent and 31 per cent of respondent organisations to the GiHA/HAG survey respectively that indicated that they have been able to resume activities with women staff in recent months.

Specifically, during the first four months of 2023, approximately 14.7 million people received at least one round of food and livelihood support, compared to 19.1 million in 2022. Health care was provided to 5.4 million people, an increase from 4.7 million in 2022. Support to prevent and address acute malnutrition reached 2.4 million children and nursing mothers, down from 3 million in 2022. Water, sanitation, and hygiene assistance reached 4.6 million people, compared to 3.2 million in the previous year. Access to education and educational materials was provided to 698,000 children, an increase from 373,500 children in 2022. Emergency shelter and household items reached 325,000 people, a decrease from 1.1 million people in 2022. At least one form of protection assistance was received by 707,000 people, compared to 2.1 million in 2022.

Four Clusters, namely Food Security and Agriculture Cluster (FSAC), Emergency Shelter and Non-Food Items (ES-NFI), Nutrition, and Protection, experienced a decrease in overall reach. FSAC's reduced reach can be attributed to underfunding, resulting in fewer rounds of assistance and reduced rations due to limited resources. ES-NFI and Protection Clusters faced challenges in delivering aid due to the ban and difficulties in obtaining necessary authorisations.

In the Nutrition Cluster, core treatment activities actually experienced an increase of 27 per cent for under-five children and pregnant or nursing mothers. However, underfunding affected preventive nutrition activities with broader reach, such as the blanket supplementary feeding programme, resulting in a decline in the Cluster's overall cumulative reach.








Contrary to the trend observed in the first two months of the year, the WASH Cluster's reach increased despite a decrease in partner presence. This is because reduced presence does not necessarily equate to a proportional reduction in response capacity. While only 26 out of 44 WASH partners actively reported on activities, accounting for 60 per cent of the Cluster's partners, a few of the largest active partners shouldered the majority share (over 75 per cent) of the Cluster's response. Where bureaucratic impediments arise, partners negotiate to extend community-focused programmes to maintain broad reach while ensuring household-level support.

Health and Education Clusters experienced an increased response reach, aligned with the raised targets for 2023. The deployment of MHNTs

increased to 621 teams in April 2023, compared to 297 teams during the same period in the previous year. Additionally, service delivery through more than 500 static humanitarian health facilities contributed to a 24 per cent increase in health service uptake during the first quarter of 2023 compared to the first quarter of 2022.

Response to female headed households has not received sufficient reporting uptake and is expected to be more visible in the second half of 2023.

Despite the broad reach of assistance, the impact of the ban on affected women and girls remains evident, and ensuring quality remains a significant concern and priority. Engagements with women at the community level, accountability and feedback activities, and monitoring of assistance have been significantly affected. Hygiene promotion and Risk Communication and Community Engagement (RCCE) activities, crucial during the spring season when communicable diseases such as acute watery diarrhoea/cholera outbreaks are prevalent, have also been impacted. Protection activities and services for women survivors of violence have been severely affected by the ban.

SECTOR	ORIGINAL PLANNED REACH	REVISED PLANNED REACH	PEOPLE REACHED		RURAL	URBAN	%CHILDREN	%WOMEN	%MEN
			DIRECT	INDIRECT					
 EDUCATION	3.1M	3.1M	697.9K	697.9K	591K	107K	100%	-	-
 EMERGENCY SHELTER AND NFI	1.3M	1.2M	325.4K	325.4K	271K	55K	56%	23%	21%
 FOOD SECURITY AND AGRICULTURE	21.2M	19.1M	14.7M	14.7M	2.6M	12.1M	58%	21%	21%
 HEALTH	15.6M	14M	3.4M	5.4M	4.6M	828K	40%	38%	22%
 NUTRITION	5.5M	5.5M	992K	2.4M	533K	1.9M	58%	42%	-
 PROTECTION	6.5M	5.3M	206K	1.1M	442K	625K	37%	35%	28%
 WATER, SANITATION AND HYGIENE	13.9M	9.4M	2.7M	4.6M	1.5M	2.8M	52%	26%	22%
<b>Total</b>	<b>23.7M</b>	<b>22.3M</b>	<b>15.8M</b>	<b>17.3K</b>	<b>126.4K</b>	<b>16.8M</b>	<b>56%</b>	<b>22%</b>	<b>32%</b>

However, distributions of cash and food, as well as exempted activities such as health services, continue to progress. While 21 per cent of respondents in the fifth-round of the Gender and Humanitarian Assistance-Health and Gender survey reported being fully able to utilise national exemptions for health and education to continue operations with women staff, 60 per cent could only partially apply them with conditionalities. Local negotiations with DFAs have proven successful for a third of the respondents in resuming activities with women staff, although stringent conditionalities and access challenges persist. These challenges include strict dress codes, requirements for male escorts (mahram), and restrictions on the movement of women staff in the field.

Regarding the composition of teams in monitoring and assessments, some Clusters have maintained female engagement to some extent, specifically in Health, Education, and Nutrition, between March and April compared to January and February. However, the frequency of these activities has been affected due to stops and checks by authorities at checkpoints, and a sense of lack of safety. FSAC

has witnessed a decline in female participation in monitoring activities, while WASH and ES-NFI Clusters have experienced a marginal decrease in female participation during distributions. The marginal decline in female participation in assessments and monitoring recorded in ES-NFI is associated with the conclusion of winterisation activities (which take a considerable portion of the ES-NFI response and for which some authorisations were awaited) as the end of the second quarter of the year approaches.




















































Underfunding is the predominant challenge observed across all Clusters, severely impacting their capacity to deliver. Critical ES-NFI, WASH, and FSAC supplies are at risk of pipeline break due to funding gaps at the start of June 2023. Timely funding is crucial to support early procurement and delivery of core supplies, mitigate border delays and market disruptions, and enable pre-positioning of relief items in locations with high concentrations of needs. Some activities require pipeline replenishment and stockpiling, necessitating frontloading to ensure response beyond the spring season and for the remainder of the year.

# Revised HRP Key Figures

## People to Receive Assistance (Original and Revised Figures)

CLUSTER	ORIGINAL PLAN (JAN-DEC)			REVISED PLAN (JAN-DEC)			% CHANGE IN PLANNED REACH	REVISED PLAN (JUN-DEC)
	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED	PEOPLE IN NEED	PLANNED REACH	IN NEED TARGETED	↓ DECREASE NO CHANGE	PLANNED REACH
EDUCATION	8.7M	3.1M		8.7M	3.1M		0%	3.1M
EMERGENCY SHELTER AND NFI	9.7M	1.3M		9.6M	1.2M		-10% ↓	0.6M
FOOD SECURITY AND AGRICULTURE	21.2M	21.2M		19.1M	19.1M		-10% ↓	19.1M
HEALTH	17.6M	15.6M		17.6M	14M		-10% ↓	9.3M
NUTRITION	7.2M	5.5M		7.2M	5.5M		0%	3.7M
PROTECTION	20.3M	6.5M		22.1M	5.3M		-19% ↓	3.9M
Protection: General Protection	14.1M	3.1M		13.9M	1.2M		-16% ↓	1.1M
Protection: Child Protection	7.5M	4.9M		7.5M	3.8M		-22% ↓	3.1M
Protection: Housing, Land and Property	5.9M	0.6M		5.9M	0.4M		-31% ↓	0.4M
Protection: Gender-Based Violence	10.1M	2M		13.1M	1.2M		-40% ↓	1.1M
Protection: Mine Action	5M	1.4M		4.4M	0.8M		-44% ↓	0.5M
WATER, SANITATION AND HYGIENE	21.2M	13.9M		21.2M	9.4M		-32% ↓	7.3M
AVIATION	-	-		-	-		-	
COORDINATION AND COMMON SERVICES	-	-		-	-		-	
<b>Total</b>	<b>28.3M</b>	<b>23.7M</b>		<b>28.8M</b>	<b>22.3M</b>		<b>-6% ↓</b>	<b>20M</b>

# Financial Requirements (Original and Revised Figures)

	ORIGINAL PLAN (JAN-DEC)	REVISED PLAN (JAN-DEC)	% CHANGE	UNMET REQUIREMENTS (JUN-DEC)
CLUSTER	TOTAL FINANCIAL REQUIREMENTS (US\$)	TOTAL FINANCIAL REQUIREMENTS (US\$)	↓ DECREASE ■ NO CHANGE	TOTAL FINANCIAL REQUIREMENTS (US\$)
 EDUCATION	215.2M 	182.2M 	-15% ↓	126M 
 EMERGENCY SHELTER AND NFI	276M 	187.6M 	-32% ↓	126.6M 
 FOOD SECURITY AND AGRICULTURE	2.59B 	1.57B 	-39% ↓	1.10B 
 HEALTH	449.9M 	412.7M 	-8% ↓	271.4M 
 NUTRITION	384.2M 	364.5M 	-5% ↓	222.9M 
 PROTECTION	169.6M 	116.8M 	-31% ↓	92.5M 
Protection: General Protection	42.1M 	27M 	-36% ↓	24.1M 
Protection: Child Protection	50.7M 	37.2M 	-27% ↓	21.2M 
Protection: Housing, Land and Property	9.1M 	7M 	-23% ↓	6.3M 
Protection: Gender-Based Violence	49.5M 	29.7M 	-40% ↓	28.4M 
Protection: Mine Action	18.3M 	16M 	-13% ↓	12.4M 
 WATER, SANITATION AND HYGIENE	479.4M 	323.1M 	-33% ↓	276.3M 
 AVIATION	33M 	33M 	0% ■	19.3M 
 COORDINATION AND COMMON SERVICES	33.6M 	37.1M 	10% ↑	21.6M 
<b>Total</b>	<b>4.63B</b>	<b>3.23B</b>	<b>-30% ↓</b>	<b>2.26B</b>

# Response Approach

Following the first ban on women NGO workers, strategies to access women and girls were expanded, and new tools were designed by Thematic Working Groups of the Inter-Cluster Coordination Team (ICCT) to enhance gender equality, accountability, and protection in the response. Consultations were conducted with UN agencies, INGOs, NGOs, women organisations, and stakeholders at Cluster and sub-national levels to gain a better understanding of the challenges, risks, and potential mitigation measures. Two strategic workshops focused on gender and AAP in the context of the ban and restrictions on women and girls, engaging key actors at national and sub-national levels.

The first workshop, held in February 2023, focused on AAP and Data, resulting in a strengthened response-wide accountability strategy that incorporates PSEA, gender, disability inclusion, access, and the needs of adolescents and youth. Operational tools, including data safety and security protocols, were also refined. The second workshop, dedicated to gender risk mitigation, identified and mapped various risks in the current context and facilitated collective agreement on safe mitigation measures.

The findings from these consultations and the development of tools were shared through workshops with Regional Humanitarian Teams (RHTs), Regional Inter-Cluster Coordination Groups (R-ICCGs), and local actors across the five regions of Afghanistan. Subsequently, gender risk mitigation measures and minimum standards for AAP, PSEA, Gender, and Disability Inclusion were formulated and endorsed by the Humanitarian Country Team (HCT).

## Risks, Mitigation Measures and Minimum Standards

Partners conducted a risk mapping exercise through consultations, identifying several risks associated

with the response. These risks include compromising the quality of the response, particularly with regard to women's participation in assessments, monitoring, and throughout the programming cycle. This has been a long-standing challenge in Afghanistan which has been exacerbated by the bans. Increased protection concerns were also highlighted, impacting affected women, girls, female-headed households, and vulnerable women, as well as communities as a whole, as they now bear the risks associated with engaging with women and girls. Another risk identified was the potential for the ban to establish a global precedent, suggesting that women are not needed to deliver humanitarian assistance. The possibility of women being replaced by male staff and the potential for further restrictions on women's rights were strongly emphasised.

## Risk Mitigation

Following the risk mapping exercise and consultations, the ICCT's Thematic Working Groups developed mitigation measures and minimum standards to inform Cluster work and adaptation efforts. These included gender risk mitigation measures (see commitments below) to prevent the exclusion of women staff and establish minimum standards for AAP, PSEA, gender, and disability inclusion – all of which were endorsed by the HCT. The measures emphasise advocating for women's participation in access negotiations, recruiting and retaining women staff, and creating safe working environments. Additionally, the intersectionality of AAP, PSEA, gender, and disability inclusion will be strengthened through capacity building and gendered analyses in new programming locations.

To address protection concerns and enable women to continue providing services, engagement and funding for women's civil society organisations and organisations for people with disabilities will be sustained, with a focus on building their



capacities to navigate challenges and restrictions imposed by the DFA.

To further monitor the community participation across the response, the Afghanistan Community Voices and Accountability Platform <sup>4</sup> has been established as a nearly real-time tool to monitor community feedback, perceptions, and complaints across different locations in Afghanistan. Supported by humanitarian aid partners, this platform allows for the monitoring of community feedback and corrective actions, aligning with the IASC's minimum standards for AAP. A collective AAP strategy has also been endorsed by the HCT to enhance the operationalisation of AAP commitments, including the safe and ethical management of data.

As the ban on women humanitarian workers also risks jeopardizing survivors' ability to report instances of SEA due to the absence of trusted women humanitarian workers in the field to collect the complaints, efforts will be made to ensure effective SEA channels. Gender inequality, economic hardship, food insecurity, limited access to health services, and poor living conditions have contributed to increased vulnerabilities to GBV, violence against children, survival sex, and other forms of SEA in Afghanistan. To address these issues, a new approach to PSEA will be implemented, engaging women, girls, and the local community as contextual safeguarding experts and co-producers of knowledge; thus, ensuring that at-risk groups play an active role in asking and in answering questions about their own lives. This approach promotes accessible two-way communication, stronger understanding of gender and power dynamics, and feedback loops. The Afghanistan PSEA Network will launch an inter-agency PSEA information campaign, develop IEC materials, and conduct collective capacity building initiatives to enhance integration and participation in PSEA efforts, and increase the efficiency of intersectional, gender-specific, context-sensitive, and victim-centred PSEA programming.

The minimum standards will also ensure support to partners to prioritise assistance for vulnerable populations such as women-headed households and persons with disabilities with aims to remove barriers

to access and ensure their inclusion throughout the humanitarian programme cycle.

The Thematic Working Groups of the ICCT will continue to track the impact of the ban and propose adaptations accepted by communities using existing resources such as perception surveys, through existing resources such as GiHA's perception surveys and GiHA and HAG surveys.

## Tools

Minimum Standards for Quality Programming:

The Minimum Standards (see " Background of Minimum Standards to AAP, PSEA and Gender Disability Inclusion" in the Annex) span the HPC and outline partner commitments in AAP, PSEA, Gender, and Disability Inclusion across key stages of humanitarian projects:

- **Project Design:** Sets requirements for accountable, safe, gender-responsive, and disability-inclusive programming, including the participation of women staff, persons with disabilities, and vulnerable communities in all projects.
- **Assessment:** Ensures the design, data collection, and analysis consider minimum actions for sex, age, and disability data segregation, with a focus on including women, children, persons with disabilities, and vulnerable groups in the communities.
- **Implementation:** Emphasises a 'people-centered' approach through localisation, integration of women aid workers and persons with disabilities, accessible communication, transparency, and community participation.
- **Monitoring and Evaluation:** Involves affected communities in data validation, ownership of feedback data, and periodic documentation while documentation and reporting of programme adaptation is ensured.

These minimum standards provide a range of tools to guide partners in navigating challenges related to women's participation and outreach to vulnerable

populations. They include mechanisms for inclusive community feedback and accountability, tips for women's participation in assessments, mapping sexual exploitation abuse and harassment (SEAH) risks, engagement with people with disabilities, gender-responsive negotiations with authorities, and more. Implementing these standards will help organisations improve their practices in the current challenging context.

## Gender Minimum Commitments

- Programming: Implementation of GRP risk analysis and tools; of minimum gender commitments and minimum standards for quality programming; and twinning programme for women-led organisations.
- Operations: Operationalising gender response operational policies including safe spaces and ensuring recruitment and retention of women staff.
- Strengthening Capacity: Gender capacity in Clusters, gender focal points in organisations and Clusters, commitment to ensuring staff participate in capacity building measures, and capacity building roadmap.
- Advocacy: Utilising agreed upon key messages for women's access to assistance and implementation of engagement plan for involvement of women in negotiations.

# Sector Plans

## Education



### Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
8.7M	3.1M	126.0M

### Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	GIRLS	BOYS	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
8.7M	3.1M	1.5M	1.6M	108K	182.2M	32

### New Needs

The Education Cluster report that no major shift in humanitarian needs has been observed for the Cluster based on the different data sets presented at the revision of the current HRP. At the time of publication of the revised 2023 HRP, the DFAs issued new instructions that some community-based education activities, which were previously partially delivered by international NGOs, shift towards delivery through national actors only. The Cluster, Cluster Lead Agencies and relevant Education partners are engaging to understand the scope and nature of the recent instruction. Lessons from similar events – such as the instruction to shift all mobile health facilities to static ones – show that time is required for the parameters of the instructions to be drawn and negotiated, and a phased approach to be put in place. All in all, the impact of this recent instruction on community education activities delivered by INGOs cannot be measured at this time. The Cluster’s plans laid forth will, therefore, remain as is and a revision will be considered as the impact percolates over time.

### Response Cluster Response Approach

In order to ensure children’s safe access to education, there is a need for ongoing support to community-

based education (CBE), selected hub and formal schools. Additionally, a focus on recruiting and incentivizing CBE teachers, as well as providing support for innovative alternative learning modalities to reach girls and boys who currently lack learning opportunities are needed.

The Education Cluster was the first to experience the effects of the DFA decrees, including those related to the access to education for secondary school girls, and had already adapted and devised creative approaches to ensure female participation in the response. The Education Cluster partners will persist in innovating and implementing effective strategies and localised solutions to support alternative education modalities.

The Education Cluster will continue to work closely with Cluster partners to ensure adherence to Minimum Standards for AAP, Gender, PSEA and Disability Inclusion. This objective will be accomplished through ongoing capacity building of Cluster partners, engaging in dialogue and consultations with key stakeholders, and collaborating with relevant Working Groups.

The Education Cluster will work closely with the Disability Inclusion Working Group (DIWG) to identify children with disabilities using the most reliable techniques. The aim will be to reduce physical,

communication, and attitudinal barriers that hinder the participation of children with disabilities, while promoting their meaningful representation and engagement in education activities. In addition, teachers and communities will receive capacity-building support to facilitate the inclusion of all children in learning activities.

## Response Activities

Education activities related to teaching and learning have remained on track, as the ban on female aid workers did not extend to the education sector, and CBE classes have continued functioning. This was supported by a letter issued on 8 January by the Ministry of Education (MoE), permitting female teachers from grades 1-6 to continue their work. So far, partners have reached approximately 686,000 children (including 404,000 girls) through CBE interventions, approaching the Cluster's target of 750,000 children set in the 2023 HRP.

However, the ban on female officers has impacted education partners, as they are unable to provide the necessary support to teaching staff in the field, thereby affecting the quality of the response. According to a recent survey on the ban's impact on NGO female staff, around 32 per cent of female staff reported that they cannot monitor CBE classes in the field due to lack of permission or access.

Another concern arising from the ban is its impact on funding for CBE. Some donors have either slowed down or halted the release of new funding for activities. In the education sector, approximately 2,800 CBEs may be forced to discontinue if funding is not released, affecting approximately 83,000 children (59 per cent of whom are girls) who have gained access to education in the past year.

On a positive note, the distribution of teaching and learning materials remains on schedule, with over 1.2 million children already receiving the first round of materials for the year.

Access to secondary school for 1.1 million girls continues to be a significant challenge for the Cluster.

The Cluster and its partners are actively collaborating with the MoE to identify viable solutions for getting all girls back into school, but no concrete progress has been made yet. While a small number of girls have been assisted through alternative means to continue their education, it is only a fraction of what is needed. The Cluster will persist in advocating and developing strategies to reach more girls.

The Cluster will maintain its overall target of 3.1 million children, but some activities intended to benefit this number will be reduced. For instance, the Cluster will prioritise other activities over the light rehabilitation of hub schools and their WASH facilities. This particular activity aimed to enhance the quality of hub schools, enabling a smooth transition for students from CBEs to hub schools. However, many schools were damaged during the conflict and have not undergone any restoration, including minor repairs. This hinders the transition of children from CBEs to these schools. After careful consideration, it has been decided by the Education Cluster that development partners should take on this activity, even if it involves light rehabilitation.

Additionally, the Cluster will be unable to provide education to 100,000 secondary school girls, as the current efforts are limited and experimental. Nevertheless, if the ongoing advocacy efforts targeting all girls is successful, it could result in 1.1 million girls regaining access to education.

Finally, the Cluster does not plan to undertake any new activities for the remainder of the year.

## Geographic Prioritisation

The Cluster will maintain its presence across all prioritised locations as outlined in the 2023 HRP. Notably, there are no restrictions on education for primary grades 1 to 6, which represents the primary target group for the Cluster. Despite challenges surrounding the monitoring of CBE classes by female personnel, the Cluster partners will persist in seeking local exemptions and arrangements with communities and authorities to enable women's involvement in supporting educational activities. However, the Cluster

will discourage partners from operating in areas where there is significant interference, following the guidance of the Humanitarian Coordinator (HC) and the HCT.

## **Cluster Capacity and Operating Environment**

The capacity of Education Cluster partners has remained consistent, with approximately 35 partners involved. These current partners have achieved greater reach and coverage compared to previous years.

The implementation of the education response is carried out by international NGOs, which account for 66 per cent of the total response, and national NGOs, which account for 34 per cent. Partners are operating in all 34 provinces, except for Nuristan, Panjshir, and Samangan, where there are currently no CBEs. However, partners are in the final stages of planning for these three provinces.

However, Education partners face challenges within the operational environment. In April, all CBE classes were abruptly halted in Kandahar and Hilmand provinces. Although assurances were given that the MoE will resolve the issue, there is no guarantee that similar bans will not occur in other parts of the country.

The Cluster is not facing any pipeline challenges at the time of writing.

## **Cost of Response**

Due to the present operating and funding conditions, the Cluster will be unable to carry out two activities: school WASH and light rehabilitation. While the Cluster will persist in advocating for the return of all secondary school girls to education, the initial goal of reaching 100,000 girls through alternative modalities is proving challenging and costly. A more achievable target is now set at 20,000 girls, and the budget of \$2.5 million will be maintained, as the expenses associated with providing alternative pathways can vary and be costly. All other costs will remain unchanged.

## **Monitoring**

Under the current context, the Education Cluster will enhance monitoring and support of the education response through the following approaches:

1. Strengthen remote monitoring: This involves implementing phone-based monitoring with CBE teachers and community members to ensure the progress of activities.
2. Study circles using centralised instant messaging services can be utilised for follow-up on teacher training and mentoring.
3. Inclusion of mahram costs to enable female officers to carry out field activities.
4. Efforts will be made to negotiate local arrangements for female monitors to travel from home to the field and directly support activities.
5. Utilise international female personnel: where feasible, international female staff will be deployed to monitor projects in the field, leveraging their continued access.
6. Collaboration with male colleagues: in situations where options are limited, male colleagues will be consulted to provide support in the field while ensuring the involvement and input of female colleagues.
7. Non-double hatting sub-national coordinators: recently approved, these coordinators will play a crucial role in providing stronger support to monitor activities in the field.
8. Strengthening shuras: efforts will be made to reinforce shuras (local councils) and encourage the participation of female shura members to ensure the inclusion of women and girls' voices. While shuras are not technical bodies, partners will provide training on basic principles of a good classroom environment so that they can contribute to monitoring efforts.
9. Collaboration with hub school administration: closer linkages will be established with hub school administration to engage senior teachers in monitoring and supporting the quality of teaching and learning.

10. Deployment of 3rd party monitors: third-party monitoring teams that include female members will be deployed to support monitoring activities.

Finally, the Education Cluster will maintain a positive working relationship with the DFA MoE and keep relevant departments informed about ongoing

monitoring and assessments. The Cluster will also mediate with partners as needed. Coordination with central and provincial MoE counterparts will remain essential in ensuring an effective response with minimal access obstacles.

## Contacts

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# Emergency Shelter and NFI



## Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
9.6M	610.2K	126.6M

## Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
9.6M	1.2M	268K	684K	96K	187.6M	65

## New Needs

Due to four decades of pervasive conflict, changes in government, increasing restrictions on women and girls, as well as the constant risk of earthquakes, floods, and droughts, the number of people in need of lifesaving shelter and NFI assistance has risen nearly tenfold, from 1 million in 2018 to 9.5 million in 2023 according to the Joint Inter-Sectoral Analysis Framework (JIAF) primarily one of the main sources for which was the Whole of Afghanistan Assessment (WoAA) 2022. These needs are expected to remain critical, with shelter being the second highest priority after food for those affected. A staggering 79 per cent of households require shelter repairs, and 10 to 14 per cent of households are headed by women or children without adult male members.

During the first quarter of the year, ES-NFI Cluster partners demonstrated their ability to scale up and meet new needs, providing seasonal assistance to over 1 million people during the winter period of 2022/2023. The Cluster has observed no significant change in the drivers of need since the beginning of 2023, which include conflict displacements, natural disasters, and economic shocks. However, there have been heightened risks and vulnerabilities due to the ban on women working for national and international non-governmental organisations, causing lasting consequences for women, girls, and humanitarian actors. Delays in implementing shelter and winterisation activities, increased bureaucratic

obstacles, and funding shortages in the first half of the year have also hampered key responses.

The Cluster has plans to assist over 1.2 million people across the country with lifesaving shelter and NFI support. This includes more than 520,000 vulnerable individuals, including children, the elderly, people with disability, and households headed by women, who are currently living in inadequate and overcrowded shelters without protection from the elements. These conditions pose a greater concern for women and girls, who face growing restrictions on their movement, limited access to essential services and livelihoods, and spend prolonged periods indoors, impacting their social, physical, and psychological well-being. Furthermore, due to the ongoing risk of displacement from earthquakes, conflicts, floods, and droughts, it is projected that over half a million individuals may require emergency shelter and NFI assistance for the remainder of the year. However, Cluster contingency stockpiles of core relief items, such as tents, non-food items, and reconstruction toolkits, are low, potentially hindering partners' ability to respond promptly to emergency needs in the event of sudden conflicts or natural disasters.

While partners are actively pursuing local exemptions to facilitate the delivery of ES-NFI assistance and establishing new ways of working, the process of obtaining these authorisations is laborious. Even when acquired, the exemptions are limited in scope and duration, fragile in nature, and may restrict long-

term shelter outcomes, with a risk of diversion and concentration of activities in locations where local conditions allow implementation. Additionally, other impediments arising from the current operational context, including increased bureaucratic processes during project registration, lengthy and unclear MoU signing procedures, and restrictions and interferences during beneficiary selection and distribution, continue to hinder meaningful engagement and quality assurance of shelter and NFI activities. These challenges are exacerbated by the limited involvement of female humanitarian workers, who have direct access to women and girls.

The implementation of Camp Coordination and Camp Management (CCCM) activities in the first quarter has experienced delays. For example, the assessment of all informal settlements has not yet commenced. The dedicated partner for this crucial task is still negotiating access to certain provinces and districts, particularly for reaching female key informants (KIs) as originally planned.

Prior to female ban, the CCCM Working Group employed a total of 252 staff members dedicated to CCCM activities through five active CCCM partners deployed in 14 provinces (24 districts), covering 334 informal settlements where an estimated population of 65,105 households of internally displaced people (IDPs) reside. Since the implementation of the ban, 50 per cent of the CCCM resources (female colleagues) have encountered significant challenges in their work. During the first quarter of the year, female colleagues have had minimal opportunities to engage with female beneficiaries.

Based on the information collected at the end of 2022, taking into consideration the relocation of some IDPs, the number of vulnerable IDPs living in informal settlements has slightly decreased by 27 per cent to 1.3 million people. With the current workforce of CCCM partners, an estimated population of 304,000 IDPs is targeted for the remainder of 2023.

## Response Cluster Response Approach

Under the framework of the IASC concept for operations, and guided by the Collective AAP Strategy for Afghanistan, as well as the AAP, PSEA, Gender, and Disability Inclusion Minimum Standards for the HPC in Afghanistan, the Cluster plans to:

1. Prioritise timely access to core lifesaving emergency shelter and NFI assistance in response to sudden events, and
2. Shift progressively towards more durable shelter solutions that address underlying drivers of needs, particularly for protracted households and those returning to their places of origin. This approach has a multiplier effect on households, with multisectoral gains in livelihood, health, nutrition, and protection, ultimately reducing dependency on humanitarian aid, mitigating protection risks, and preventing further displacements, while contributing to resilient communities.

While female participation in some Cluster activities, such as shelter construction and repair work, remains relatively low, estimated at 21 per cent, women and girls are the first responders and the most knowledgeable about their own needs. Inadvertently, their inclusion within the humanitarian programme cycle provides an opportunity for women and girls to reflect upon and collectively challenge gender inequality, discriminatory social norms, and prevailing power imbalances. Therefore, every effort will be made to reach marginalised women and girls, including those with disabilities, elderly women, and women-headed households. They will be engaged as active partners, building on their needs and capacities. The Cluster will:

1. Advocate to partners to allocate a minimum threshold of 10 to 15 per cent for women-headed households, including those facing intersecting vulnerabilities.
2. Support applications from women's and girls' rights organisations to join the Cluster.
3. Prioritise funding opportunities for these organisations, ensuring they do not have to



compete with international humanitarian actors in the same funding windows.

4. Strengthen systematic collection and analysis of sex- and age-disaggregated data.

Accordingly, the Cluster will also advocate to partners to ensure adherence to the established Minimum Standards for the HPC in Afghanistan and the Cluster Specific Guidelines/Checklist. Where applicable, shelter projects will be implemented through owner-driven or neighborhood approaches that encourage community participation, flexibility, and choice for beneficiaries.

Throughout the humanitarian programme cycle, the Cluster will prioritise and enhance gender-responsive programming, ensuring female participation in activities such as assessments, distributions, post-distribution monitoring (PDMs), and community feedback mechanisms (CFMs). Alternative measures will be adopted to safeguard the voices and reach of women and girls. Consultations, particularly with women and girls and women-headed households, on the adequacy of shelter solutions and NFI kits, including design, size, materials, preferred implementation approaches, modality, appropriate separation of spaces, relevance and quality of items, and selection and design of distribution spaces, remain a key priority for the Cluster. This will be achieved through the involvement of local women's groups, including grandmother committees, to provide insights into the needs and priorities of women and girls and to facilitate house-level assessments. The hierarchical position of older women will be leveraged to lead and manage younger women volunteer groups who can be easily trained to support the shelter response in the community. Engaging with religious and community leaders will be done respectfully to address gender inequalities. Other measures include encouraging the establishment of female-driven CFM systems channels via phone/SMS, providing digital training and incentives, including visibility materials, to women's groups to facilitate their roles in the community, and adopting distribution practices that reduce barriers reported by women-headed households and those facing intersecting vulnerabilities. The Cluster

will encourage partners to consider door-to-door distributions and select distribution sites such as hospitals, schools, and mosques where women are allowed. Additionally, covering the transport costs for mahrams to enable women to travel to distribution sites and establishing separate and safe distribution spaces for women and men, conducted on different days where possible, will be advocated.

All CCCM partners continue to consult with the respective DFAs at the national and regional levels to seek exemptions. For instance, in the case of emergency humanitarian need assessment, female colleagues are exempt and can carry out their duties. In other cases, female colleagues can work accompanied by their mahrams. For specific activities, such as the review of the informal settlement (ISET) assessment, CCCM partners advocate on a case-by-case basis for the use of female services.

## Response Activities

In 2023, the ES-NFI Cluster aims to provide life-saving shelter and NFI assistance to 1.2 million people, requiring a budget of \$188 million. The Cluster plans to assist over 530,000 people with emergency shelter and non-food items, 365,000 people with shelter repair/upgrade support, 1,000,000 people with seasonal assistance including heating/fuel, winter clothing, and blankets, 156,000 people with support to construct two-room transitional shelters, and 241,000 people through established CCCM services.

Following the DFA ban on female aid workers in December 2022, most partners either fully or partially suspended their activities nationwide, causing significant disruptions to winterisation assistance, delayed reconstruction/rebuild activities, and directly affecting 21 per cent of female staff involved in ES-NFI operations. However, partners have gradually resumed operations in line with the IASC concept for operations, with an increase reported from 36 per cent to 92 per cent as of March 2023.

The Cluster has observed a decline in the number of individuals reached by the end of March, totalling 242,845 compared to 585,922 individuals during the

same period in 2022. This decline is attributed to the operational pause, funding shortfalls, bureaucratic impediments related to MoU approvals, and time-intensive negotiations required to ensure continued participation of national female staff in the response. These factors have had a distinct impact on partners' ability to promptly implement ES-NFI activities. Additionally, the majority of ongoing ES-NFI activities in 2023 have been supported by MoUs approved in the last quarter of 2022 and carried over into 2023, as funding has been limited.

As a result, the Cluster has reduced its overall target by 10 per cent and its financial requirement by 32 per cent. At the activity level, targets for emergency shelter have decreased by 77 per cent, non-food items by 55 per cent, shelter repair targets by 48 per cent, transitional shelter by 26 per cent, and CCCM activities by 44 per cent. However, targets for seasonal winter assistance have increased by 27 per cent due to partners reaching more beneficiaries beyond the initial 2023 target. These adjustments reflect the delays in adapting to the new operational context, the lack of new funding sources in the first two quarters of 2023, a more realistic projection based on actual reach and cumulative reach in 2022, and the limited time window between June and December for construction-related activities before the winter season.

The ban on women has significantly hampered the CCCM partners' ability to reach beneficiaries during the first quarter. The planned survey of all informal settlements has not yet commenced, as partners are still seeking authorisation to deploy male and female colleagues to approach key informants. Focus group discussions targeting female groups have been postponed, making it difficult to identify the vulnerabilities of beneficiaries.

Considering the context, the current CCCM partners are facing difficulties maintaining their presence on the ground and encountering additional challenges in reaching new areas. Staff movements, especially mobile CCCM teams, are under scrutiny by the DFA and may put the teams at risk. Consequently, it is not anticipated that CCCM partners will be able to expand

their interventions to new areas for the remainder of the year that were not originally targeted for early 2023.

## Geographic Prioritisation

ES-NFI assistance is geographically prioritised based on findings from the ICCT Needs Monitoring Framework (NMF) and the Rapid Assessment Mechanisms (RAM) conducted during ES-NFI Rounds I and II. The priority areas include informal settlements, places of origin for returnees, and locations with high transitional shelter and shelter repair needs. The prioritisation also considers the permissiveness of the operating environment, ensuring meaningful engagement of women and girls. Provinces with the most severe ES-NI needs, according to the ICCT NMF Analysis, include Badakhshan, Baghlan, Balkh, Faryab, Ghazni, Hilmand, Jawzjan, Kunar, Kunduz, Kandahar, Kapisa, Logar, Maidan Wardak, Nuristan, and Takhar provinces. According to the RAM Round II findings, provinces with the highest emergency shelter needs are Hilmand, Kabul, Parwan, Nangarhar, Logar, Badghis, Faryab, Kandahar, Ghor, Nuristan, Kapisa, Laghman, and Jawzjan. Similarly, provinces with the highest shelter repair needs are Hilmand, Badghis, Nangarhar, Logar, Kandahar, Uruzgan, Panjsher, Logar, Zabul, Kabul, Parwan, Daykundi, Badakhshan, and Laghman.

CCCM partners will continue to focus on their established bases and prioritise their initial intervention areas. The main CCCM partners will be active in the provinces of Badghis, Balkh, Farah, Hirat, Kabul, Kandahar, Kunduz, and Nangarhar. In the event of urgent needs arising in other areas, the CCCM Working Group will consult with its partners and establish a dedicated task force to meet the demand to the best extent possible.

## Cluster Capacity and Operating Environment

The ES-NFI Cluster operates with 65 partners covering all 34 provinces. In 2023, 41 out of 65 partners were active and participated in the winter response, reaching over one million people with seasonal assistance during the 2022/2023 period.

Since the ban on female humanitarian workers was announced in December 2022, the Cluster has observed a progressive resumption of activities by partners. Approximately 27 per cent of female staff have participated in ES-NFI activities, including assessments, distributions, and monitoring. As of March 2023, the number of partners continuing implementation has increased from 36 per cent to 92 per cent. However, the work modalities for female staff have significantly changed since 24 December 2022. Around 25 per cent of female staff reported teleworking from home, 65 per cent worked both from home and in the field, and 5 per cent worked either from the office or in the field. Partners have encountered challenges with extended work-from-home arrangements, such as frequent interruptions due to power outages and internet connectivity issues.

While the application and interpretation of the decree have varied across locations, in some areas, it has allowed female staff to preserve operational space, enabling them to report to the office, access beneficiaries, distribution sites, and participate in Cluster meetings. However, in other locations, female staff members still face restrictions on their ability to work. ES-NFI partners have reported additional conditionalities imposed by local DFA, including adherence to the mahram requirement and Islamic dress code, limitations on the facilities where females can work, and additional financial and logistical burdens that hinder women's full participation as providers and recipients of assistance.

The ability of ES-NFI partners to deliver in the coming months is influenced by factors such as operational interferences, bureaucratic impediments, and severe underfunding. The partners' ability to meet the IASC minimum criteria for operations throughout the year will be linked to the operating environment's temperance, access to and conditions attached to local authorisations, and adequate and predictable funding from donors. Late or inadequate funding would have detrimental effects, potentially halting or slowing down key responses.

Furthermore, with the ongoing risk of displacement caused by earthquakes, conflict, floods, and drought

events, the Cluster anticipates that over half a million people may require emergency shelter and NFI assistance during the remaining months of the year. Cluster contingency stockpiles of core relief items, including tents, non-food items, and reconstruction toolkits, are currently low, which could limit partners' capacity to promptly respond to ES-NFI needs in the event of sudden conflict or natural disasters.

Despite the ban on women, the number of partners in the CCCM Working Group has significantly increased since September 2022. Presently, the CCCM Working Group consists of 16 UN agencies, international NGOs, and national NGOs. Partners are actively working to find workable solutions at an early stage, including reintegration, resettlement, and relocation, to prevent forced evictions. Efforts have been made in Kabul, where over 10,000 households living in ISET may need to find new places to live in the near future. It is anticipated that other IDPs living in ISETs in Kandahar, Hirat, or Mazar-e Sharif may face a similar situation. The CCCM Working Group collaborates closely with the Protection Cluster, HLP (Housing, Land, and Property) Area of Responsibility (AoR), and the Durable Solution Working Group to build synergy and define appropriate short, medium, and long-term solutions, bridging the gap between humanitarian and development actors.

## **Cost of Response**

To address the severe and extreme shelter and NFI needs of 1.2 million people, the ES-NFI Cluster is requesting \$188 million for 2023. The funding breakdown is as follows: \$23 million for emergency shelters and non-food items assistance, \$61 million for transitional shelter, \$31 million for shelter repair/upgrade, \$67 million for winterisation activities, and \$5.5 million for the establishment of CCCM services.

The Cluster's response allocation for 2023 is as follows: 12 per cent for core lifesaving emergency shelter and NFI assistance, 49 per cent for shelter-related responses, 36 per cent for seasonal winter assistance, and 3 per cent for CCCM activities.

The Cluster's support costs are capped at a maximum of 35 per cent of the unit cost for each activity. The

cost includes provisions for conditionalities arising from the operational context, such as transportation, mahram costs, and extended work modalities from home. However, partners have emphasised the need for flexibility and case-by-case review, considering factors such as project location, conditions imposed by DFA for local authorisations, level of female participation permitted, and the adoption of alternative measures to enhance meaningful consultation and engagement with women and girls.

Given that 50 per cent of the CCCM workforce comprises female staff who are deployed to sites, the use of mahram is necessary to ensure their safety. The cost of mahram has been included in the revised costing. The average cost per person has decreased from \$203 to \$156 due to adjustments made to the targets for emergency shelter, transitional shelter, and shelter repair activities, as these activities have a higher unit cost and a greater impact on the overall Cluster budget.

## Monitoring

In accordance with the IASC Framework for Operations and guided by the Collective AAP Strategy for Afghanistan, the ES-NFI Cluster has implemented a three-tier approach to ensure the inclusion and protection of women and girls. This approach is grounded in humanitarian principles and the nine commitments of the Core Humanitarian Standards.

1. **Monitoring:** The Cluster will monitor the reach of women and girls through various means, including:
  - Reporting on two Cluster-specific IASC indicators on the reach of women, girls, and women-headed households through ReportHub.
  - Adopting three new non-HRP activity indicators to assess women's inclusion during NFI distributions and their receipt of adequate technical support during construction and rehabilitation work.
  - Advocating for and ensuring, whenever feasible, that all shelter and NFI projects allocate a

minimum threshold of 10-15 per cent for women-headed households and/or women with intersecting vulnerabilities during the selection and targeting phase.

- Monitoring and reporting on the level of engagement and working modalities for female staff from UN, NGO, and NNGO organisations involved in needs assessments and other shelter and NFI field activities.
2. **Operational Support:** The Cluster will provide operational support to partners by developing and adopting Cluster-specific operational guidelines on alternative measures. This will be done in close collaboration with the AAP and GiHA Working Groups, taking into account the Minimum Standards for the HPC in Afghanistan developed by AAP, PSEA, Gender, and Disability Inclusion Working Groups. The Cluster will also continue to assist partners in pursuing local exemptions by monitoring the conditions attached to those exemptions and facilitating negotiations.
  3. **Capacity Building:** The Cluster will enhance capacity building efforts by collaborating with the GiHA, AAP, PSEA, and Disability Inclusion Working Groups. Tailor-made trainings on shelter and GBV, AAP, and disability will be rolled out, and technical support will be provided to partners during the project proposal development phase.

The Cluster also plans to conduct two studies during the remainder of the year. The first study will involve a participatory qualitative assessment to evaluate the extent to which women's and girls' priorities are reflected in ES-NFI standards and activities. The second study will involve mapping localised and vernacular practices in shelter, housing, and settlements across Afghanistan, focusing on regions prone to natural hazards. This mapping will be conducted in each of the eight regions and coordinated with the GiHA Working Group to ensure gender and protection mainstreaming within shelter processes.

Monitoring is crucial for CCCM partners to measure the impact and assess beneficiary satisfaction. CCCM Working Group partners will explore existing mechanisms to achieve this goal. If obstructions arise,

the option of engaging third-party companies with female contractors will be considered.

## Contacts

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# Food Security and Agriculture



## Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
19.1M	19.1M	1.1B

## Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
19.1M	19.1M	4.8M	11.3M	1.7M	1.57B	237

### New Needs

The needs outlined in the initial Integrated Food Security Phase Classification (IPC) were based on the projected period of analysis conducted in September 2022, which extended until March 2023. Since March corresponds to the peak of the lean season, the overall PiN for the year, as per the planned activities, remains unchanged. However, additional PiN has emerged as a result of the Moroccan Locusts outbreak.

The primary drivers of the ongoing severe food insecurity crisis are the prevalence of life-threatening and livelihood-threatening conditions. This crisis is primarily caused by a deep and persistent economic downturn, resulting in a 30-35 per cent contraction in GDP, significant declines in both formal and informal labour markets, and no improvement in per capita income. Additionally, three consecutive years of below-average agricultural production, primarily due to continued drought across the country, as well as the impact of an extreme cold wave on the livestock sector, have contributed to the situation. The economic consequences of the ban on drugs, including the prohibition of poppy cultivation, are still difficult to determine but are expected to adversely affect farmers' livelihoods and income.

In addition to these underlying factors, there are significant risks that directly impact humanitarian operations. These risks stem from policy decisions made by the DFA, including restrictions placed on

Afghan women that directly impact humanitarian operations, obstacles to humanitarian access in various provinces, and the precarious nature of the Black Sea Grain Initiative. While two provinces are classified as IPC Phase 4 (emergency), the majority of individuals experiencing emergency levels of food insecurity reside outside these two provinces during the analysis periods of April and May-October 2023 (85 per cent and 91 per cent respectively). This highlights the critical need for sustained high levels of humanitarian assistance across all 34 provinces of Afghanistan.

There is growing evidence indicating an imminent large-scale outbreak of Moroccan Locusts in eight or more provinces in the north and northeast regions of Afghanistan. This affected region accounts for 35 per cent of national wheat production. Potential crop losses from this year's outbreak are estimated to exceed 700,000 metric tons (MT) of wheat, with an upper estimate of 1.2 million MT. Approximately 90,000 hectares of irrigated wheat production areas are at direct risk, along with 850,000 hectares of rainfed wheat production areas. The potential economic losses, based on 16 April 2023 prices, for wheat alone would range between \$250 million and \$440 million.

### Response Cluster Response Approach

Following the DFA decree banning female workers, FSAC partners have implemented various mitigation measures to ensure the meaningful involvement

of women in the project cycle and to reach female beneficiaries with life-saving assistance. These measures include dedicating separate distribution days and locations for women, seeking special approval for specific female staff to participate during distributions, engaging local female volunteers in the distribution process, and establishing local-level agreements for female staff to carry out specific project activities. Given the longstanding cultural and social limitations on women's mobility in Afghanistan, including access to distribution points, FSAC partners already had mechanisms in place to allow women to nominate male representatives to collect assistance on their behalf. These mechanisms continue to operate after the ban, providing an additional option for women and their families to receive assistance in cases where they may not otherwise be able to access it.

The participation of women is crucial for achieving comprehensive food security in the country, and the ban on female workers has had a significant impact on food security activities. Therefore, it is essential to engage in negotiations with local DFA through FSAC regional focal points to ensure the continuation of activities and meaningful participation of women, in accordance with the minimum standards for accountability, gender inclusion, and Cluster-specific approaches.

The Cluster report that many implementing partners, particularly small NGOs, may not currently possess the necessary resources and capacity to fully meet the minimum standards for accountability and gender inclusion.

## **Response Activities**

The ban on female staff imposed by DFA has created challenges in accessing workspaces, including field activities, particularly for humanitarian workers, leading to a further contraction of the humanitarian space. According to a recent survey conducted in April 2023, which received responses from 49 FSAC partners, the majority indicated that the most significant limitations resulting from the ban, hindering the full and proper implementation of FSAC activities, are the difficulty

in obtaining local exemptions and the increased risk faced by staff during fieldwork.

The impact of the ban on female staff varies depending on the nature of the activity. Based on an online survey conducted in April 2023, with responses from 57 FSAC partners, 66 per cent of them reported that community consultation, community mobilisation for implementation arrangements, and field monitoring (the latter reported by NGOs implementing outside UN partnerships) are the activities most affected by the ban, either partially or completely.

Local exemptions, which are granted on an ad-hoc basis for specific projects or activities, represent a fragile and unstable way of operating under the current circumstances. Additionally, tracking these exemptions is challenging due to their bilateral and confidential nature.

The same survey among FSAC partners revealed that 58 per cent of the respondents consider the two most significant limitations and difficulties resulting from the ban as follows: 1) the high risk faced by staff during fieldwork, and 2) the inability to obtain local exemptions for planned activities.

While some NGOs are still suspending their activities or facing the aforementioned limitations, two FSAC partners have stated that they are not deprioritising or reducing their targets due to the ban, as they prioritise the essential principle of delivering assistance to those in need, particularly women and girls. The decrease in the number of beneficiaries reached is primarily due to reduced funding, which necessitates a faster and more significant reduction in summer assistance levels. However, overall, the ban has a negative impact on the pace of humanitarian assistance provided to food-insecure individuals.

## **Geographic Prioritisation**

The geographical prioritisation is based on the findings of the latest IPC analysis conducted in April 2023. For the projected period of May to October 2023, the entire country is classified as IPC Phase 3 (crisis), except for two provinces (Nuristan and Ghor) classified as

IPC Phase 4 (Emergency), and one province (Logar) classified as IPC Phase 2 (stressed), where 15 per cent of the population remains in IPC Phase 3 or above.

Compared to the IPC Phase classification used when the HRP 2023 was initially designed, a total of 12 regions were classified as IPC Phase 4 (emergency). However, there has been a significant decrease in the number of provinces classified as IPC Phase 4, with the caseload of IPC Phase 4 individuals spread across all 34 provinces. The main reason for this change is that the original HRP was based on IPC projections for the previous lean season, while the current projection period covers the post-harvest period. Other factors that have influenced the findings of the latest analysis include the increase in humanitarian food assistance coverage, with approximately 27 per cent of the population reached during the winter. This has helped alleviate the negative impact of the winter season on food security, particularly for the most vulnerable households.

Additionally, people will benefit from improved access, livelihood opportunities, and a trend of decreasing food prices during the post-harvest months. Although food prices are still higher compared to the average of the past two years, they are lower than the peak observed in summer 2022.

## Cluster Capacity and Operating Environment

According to reports from FSAC partners, as of March 2023, 21 NGOs were able to carry out FSAC activities under the HRP. This represents a 30 per cent decrease in the number of active NGOs compared to March 2022. It is difficult to establish a direct correlation between the reduced number of reporting NGOs and the DFA ban on female staff, as there has been an overall decrease in funding to humanitarian actors within the current context. It is expected that UN cash shipments to Afghanistan will decrease in size for the remainder of the year, as funding for the humanitarian response and the broader UN system in Afghanistan is declining.

NGO partners have reported increased interference by DFA in the delivery of humanitarian assistance across various Cluster activities, resulting in significant project delays. These delays, in turn, have an impact on the timely provision of the necessary support.

## Cost of Response

FSAC calculates the costs of the HRP based on the unit cost for each type of activity. The unit cost is regularly reviewed, taking into account changes in prices and defined thresholds.

WFP maintains weekly/monthly price change trackers following standard agreements among all FSAC partners. These values are sourced from WFP's market price monitoring and JMMI. The exchange rate of AFN to US\$ has remained stable at around 87-89 over the past few months. The national average prices of basic food commodities have slightly decreased compared to December 2022 and January 2023. Diesel prices have also decreased by 6 per cent compared to January 2023 and by 1 per cent compared to December 2022. Diesel prices have been on a decline for seven consecutive months, falling from their peak of 122 AFN/litre in July 2022.

The FSAC food basket (in USD) percentage of transfer value decreased by 11.2 per cent in January and 12.7 per cent in February 2023. This triggered the FSAC mechanism to engage with the CVWG to consider revising the food basket transfer value in order to ensure it remains adequate in relation to market prices and protect the purchasing power of beneficiaries. As a result, FSAC, Cash and Voucher Working Group (CVWG), and the Agriculture and Livelihood Working Group (ALWG) held a series of meetings and presented a new proposed food basket transfer value of \$84 or AFN 7,400.00 (previously \$96 in August 2022). This proposal was endorsed by FSAC partners during the March 2023 FSAC national monthly meeting.

## Monitoring

FSAC partners assess their monitoring capacity using key indicators that measure the participation of female staff in post-monitoring distribution of UN-led



programmes. This new approach was implemented in response to the ban on female staff by the DFA. As of the HRP revision, there have been no significant changes in these indicators, indicating that field implementing partners are currently able to carry out their work. However, the future ability to maintain this

capacity remains uncertain. It is important to note that this indicator specifically pertains to post-distribution monitoring activities, while 60 per cent of the work is carried out by third-party monitoring companies.

## Contacts

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# Health

## Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
17.6M	9.3M	271.4M

## Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
17.6M	14.0M	3.11M	7.5M	1.2M	412.7M	99

### New Needs

The health situation and the needs of the affected population remain unchanged. However, the restrictions on women's movement imposed by the prevailing conditions will persist, further limiting their access to essential health services, particularly reproductive and maternal health services. The DFA Ministry of Public Health (MoPH) directive to replace mobile health teams with fixed/static health facilities will result in a higher number of underserved areas and a potential reduction in ability to reach women who are less likely to be able to travel unless a sustainable solution is implemented to ensure the provision of quality healthcare through alternative means in these areas.

### Response Cluster Response Approach

In general, the approach of the Health Cluster in responding to the health crisis will remain unchanged. The primary focus will continue to be on safeguarding people's health, including women and adolescent girls, by ensuring the provision of high-quality healthcare services, preventing the spread of communicable diseases, and effectively managing outbreaks and other incidents that pose a threat to public health.

On 4 March 2023, the de facto MoPH issued a directive requiring health partners to transition their supported MHNTs into fixed/static health facilities within a one-month period. Following engagements with the MoPH, an agreement was reached regarding

the rationalisation of MHNTs. Support to MHNTs will now be limited to mobile teams that meet the specified criteria outlined in the strategic guide for the rationalisation of MHNTs.

To ensure transparent and gender-responsive humanitarian health assistance, health partners will be provided with support to incorporate minimum standards for AAP, PSEA, Gender and Disability Inclusion in the design and implementation of humanitarian health response. This collaboration will involve relevant technical working groups.

### Response Activities

The Health Cluster will maintain its priority actions, which include ensuring access to life-saving and life-sustaining health services and information. This involves supporting the delivery of primary and secondary healthcare services, such as maternal and reproductive health, Mental Health and Psychosocial Support (MHPSS), trauma care, and the management of non-communicable diseases. Additionally, the Health Cluster will focus on procuring and providing medicines, medical supplies, equipment, and vaccines. Strengthening disease outbreak prevention, preparedness, and response, as well as supporting disability and physical rehabilitation services, are also key activities. Furthermore, capacity building for healthcare workers remains an important aspect of the Health Cluster's work.

Under the conditionality of segregation at offices, separate transportation, and the presence of a mahram, the health sector has been exempted from the ban on female aid workers. All partners who temporarily suspended their operations due to the ban have now resumed their activities.

Due to several factors, including the cumbersome MoU process for humanitarian projects, interference from the DFA in recruitment and other operational matters, and the impact of the ban on female aid workers on community-based programmes, the Health Cluster has adjusted its targets for primary healthcare consultations, RCCE, disability and rehabilitative care, and immunisation. Limited funding availability has also contributed to these adjustments.

## **Geographic Prioritisation**

The geographic prioritisation in both urban and rural settings remains unchanged and continues to be based on the Cluster severity ranking. Priority will be given to supporting primary healthcare services in underserved rural areas across the country, while centers for disability and physical rehabilitation services will be prioritised in urban locations. Kabul and central provinces, including Balkh, Hirat, Kandahar, Kunduz, Nangarhar, and Paktya, with a specific focus on urban areas, will receive priority attention due to disease outbreaks and the potential for displacement in these areas.

## **Cluster Capacity and Operating Environment**

The Health Cluster possesses sufficient capacity and operational presence across all provinces of the country. In 2023, over 60 Health Cluster partners provided humanitarian health response across all 34 provinces, demonstrating their ability to maintain and expand their presence and operations if provided with additional resources.

Health partners will require additional resources to comply with the conditions for female healthcare workers/staff (e.g., segregation of office space,

separate transport, mahram costs). The de facto MoPH's directive regarding MHNTs and short-term projects may significantly impact access to health services in underserved areas.

Health partners faced a critical funding shortage to address immediate health needs. They have confirmed that less than 20 per cent of the budget requirement for 2023, including carryover from 2022, is currently available.

## **Cost of response**

Activity-based costing is utilised to determine the costs of the response plan. The average cost per beneficiary will increase from \$28.4 to \$29.4 primarily to meet the conditions for female health care workers/staff, which involve the provision of segregated office space, separate transportation, and mahram support.

## **Monitoring**

The Health Cluster will continue to actively engage with health partners to enhance reporting through ReportHub and strengthen partners' capacity for information management by establishing a functional Information Management Working Group.

Considering the new context, in addition to the initially proposed monitoring plan, the Health Cluster will prioritise the following:

1. Support the IASC Monitoring and Reporting Framework by regularly collecting and reporting data on the agreed indicators, as well as participating in the IASC Monitoring Framework Technical Working Group meetings. These indicators assess the overall access environment and demonstrate the ability of humanitarian partners to operate within the IASC minimum criteria following the ban on female aid workers.
2. Conduct periodic assessments (quarterly) of humanitarian health facilities using Health Resources and Services Availability Monitoring System (HeRAMS) tools. This will provide health partners with updated information on the

availability of health resources and services, identify gaps, and determine intervention priorities.

3. Increase the frequency of field visits to enhance the quality of humanitarian health services.

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# Nutrition



## Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
7.2M	3.7M	222.9M

## Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
7.2M	5.5M	2.9K	2.6M	494K	364.5M	64

### New Needs

There have been no significant observed changes in needs, although any discontinuation of services will further worsen the malnutrition status of targeted populations who are already at high risk. The PiNs and targets remain unchanged.

Emerging issues include: interference from DFA and increased administrative processes and information requirements for partners; delays caused by the MoU approval process, which hampers project implementation; increased vulnerabilities of girls and women due to restrictions on female worker involvement in humanitarian work; additional operational costs resulting from the DFA decree on female staff, including expenses for mahram, separate office spaces, and separate transport; challenges faced by the Cluster following the MoPH decree that requires partners to convert MHNTs into fixed facilities; and strain on global supply chains.

### Response Cluster Response Approach

The Nutrition Cluster response is primarily delivered through the health system and the BPHS programme in all 34 provinces. MHNT are also deployed in hard-to-reach areas to complement the delivery of services.

The Nutrition Cluster continues to advocate for the implementation of agreed minimum standards for AAP, Gender, PSEA, and Disability Inclusion in organisational

plans and processes. This includes integrating these standards into the annual planning process, funding proposals, frameworks, policies, and standard operating procedures.

The Cluster has updated its country-specific guidance on protection mainstreaming, and partners will receive orientation and guidance accordingly. To improve meaningful access to Cluster assistance and services, the Nutrition Cluster has strengthened cooperation with the Protection Cluster. This collaboration aims to enhance partners' capacity to identify and safely refer individuals at risk. Finally, the Nutrition Cluster has established a Task Committee to review and revise Cluster guidance on AAP and Gender mainstreaming in nutrition programming.

### Response Activities

Nutrition activities will remain unchanged throughout the remaining half of the year. Periodic prioritisation exercises, including the spring and winter exercises, will continue to be conducted. The spring prioritisation, covering April to June, will focus on the following activities:

- Continuing lifesaving nutrition services for the early detection and treatment of acute malnutrition in girls and boys under five years of age, as well as pregnant and lactating women (PLW) affected by acute malnutrition.

- Increasing equitable access to and utilisation of high-quality preventative nutrition-specific and nutrition-sensitive service delivery for children and women.
- Prepositioning of supplies to ensure uninterrupted service delivery.
- During the winter period, the following activities will take place:
  - Prepositioning of supplies to ensure continuous service delivery in areas at risk of being cut off by snow.
  - Provision of winterisation kits and clothing in locations expected to experience severe winter conditions.
  - Continued service delivery with a focus on: identification and treatment services for children under five and PLW affected by acute malnutrition; micronutrient supplementation for children under five; MIYCN (Maternal, Infant, and Young Child Nutrition) counseling for primary caregivers of children aged 0-23 months; and blanket supplementary feeding for children under five and PLWs.

## Geographic Prioritisation

The Nutrition Cluster has not made any significant changes to the original HRP calculation, as they continue to rely on the national IPC Acute Malnutrition (AMN) assessment conducted in October 2022. This assessment utilised anthropometric data from the National Nutrition SMART Survey (NNS), as well as other data related to the determinants of malnutrition, including feeding practices, morbidity, sanitation and hygiene, and food security.

Despite the dynamics in the operating environment, the Nutrition Cluster has been able to maintain service delivery while adhering to the conditions set by the MoPH directives. The Nutrition Cluster will retain the original geographical prioritisation outlined in the 2023 HRP and will continue with the seasonal prioritisation exercises.

No surveys or assessments have been conducted in the first half of the year, and the programme admission trends do not indicate any changes in needs that would guide prioritisation.

## Cluster Capacity and Operating Environment

Between January and May 2023, the nutrition response in all 34 provinces continues to be primarily delivered through the health system, complemented by MHNTs deployed to hard-to-reach areas. A total of 3,117 sites for severely acute malnutrition and 2,384 sites for moderately acute malnutrition are established within static nutrition sites integrated into health facilities. These sites are operated by 70 implementing partners, along with 728 MHNT sites operated by 34 implementing partners.

From January to April 2023, the Nutrition Cluster response has covered 24 per cent of the target for children with severe acute malnutrition (SAM), 26 per cent for children with moderate acute malnutrition (MAM), and 56 per cent for PLW with acute malnutrition. Among the preventative services, BSFP have reached 65 per cent and 97 per cent of the targets for children and PLW, respectively.

The presence of partners in all provinces, combined with the strategy to enhance the capacity of local and new partners through mentorship from stronger and more experienced partners, ensures a timely response when gaps are identified.

Improvements in communication and collaboration between national and subnational Clusters have enhanced the utilisation of data and information for decision-making at the local level, enabling effective resolution of location and context-specific issues.

The current operating environment poses several impediments, including the MoPH directive to transition MHNTs to fixed sites, the ban on female national staff, which has introduced conditions for the continuation of activities resulting in additional costs and budgeting, shrinking donor funding,

and potential challenges in meeting the minimum operational standards due to limited capacity of implementing partners (IPs) and potential additional cost requirements.

With regard to the pipeline status, no challenges have been experienced or are expected in the first two quarters of the year.

## Cost of Response

The Nutrition Cluster funding requirements remains unchanged. Various factors have been considered, including:

- Increased cost of treatment commodities due to supplier and freight costs.
- Increased operational costs related to system strengthening for more effective integration into the health and community systems.
- Multipurpose cash, which accounts for 11 per cent of the unit cost, amounting to \$7.6.
- A unit cost-based approach was used to estimate the overall resources needed in 2023. The total budget for 2023 is \$384 million, which is 34 per cent higher than the previous year, allowing for a greater number of admissions for treatment. For the period from June to December 2023, the total requirement will be \$242 million.

## Monitoring

To ensure quality service delivery and the achievement of set targets, the Nutrition Cluster will continue

to oversee and monitor the response through field visits and the Nutrition Information System (NIS). Spot checks, supervision, and monitoring visits will be conducted to monitor programmes and engage the community and other stakeholders in assessing evolving needs.

The use of the NIS includes collecting data from nutrition sites and mobile teams, compiling and analysing it to monitor the admission of children and women with acute malnutrition, as well as the performance indicators of therapeutic programmes. A three-layer quality control system will be implemented to ensure the reliability of the data. The NIS will also entail collecting and analysing population-based data, including anthropometric data, through a national SMART survey, as well as separate surveys in prioritised provinces to determine the prevalence of acute malnutrition among children and women, and identify factors affecting nutritional status. Expanding sentinel site-based surveillance, increasing the number of facility and community sites, and conducting regular data compilation and analysis for action is also included in the use of NIS.

Where feasible, the Nutrition Cluster will coordinate with other Clusters and partners to conduct joint assessments and identify the specific needs of people displaced by conflict, returnees, and those affected by disasters. In some cases, the Nutrition Cluster may consider engaging third-party monitors if the usual approaches are not feasible to realise the potential national nutrition surveys in 2023.

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# Protection

## Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
22.1M	3.9M	92.5M

## Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)	PARTNERS
22.1M	5.3M	809K	3.6M	266K	116.8M	62

### New Needs

#### General Protection

While critical protection needs persist, the protection environment has significantly deteriorated since the ban on female aid workers. This ban has resulted in reduced funding opportunities and ongoing bureaucratic impediments faced by partners, including difficulties in registering projects with DFA and interference in beneficiary selection and other operational areas. The ban not only deprived women of their right to work but also prevented them from providing life-saving humanitarian assistance to millions of women and girls in need of specialised protection services.

Protection incidents, including denial of services for women, continue to be prevalent across the country. According to the ICCT NMF, in 173 districts (22 provinces), at least 25 per cent of the respondents reported that one or more households in their settlement experienced protection incidents in the last 30 days. One Protection Cluster partner has noted that between December 2022 and February 2023, the total number of undocumented returnees reporting being actively denied access to services stood at 41 per cent, compared to 33 per cent in the preceding three months. One Protection Cluster partner also reported an increase from 22 per cent to 27 per cent in the percentage of respondents across various population groups citing being denied access to services, with one of the main reasons being that assistance is not

reaching the most vulnerable individuals. Protection partners continue to observe and document incidents of women being denied access to basic services, highlighting the growing institutionalisation of gender-based violence across society.

The need for MHPSS remains critical. According to the NMF, in 26 provinces, accounting for three-quarters of all districts, more than 25 per cent of the respondents reported having a household member experiencing behavioral changes such as anger, aggression, violent behavior, and substance abuse. One protection monitoring found that 73 per cent of interviewed families have family members experiencing psychological distress mainly due to economic hardship, while 94 per cent stated that they do not have access to psychological support in the community. Additionally, one Protection Cluster partner has noted that over half of the undocumented returnee household survey respondents or their family members experienced psychological distress between December and February, with 83 per cent of undocumented returnees lacking access to psychosocial support services.

#### Child Protection AoR

According to one Protection Monitoring partner, there has been a 7 per cent increase in child labour since the ban, compared to the same period in 2022. Additionally, there has been a 6 per cent increase in rates of child marriage among undocumented



SUB-SECTOR

**General Protection** Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)			
<b>13.9M</b>	<b>1.1M</b>	<b>24.1M</b>			

Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
<b>13.9M</b>	<b>1.2M</b>	<b>249K</b>	<b>624K</b>	<b>105K</b>	<b>27.0M</b>

SUB-SECTOR

**Child Protection** Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)			
<b>7.5M</b>	<b>3.1M</b>	<b>21.2M</b>			

Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
<b>7.5M</b>	<b>3.8M</b>	<b>556K</b>	<b>3.6M</b>	<b>257K</b>	<b>37.2M</b>

SUB-SECTOR

**Housing, Land and Property** Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)			
<b>5.9M</b>	<b>365.9K</b>	<b>6.3M</b>			

Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
<b>5.9M</b>	<b>426.3K</b>	<b>98K</b>	<b>233K</b>	<b>24K</b>	<b>7.0M</b>

SUB-SECTOR

**Gender-Based Violence** Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)			
<b>13.1M</b>	<b>1.1M</b>	<b>28.4M</b>			

Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
<b>13.1M</b>	<b>1.2M</b>	<b>495K</b>	<b>615K</b>	<b>99K</b>	<b>29.7M</b>

SUB-SECTOR

**Mine Action** Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)			
<b>4.4M</b>	<b>506.8k</b>	<b>12.4M</b>			

Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
<b>4.4M</b>	<b>803.8K</b>	<b>126K</b>	<b>339K</b>	<b>76K</b>	<b>16.0M</b>

returnees since the start of the ban, with some individuals marrying off their children to fund their migration. These findings are supported by the interim results from the NMF, which indicates that in 28 districts (3 provinces), 10 per cent or more of the respondents reported resorting to early marriage as a coping strategy in the last 30 days. Furthermore, in 22 districts (3 provinces), more than 10 per cent of the respondents cited already exhausting this strategy.

### ***Gender Based Violence AoR***

The GBV PiN has increased from 10.1 million to 13.1 million people as the AoR anticipates a worsened situation in terms of limitations of women and girls to access to services, particularly tailored humanitarian assistance to women and girls.

### ***Housing, Land and Property Taskforce / AoR***

While no large-scale threatened or actual forced evictions by DFA have been reported in early 2023, economic shocks, an unclear formal institutional framework for HLP, and threats of forced evictions by DFA continue to drive HLP needs across the country. The HLP AoR, in collaboration with the CCCM Working Group, continues to monitor the risks of forced evictions nationwide. HLP partners have reported that prominent HLP issues faced by communities since the beginning of 2023 include a lack of ownership documents (formal or informal), disputes over land (including land boundaries), inheritance disputes—particularly affecting women—and disputes over resources, including access for IDPs. Additionally, available funding opportunities for HLP have decreased in 2023 within this context.

### ***Mine Action AoR***

The Mine Action priority needs remain the same as identified in the first HRP. Afghans continue to be harmed and killed by explosive ordnance, abandoned improvised mines and explosive remnants. Priority areas for funding in the HRP include Survey & Explosive Ordnance Disposal (EORE) for Returnees, IDPs and Affected Communities, Clearance of High Priority Hazards and Victim Assistance. Limited funding also remains a major challenge hindering the delivery of mine action responses for the people in need in

Afghanistan. The number of returnees at the border points, transition centres (TCs), and encashment centres (ECs) was initially estimated to be 1,112,428 people. The revised projection now stands at 994,887 people, resulting in a decrease of 117,541 individuals from the revised PiN figure.

## **Response Cluster Response Approach**

The response approach for protection activities remains largely unchanged. Partners have implemented planned activities in areas where they negotiated exemptions and authorisations, while adopting alternative modalities in areas where they have not received permission, in order to ensure the delivery of critical protection services. To streamline this process, the Protection Cluster, in collaboration with all AoRs and thematic Working Groups, identified operational adaptation modalities and developed a guiding matrix. This matrix ensures that service delivery is principled, safe, and dignified, in line with the IASC minimum standard for accountability framework.

For example, protection partners are conducting protection monitoring, assessments, case management, and psycho-social counselling through phone and online modalities. They are also using community volunteers to reach out to women and other vulnerable individuals, utilising community-based child-and youth-friendly spaces for structured psychosocial support, expanding communication channels such as the child helpline, integrating psychosocial support, child protection, and gender-based violence services with the health sector in health facilities, and improving referral pathways between different service sectors to address critical needs of vulnerable individuals, including survivors of gender-based violence. Furthermore, the Protection Cluster and AoRs are developing additional guidance to facilitate the use of alternative modalities. For instance, Child Protection AoR has created guidelines for virtual or remote casework and is developing guidance notes for remote psychosocial support. Similarly, GBV AoR is developing guidelines on community engagement to ensure meaningful and culturally appropriate discussions on gender-based violence in the current context.

By employing these approaches, the number of individuals reached has significantly increased compared to the early stages of the ban. These approaches prioritise gender and disability inclusion and provide critical services to targeted individuals and groups based on their identified needs. However, it is important to note that the use of remote modalities to reach women and girls should be considered temporary and time-bound measures to support ongoing cases, rather than the norm. A small percentage of women have access to phones or the internet, and humanitarian actors must ensure the application of confidentiality and do-no-harm principles to avoid inadvertently causing harm to both the communities and the staff involved in the process.

## **Response Activities**

### ***General Protection***

The delivery of protection activities has been significantly affected by the ban on female aid workers, resulting in only 11 per cent of the target being met in the first quarter of the year (with more men reached than women). This situation has necessitated a revision and reduction of annual targets by the Cluster and AoRs.

In the General Protection sector, the ban on female aid workers has impacted the implementation of focus group discussions and group psychosocial counselling for women due to difficulties in conducting such activities through phone and other remote modalities. Consequently, it is aimed that an average of 5 per cent more women and girls would be targeted across the different activities. The target for community-based protection activities will be reduced to 900,000 individuals, aligning with the targets set by partners for 2023. Additionally, considering the challenges in delivering PSS activities, particularly through group sessions, the Protection Cluster will decrease the target for PSS activities by nearly 45 per cent (from 80,000 individuals to 50,000 individuals). Similarly, the target for Individual Protection Assistance (IPA) will be reduced by nearly 60 per cent (225,000 individuals), including cash, in-kind assistance, and referrals to specialised services, in alignment with partner targets. However, targets for capacity building and protection

advocacy initiatives will remain the same, as partners are adopting alternative modalities such as virtual training. All planned activities remain a priority to be completed between June and December 2023, given their critical nature and the fact that Protection Cluster partners are either able to continue their activities in areas and sectors where exceptions were obtained or are working through alternative modalities.

### ***Child Protection AoR***

For Child Protection, only 24 out of 39 Child Protection partners have remained active and are partially implementing activities across all 34 provinces, but with limited capacity to assist children, as female staff can only access limited places such as Child-Friendly Spaces (CFS) or transitional centers in communities. Due to this limitation, the development of the contextual Adolescents Life Skills Module and its training for humanitarian workers has been deprioritised. The original HRP was to develop a module and train 10,000 humanitarian workers, with a required budget of \$150,000. However, considering the limited time until the end of the year, it was decided to focus on developing a harmonised life skills manual, as the Child Protection AoR already has a manual approved by one UN agency and its implementing partners, which is currently in use. On the other hand, Child Protection AoR will prioritise the strengthening and harmonisation of case management based on interagency tools and will roll out CPIMS+ primero for improved service delivery and documentation.

### ***Gender Based Violence AoR***

The increased interference of the DFAs in existing approaches and modalities of humanitarian programme implementation, through the ban and restriction of work and movement of female staff, has significantly hindered the delivery of GBV services. Given that some GBV partners have reduced capacity to serve beneficiaries, the overall target for GBV activities has been reduced by 40 per cent.

### ***Housing, Land and Property AoR***

In the HLP sector, the ban on female aid workers, bureaucratic impediments, and reduced funding opportunities have considerably impacted programme

delivery for partners. As a result, HLP AoR has reduced targets for all 2023 activities from June to December 2023 by 30 per cent across the board. All activities for 2023 remain a priority to be completed between June and December 2023. This is because, in locations where HLP partners have been able to negotiate access and continue their work, all activities except supporting access to land allocation are ongoing or planned to commence. Supporting access to land allocation remains in the HLP AoR response plan, as it continues to be viewed as a priority in the current context. However, HLP partner implementation of this activity will depend on actions taken by the authorities in 2023 – including whether legislation is enacted and if the process can be supported in line with standards for gender inclusion.

### ***Mine Action AoR***

The Mine Action AoR is facing a funding shortfall in 2023, as several donors have ceased or significantly reduced their contributions to Mine Action. In Mine Action, the ban on female staff has had an impact on Explosive Ordnance Risk Education (EORE) activities at border points, leading to their suspension. Negotiations are ongoing to resolve the mine action coordination mechanism to ensure a safe and effective response.

## **Geographic Prioritisation**

### ***General Protection***

General Protection partners will maintain their focus on districts and provinces where elevated protection risks and concerns have been identified through partner reporting and data collected via Community-based Protection Monitoring, WoAA and the NMF.

### ***Child Protection AoR***

The Child Protection AoR has identified the following provinces as prioritised locations, with no changes to the locations prioritised in the original 2023 HRP: Hilmand, Sar-e-pual, Badgish, Badkhshan, Hirat, Kunduz, Nuristan, Bamyan, Faryab, Farah, Uruzgan, Nangarhar, Parwan, Panjsher, Nimroz, Kapisa, Khost, Kabul, Laghman, Kunar, Paktya, Paktika, Samangan, and Ghazni. Additionally, other locations with severity scale 3 and 2 will also receive attention, particularly

through efforts to strengthen systems, social workforces, case management, and key information messaging, which have achieved national coverage through mass media.

### ***Gender Based Violence AoR***

For the GBV AoR, the highest priority will be given to 10 provinces: Badakhshan, Badghis, Baghlan, Faryab, Ghor, Kapisa, Paktya, Parwan, Panjsher, and Samangan. The second highest priority will be given to 7 provinces: Balkh, Bamyan, Hirat, Kabul, Kandahar, Kunduz, and Nangarhar. Provinces were initially categorised into 5 severity classes, with 5 being the highest and 1 being the lowest. Due to limited data on GBV and the use of proxy indicators, GBV experts verified the selection of provinces within different categories. The prioritisation remains largely unchanged from the original HRP, with the only alteration being the elevation of one province (Panjshir) in the severity ranking based on current conditions and expert opinion.

### ***Housing, Land and Property AoR***

HLP partners initially aimed to prioritise 16 provinces in urban and rural areas for 2023. However, due to the ban on female aid workers and reduced funding opportunities, the AoR response will prioritise provinces where partners can effectively implement activities and negotiate safe and meaningful access for female staff and women and girls in communities. Partners also intend to conduct needs assessments in these provinces to gain further insight into HLP needs, including at the district level. As a result, the HLP AoR response is likely to cover a reduced number of provinces, currently estimated at around 12 provinces.

### ***Mine Action AoR***

Mine Action will continue to prioritise its activities in Uruzgan, Kunduz, Hilmand, Kandahar, Kunar, Badghis, Faryab, Nangarhar, Ghazni, Farah, Maidan Wardak, and Samangan provinces, as these locations are deemed to be the most severely impacted by explosive ordnance.

## **Cluster Capacity and Operating Environment**

### ***General Protection***

The operational capacity of the Protection Cluster's 54 partners varies depending on the service and geographic area. In the case of GP, it remains a reality that many female staff engaged in protection activities are unable to report to the office or work in the field. Despite these restrictions, GP partners are continuing their activities by implementing various adaptation modalities.

### ***Child Protection AoR***

Only 24 out of 39 partners are partially implementing projects for the Child Protection AoR and have limited funding until July, covering all 34 provinces. However, the ban on female aid workers and funding uncertainties have hampered the scale, scope, and reach of CP activities. The coverage in the 34 provinces is minimal, with only 2-3 partners operating in each province. As a result, aid workers can only reach a limited number of children and families in need of assistance due to funding challenges.

### ***Gender Based Violence AoR***

Within the GBV Sub-Cluster, there are 30 partners, at both national and sub-national/regional levels. The GBV Sub-Cluster has been working on integrating activities within health services, which has enabled many partners to continue operating in the current environment. However, partners have faced challenges and had to scale down their operations due to recent DFA bans and decrees. The restrictions on movement and the bans on education and work for women and girls, particularly the recent bans on women's work in NGOs and the UN, present significant challenges for GBV AoR work as they severely limit the ability to reach and provide services to vulnerable individuals in need.

### ***Housing, Land and Property AoR***

The four HLP partners are operational to varying degrees, with some experiencing a reduced geographical footprint. The largest share of the response is provided by one partner, accounting for 66.5 per cent, followed by partners with shares of 30.5 per cent, 1.7 per cent, and 1.3 per cent, respectively.

All HLP partners have been affected by the new challenges posed by the ban on female aid workers, limited funding opportunities, and bureaucratic impediments imposed by the DFA.

### ***Mine Action AoR***

Within the Mine Action AoR, most of the 13 partners across the country are active. However, some national partners remain non-operational due to funding shortages. The main challenge in recent years, and specifically in 2023, has been funding gaps, as several donors have either stopped or significantly reduced their contributions. Mine action partners have sufficient capacity to deliver if the required funding becomes available, as there are thousands of trained deminers ready to work.

## **Cost of Response**

Costs for General Protection activities have been revised proportionately in line with the reduction in targets. The cost for Individual Protection Assistance (IPA) has been increased as partners are distributing varying amounts based on the MEB and their project objectives to address the protection needs and risks of vulnerable individuals and families. No other activity is expected to see an increase in costs.

No changes in costing are planned for Child Protection activities and Mine Action. GBV AoR activity costing remains unchanged as it was previously adjusted, taking into account considerations such as mahram, transport, etc., based on expert opinion and consultation with GBV AoR partners.

For HLP Taskforce, a 10 per cent increase has been added to each unit cost as an estimate to account for the rise in operational and support costs borne by partners due to the ban on female aid workers, primarily including mahram costs and expenses related to facilitating new workspaces.

## **Monitoring**

Considering the operational context, which impacts both the quantity and quality of service delivery, the Protection Cluster will monitor the implementation of protection activities through various means.

This monitoring will involve regular coordination and meetings with partners to track developments in their access and modalities. Dialogues with partners will be held on an ongoing basis to adjust operating modalities as needed, while adhering to the "do no harm" policy. The Cluster will review partners' reported achievements in ReportHub to assess their reach to specific groups, such as women and people with disabilities, and identify any underserved areas. Effective and gender-sensitive data collection will be facilitated using protection monitoring tools, and the results will be evaluated to assess the impacts and effects of protection services.

The Cluster will collaborate with Awaaz and other protection partners to review and address referrals, feedback, and complaints received through CFM. Training will be provided to partners to ensure the implementation of Minimum Standards on AAP, PSEA, Gender, and Disability Inclusion. Capacity building, training sessions, and regular meetings with partners

will support the implementation of these standards. Field missions will be conducted at both the AoR level and intersectoral coordination groups to evaluate the progress of implementation and provide technical support or corrective measures where challenges are identified. Whenever possible, third-party monitors, including female staff teams, will be retained. Plans and accountability mechanisms, including gender inclusion and PSEA, for AHF fund allocations will be reviewed and monitored.

In addition, sector-specific monitoring activities are planned. The Child Protection AoR will utilise the Child Protection Information Management System (CPIMS+) to ensure the quality of case management. The UN-led humanitarian mine action coordination center will monitor and evaluate mine action projects.

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# Water, Sanitation and Hygiene



## Unmet Requirements (Jun - Dec)

PEOPLE IN NEED	PLANNED REACH	REQUIREMENTS (US\$)
21.2M	7.3M	276.3M

## Revised Plan (Jan - Dec)

PEOPLE IN NEED	PLANNED REACH	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENTS (US\$)
21.2M	9.4M	2.2M	5.1M	781k	323.1M

### New Needs

No significant changes in needs have been observed for the WASH Cluster; the overall PiN remains unchanged.

The ban on female humanitarian staff continues to pose challenges in reaching women and children beneficiaries, particularly in delivering hygiene promotion, distributing supplies by female aid workers, and conducting monitoring activities. However, water supply and sanitation infrastructure activities, which are predominantly male-dominated prior to the bans, have largely continued. Accessibility and security issues across Afghanistan have hindered the development of a comprehensive understanding of existing WASH systems and needs throughout the country.

In addition to the challenges resulting from the operating context mentioned above, access challenges due to Afghanistan's terrain and climatic conditions continue to affect the delivery of humanitarian response interventions. Heavy rains, floods, and avalanches temporarily disrupt movements across the country.

The leading causes of morbidity among all age groups in Afghanistan are acute respiratory infections (ARI) and acute diarrheal diseases (ADD). AWD/cholera is endemic in Afghanistan, and recurrent outbreaks remain a significant public health threat. The risk of AWD/cholera is increasing significantly in the context

of humanitarian emergencies due to inadequate access to clean water and prevailing poor sanitary conditions. Limited access to healthcare services for early case detection and management, coupled with increased WASH needs, is likely to lead to an increase in morbidity and mortality.

Out of 4,680 water samples collected from drinking water points in Kabul, Kandahar, Kapisa, Paktika, Parwan, and Uruzgan provinces between August 2022 and January 2023, 3,349 water points (63.5 per cent) were found to be contaminated with faecal coliform. In urban areas, where water supply is intermittent and water pipes are leaky, shallow aquifers are susceptible to contamination from surface drainage and untreated wastewater. Furthermore, 50 per cent of the population lacks access to safe water, and 26 per cent lacks access to improved latrines. In rural areas, 60 per cent of the population does not have access to improved latrines, and the average rate of open defecation is around 16.5 per cent.

### Response Cluster Response Approach

The WASH Cluster will continue to collaborate with Cluster partners to ensure compliance with Minimum Standards for AAP, gender, PSEA and Disability Inclusion. This will be achieved through ongoing capacity building for Cluster partners, conducting protection risk analysis, and engaging in dialogue and consultations with key stakeholders and relevant Working Groups.

The WASH Cluster will work with the partners to ensure accountability where cases of GBV and SEA are referred in a prompt and safe manner. The PSEA team and WASH Cluster will closely collaborate to enhance the capacity of WASH service providers and frontline workers in PSEA prevention, risk mitigation, reporting, and response.

Partners' staff will receive training and guidance on how to safely and confidentially identify and refer allegations, along with supporting documents such as a PSEA risk mitigation checklist and a PSEA tip sheet. Efforts will be made to advance the IASC monitoring framework on the ban, conduct technical reviews of existing documents (e.g., HRP, WASH GBV checklist, etc.), and develop WASH guidelines that integrate PSEA/GBV considerations and address alternative work modalities resulting from the ban on female humanitarian workers.

In response to the challenges posed by the DFA decree banning female staff workers, the WASH Cluster will encourage partners to integrate WASH activities, especially hygiene promotion and distribution of kits, with health/nutrition programmes for partners already engaged in such programmes/projects. For partners who are not competent in health/nutrition, efforts will be made to complement WASH services (particularly the soft components) through collaboration with partners working in health and nutrition.

## Response Activities

The ban on female workers has significantly impacted the behaviour change, communication, and sensitisation aspect of the WASH response, while the construction of infrastructure (which is predominantly male-dominated) continues to be unaffected.

According to the latest Cluster survey on the ban's impact, hygiene promotion, assessments, and supplies distributions, particularly hygiene kits, have been affected by an average of 60 per cent.

With the revised Ministry of Rural Rehabilitation and Development (MRRD) MoU template implemented in March 2023, the Cluster foresees additional bureaucratic impediments that could result in further

delays. This includes the requirement for per diems for DFA field visits to assess partner projects, among other factors. Additionally, there is now a requirement for WASH partners to consider household water connections in all new and expanded water pipe networks/schemes, while repairs of existing water systems, especially handpump-operated wells, are no longer allowed. Despite the above challenges, no WASH activities will be deprioritised for the remainder of the year, although the targets have been reduced due to a lower response rate, lack of funding, and the implications of the ban. Additionally, no new activities will be considered for the remainder of the year.

## Geographic Prioritisation

There have been no significant changes in geographical locations, and the Cluster will maintain the same selected original targeted provinces. However, based on trends in AWD and confirmed cholera cases, the Cluster will prioritise the WASH response in identified AWD/cholera hotspots provinces. This is done in an effort to control the spread and mitigate the mortality and morbidity resulting from the increase or outbreak of AWD/cholera. Additionally, provinces severely impacted by drought, including the drying-up of surface water, drop in groundwater levels, and the potential for displacement, as well as flood-affected provinces, will also be given priority.

The Cluster will continue to advocate for partners to pause operations in areas where there is significant interference from the DFA, following the guidance provided by the HCT.

## Cluster Capacity and Operating Environment

Interest in joining the WASH Cluster has increased compared to previous years, with approximately 44 partners demonstrating capacity and interest to work in all 34 provinces. However, limited resources and access constraints continue to pose challenges.

In the first quarter of 2023, response and reporting have been low, with only 25 partners reporting



activities. This is mainly due to funding constraints, the suspension of female workers, or operational pauses. The ban on female workers has significantly impacted activities such as hygiene promotion and the distribution of supplies, particularly hygiene kits. Some partners have paused these activities until they are able to operate with mixed teams and reach women and girls.

Fundamental services are deteriorating, primarily due to challenges in operating and maintaining water systems, as well as the lack of investment in new structures by the DFA and the international community. This hinders community and economic recovery.

Inequitable access to WASH services raises protection concerns, particularly for women, adolescent girls, and people with disabilities, as they are disproportionately affected.

A combination of factors, including climate change, recurrent drought, non-functionality, and operation and maintenance issues, has resulted in approximately 60 per cent of the population having limited access to safe water.

While seven key regional storage hubs are still managed by three core pipeline partners, ensuring sufficient resources for restocking and repositioning prior to outbreaks or planting seasons remains crucial to prevent disruptions in the availability of supplies.

## Cost of Response

The initial cost included the maharam costing, while the operational cost per partner remains unchanged.

There have been no significant changes in costs since the initial HRP, and the cost per activity remains consistent.

## Monitoring

In the new context, the WASH Cluster will handle monitoring as follows:

- Continue to monitor the monthly reports and provide capacity building to partners to ensure accuracy in their reports.
- Strengthen remote monitoring, including conducting phone-based surveys.
- Maintain efforts to negotiate local arrangements that allow female workers to conduct PDMs and monitor construction activities, particularly in female-headed households.
- Utilise international female personnel who still have access to the field to monitor projects.
- Subnational coordinators will closely follow up with partners and conduct field visits.
- Consider deploying third-party monitors who have female members as part of their team.

The Cluster will also continue engaging with the de facto MRRD and Provincial Rural Rehabilitation Departments (PRRDs) to explore localised solutions. Additionally, partners are coordinating with provincial authorities for assessments and monitoring.

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# Coordination and Common Services



REQUIREMENTS (US\$)	COORDINATION	ASSESSMENTS AND IM	GENDER AND PSEA	AVIATION
<b>21.6M</b>	AAP: <b>4.5M</b> OCHA: <b>14.2M</b> CCCM: <b>1.6M</b>	DTM (IOM): <b>7.5M</b> iMMAP: <b>200K</b> REACH: <b>3.6M</b>	Gender: <b>1.1M</b> PSEA: <b>7.5M</b> DIWG: <b>200k</b>	UNHAS: <b>33M</b>

## 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 DFA 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.

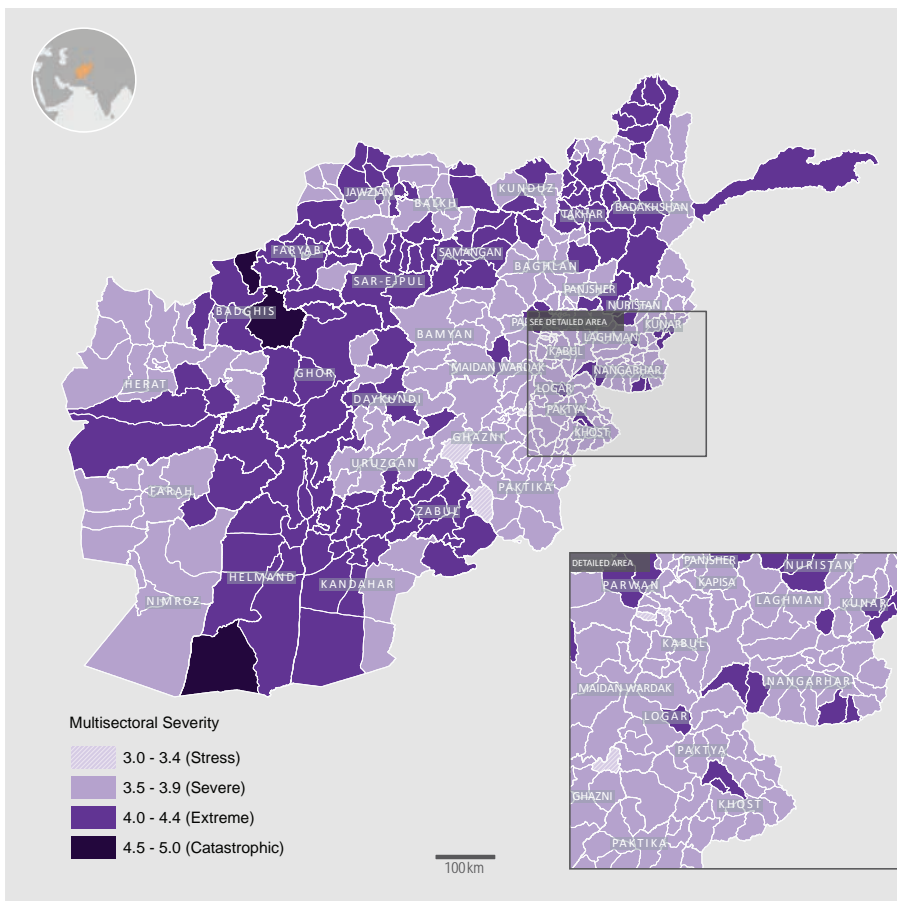
To support CCCM, the working group requires US\$1.55 million to develop site profiles, information management systems and training and capacity building on CCCM approaches in 2023.

# Annexes

## NMF Multi-Sectoral Severity Map

The Needs Monitoring Framework (NMF) was designed for a regular (quarterly) monitoring of the evolution of needs in between yearly Humanitarian Planning Cycles (HPCs) and serve as an evidence base to support joint planning exercises. Designed by the AAWG of the ICCT, the NMF builds upon the Joint Inter-Sectoral Analysis Framework (JIAF) and consists of several cross-cutting and sectoral indicators as well as climate and season-sensitive indicators to take into account changing priorities and needs of households throughout the year. The NMF leverages existing data sources to assess the severity of need both at the provincial and district level. The NMF also introduced 0.5 separations across the severity scores to highlight geographic differences better.

Results from the NMF multisectoral analysis show high levels of needs across the country, with all 401 districts experiencing either severe (3), extreme (4) or catastrophic (5) multisectoral needs. Districts in the Western and Southern regions exhibit comparatively more severe needs across all districts, with pockets of particularly high levels of needs in Badghis (Western region) and Hilmand (Southern region) provinces. According to the NMF, three quarters of districts in the country (299/401) face unmet needs (severity of 3 or more) in all seven sectors, while a minority of districts (20/401) experience extreme needs (4 or more) in all sectors.



# Sectoral Activities and Costing

## Education

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.1\CL-EDU\C01\CA1.1: ESTABLISH/MAINTAIN COMMUNITY-BASED CLASSES (CBCS)</b>				
<b>IN01: # of CBE, ALC, MBE and TLS established and maintained</b>				
<i>Original HRP planned reach (January - December)</i>	25,000	3,900.00	97,500,000	0%
<i>Estimated reach (January - May)</i>	21,360	1,625.00	34,710,000	0%
<i>Revised planned reach (June - December)</i>	25,000	2,275.00	56,875,000	0%
<i>Revised planned reach (January - December)</i>	25,000	3,900.00	91,585,000	0%
<b>IN02: # of boys and girls enrolled in CBE, ALC, MBE and TLS</b>				
<i>Original HRP planned reach (January - December)</i>	750,000	-	-	0%
<i>Estimated reach (January - May)</i>	685,787	-	-	0%
<i>Revised planned reach (June - December)</i>	750,000	-	-	0%
<i>Revised planned reach (January - December)</i>	750,000	-	-	0%
<b>SP1.1\CL-EDU\C01\CA1.2: ALTERNATIVE LEARNING MODALITIES DEVELOPED AND IMPLEMENTED</b>				
<b>IN01: # of secondary school girls reached through alternative learning modalities</b>				
<i>Original HRP planned reach (January - December)</i>	1,149,138	25.00	2,500,000	0%
<i>Estimated reach (January - May)</i>	-	-	1,000,000	0%
<i>Revised planned reach (June - December)</i>	1,149,138	100.00	1,000,000	0%
<i>Revised planned reach (January - December)</i>	1,149,138	25.00	2,000,000	0%
<b>SP1.1\CL-EDU\C02\CA2.1: SUPPORT SHOCK-AFFECTED VULNERABLE BOYS AND GIRLS WITH EMERGENCY EDUCATION SUPPORT.</b>				
<b>IN01: # of boys and girls in public schools receiving learning materials (student kits, teaching kits, classroom kits, hygiene kits, drinking water, rehabilitated infrastructures)</b>				
<i>Original HRP planned reach (January - December)</i>	1,200,000	71.00	85,200,000	0%
<i>Estimated reach (January - May)</i>	1,200,000	8.00	9,600,000	0%
<i>Revised planned reach (June - December)</i>	1,200,000	42.21	50,652,500	0%
<i>Revised planned reach (January - December)</i>	1,200,000	50.21	60,252,500	0%
<b>SP1.1\CL-EDU\C02\CA2.2: WINTERIZATION SUPPORT IN CBE, ALC, MBE AND TLS</b>				
<b>IN01: # OF BOYS AND GIRLS CONTINUING WITH THEIR STUDIES DURING WINTER</b>				
<i>Original HRP planned reach (January - December)</i>	230,000	-	-	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	230,000	-	-	0%
<i>Revised planned reach (January - December)</i>	230,000	-	-	0%
<b>SP1.1\CL-EDU\C02\CA2.3: RECRUITMENT, DEPLOYMENT AND PAYMENT OF TEACHERS</b>				
<b>IN01: # of teachers (m/f) paid a monthly stipend</b>				
<i>Original HRP planned reach (January - December)</i>	25,000	1,200.00	30,000,000	0%
<i>Estimated reach (January - May)</i>	21,725	500.00	10,862,500	0%
<i>Revised planned reach (June - December)</i>	25,000	700.00	17,500,000	0%
<i>Revised planned reach (January - December)</i>	25,000	1,200.00	28,362,500	0%
<b>SP1.1\CL-EDU\C02\CA2.4: TEACHER TRAINING ACTIVITIES ON STANDARDIZED TEACHER TRAINING MANUAL, INCLUDING PSS/DISABILITY AND INCLUSION</b>				
<b>IN01: # of teachers (m/f) trained on standardized Teacher training manual, including PSS/disability and inclusion</b>				
<i>Original HRP planned reach (January - December)</i>	25,000	-	-	0%
<i>Estimated reach (January - May)</i>	1,374	-	-	0%
<i>Revised planned reach (June - December)</i>	25,000	-	-	0%
<i>Revised planned reach (January - December)</i>	25,000	-	-	0%
<b>SP1.1\CL-EDU\C03\CA3.1: ESTABLISH AND TRAIN SHURAS ON ROLES AND RESPONSIBILITIES, COMMUNITY MOBILIZATION AND PREPAREDNESS PLANNING</b>				
<b>IN01: # of Shuras trained on roles and responsibilities, community mobilization and preparedness planning</b>				
<i>Original HRP planned reach (January - December)</i>	75,000	-	-	0%
<i>Estimated reach (January - May)</i>	75,000	-	-	0%
<i>Revised planned reach (June - December)</i>	75,000	-	-	0%
<i>Revised planned reach (January - December)</i>	75,000	-	-	0%
<b>Total</b>	<b>3,099,428</b>	<b>58.79</b>	<b>182,200,000</b>	<b>0%</b>

## Emergency Shelter and NFI

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.1\CL-SHL\C01\CA1.1: EMERGENCY SHELTER ASSISTANCE (CASH FOR RENT)</b>				
<b>IN01: # of people receiving emergency shelter assistance, including through cash-for-rent support.</b>				
<i>Original HRP planned reach (January - December)</i>	97,733	31.82	3,110,010	100%
<i>Estimated reach (January - May)</i>	8,440	31.82	268,573	100%
<i>Revised planned reach (June - December)</i>	15,298	31.82	486,798	100%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	23,738	31.82	755,371	100%
<b>SP1.1\CL-SHL\C01\CA1.2: EMERGENCY SHELTER KIT (TENT+ 2 PCS OF PLASTIC TARPAULIN)</b>				
<b>IN01: # of people receiving emergency shelter assistance through tents and plastic tarpaulin</b>				
<i>Original HRP planned reach (January - December)</i>	413,121	96.43	39,836,669	0%
<i>Estimated reach (January - May)</i>	3,044	96.43	293,529	0%
<i>Revised planned reach (June - December)</i>	91,907	96.43	8,862,484	0%
<i>Revised planned reach (January - December)</i>	94,951	96.43	9,156,013	0%
<b>SP1.1\CL-SHL\C01\CA1.3: NFI ASSISTANCE</b>				
<b>IN01: # of people receiving cash assistance for basic household items / NFIs to meet their immediate needs.</b>				
<i>Original HRP planned reach (January - December)</i>	58,329	25.26	1,473,645	100%
<i>Estimated reach (January - May)</i>	1,032	25.26	26,073	100%
<i>Revised planned reach (June - December)</i>	25,500	25.26	644,251	100%
<i>Revised planned reach (January - December)</i>	26,532	25.26	670,324	100%
<b>IN02: # of people receiving in kind assistance for basic household items / NFIs to meet their immediate needs.</b>				
<i>Original HRP planned reach (January - December)</i>	1,108,254	25.26	27,999,251	0%
<i>Estimated reach (January - May)</i>	58,617	25.26	1,480,917	0%
<i>Revised planned reach (June - December)</i>	445,500	25.26	11,255,233	0%
<i>Revised planned reach (January - December)</i>	504,117	25.26	12,736,150	0%
<b>SP1.1\CL-SHL\C01\CA1.4: ASSISTANCE TO COVER WINTERIZATION NEEDS (HEATER &amp; FUEL)</b>				
<b>IN01: # of people receiving seasonal cash assistance for heaters and fuel</b>				
<i>Original HRP planned reach (January - December)</i>	776,541	38.57	29,952,307	100%
<i>Estimated reach (January - May)</i>	580,628	38.57	22,395,651	100%
<i>Revised planned reach (June - December)</i>	403,084	38.57	15,547,514	100%
<i>Revised planned reach (January - December)</i>	983,712	38.57	37,943,166	100%
<b>IN02: # of people receiving seasonal in kind assistance for heaters and fuel</b>				
<i>Original HRP planned reach (January - December)</i>	48,065	38.57	1,853,942	0%
<i>Estimated reach (January - May)</i>	10,602	38.57	408,934	0%
<i>Revised planned reach (June - December)</i>	50,286	38.57	1,939,614	0%
<i>Revised planned reach (January - December)</i>	60,888	38.57	2,348,548	0%
<b>SP1.1\CL-SHL\C01\CA1.5: ASSISTANCE TO COVER WINTERIZATION NEEDS (WINTER CLOTHING)</b>				

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>IN01: # of people receiving seasonal cash assistance for winter clothing</b>				
<i>Original HRP planned reach (January - December)</i>	127,457	14.27	1,818,991	100%
<i>Estimated reach (January - May)</i>	482,478	14.27	6,885,650	100%
<i>Revised planned reach (June - December)</i>	248,742	14.27	3,549,904	100%
<i>Revised planned reach (January - December)</i>	731,220	14.27	10,435,554	100%
<b>IN02: # of people receiving seasonal in kind assistance for winter clothing</b>				
<i>Original HRP planned reach (January - December)</i>	697,150	14.27	9,949,321	0%
<i>Estimated reach (January - May)</i>	184,059	14.27	2,626,785	0%
<i>Revised planned reach (June - December)</i>	129,321	14.27	1,845,595	0%
<i>Revised planned reach (January - December)</i>	313,380	14.27	4,472,380	0%
<b>SP1.1\CL-SHL\CO1\CA1.6: ASSISTANCE TO COVER WINTERIZATION NEEDS (BLANKETS OR QUILTS)</b>				
<b>IN01: # of people receiving seasonal cash assistance for blankets or quilts.</b>				
<i>Original HRP planned reach (January - December)</i>	370,588	10.99	4,073,823	100%
<i>Estimated reach (January - May)</i>	473,533	10.99	5,205,481	100%
<i>Revised planned reach (June - December)</i>	362,147	10.99	3,981,030	100%
<i>Revised planned reach (January - December)</i>	835,680	10.99	9,186,511	100%
<b>IN02: # of people receiving seasonal in kind assistance for blankets or quilts.</b>				
<i>Original HRP planned reach (January - December)</i>	454,018	10.99	4,990,958	0%
<i>Estimated reach (January - May)</i>	53,321	10.99	586,150	0%
<i>Revised planned reach (June - December)</i>	155,599	10.99	1,710,478	0%
<i>Revised planned reach (January - December)</i>	208,920	10.99	2,296,628	0%
<b>SP1.1\CL-SHL\CO2\CA2.1: SHELTER REPAIR RECONSTRUCTION TOOLKIT</b>				
<b>IN01: # of people receiving cash assistance for shelter reconstruction toolkits</b>				
<i>Original HRP planned reach (January - December)</i>	629,719	9.64	6,072,294	100%
<i>Estimated reach (January - May)</i>	-	9.64	-	100%
<i>Revised planned reach (June - December)</i>	329,078	9.64	3,173,256	100%
<i>Revised planned reach (January - December)</i>	329,078	9.64	3,173,256	100%
<b>IN02: # of people receiving in kind assistance for shelter reconstruction toolkits</b>				
<i>Original HRP planned reach (January - December)</i>	69,969	9.64	674,699	0%
<i>Estimated reach (January - May)</i>	3,247	9.64	31,310	0%
<i>Revised planned reach (June - December)</i>	33,317	9.64	321,274	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	36,564	9.64	352,584	0%
<b>SP1.1\CL-SHL\C02\CA2.2: SHELTER REPAIR / RECONSTRUCTION FOR MINOR DAMAGES</b>				
<b>IN01: # of people receiving cash assistance to repair/upgrade minor damaged shelters</b>				
<i>Original HRP planned reach (January - December)</i>	398,028	63.64	25,331,648	100%
<i>Estimated reach (January - May)</i>	43,487	63.64	2,767,637	100%
<i>Revised planned reach (June - December)</i>	164,514	63.64	10,470,162	100%
<i>Revised planned reach (January - December)</i>	208,001	63.64	13,237,799	100%
<b>IN02: # of people receiving in kind assistance to repair/upgrade minor damaged shelters</b>				
<i>Original HRP planned reach (January - December)</i>	91,754	63.64	5,839,460	0%
<i>Estimated reach (January - May)</i>	8,656	63.64	550,893	0%
<i>Revised planned reach (June - December)</i>	39,293	63.64	2,500,689	0%
<i>Revised planned reach (January - December)</i>	47,949	63.64	3,051,582	0%
<b>SP1.1\CL-SHL\C02\CA2.3: SHELTER REPAIR / RECONSTRUCTION FOR SEVERE DAMAGES</b>				
<b>IN01: # of people receiving cash assistance to repair/upgrade severely damaged shelters</b>				
<i>Original HRP planned reach (January - December)</i>	188,916	106.07	20,038,570	100%
<i>Estimated reach (January - May)</i>	16,365	106.07	1,735,859	100%
<i>Revised planned reach (June - December)</i>	82,359	106.07	8,735,886	100%
<i>Revised planned reach (January - December)</i>	98,724	106.07	10,471,745	100%
<b>IN02: # of people receiving in kind assistance to repair/upgrade severely damaged shelters</b>				
<i>Original HRP planned reach (January - December)</i>	20,991	106.07	2,226,508	0%
<i>Estimated reach (January - May)</i>	2,216	106.07	235,054	0%
<i>Revised planned reach (June - December)</i>	8,753	106.07	928,473	0%
<i>Revised planned reach (January - December)</i>	10,969	106.07	1,163,527	0%
<b>SP3.2\CL-SHL\C03\CA3.1: TRANSITIONAL SHELTER SUPPORT</b>				
<b>IN01: # of people receiving support to construct transitional shelters through in kind</b>				
<i>Original HRP planned reach (January - December)</i>	21,151	386.29	8,170,634	0%
<i>Estimated reach (January - May)</i>	5,981	386.29	2,310,418	0%
<i>Revised planned reach (June - December)</i>	9,703	386.29	3,748,356	0%
<i>Revised planned reach (January - December)</i>	15,684	386.29	6,058,774	0%
<b>IN02: # of people receiving support to construct transitional shelters through cash</b>				
<i>Original HRP planned reach (January - December)</i>	190,363	386.29	73,535,710	100%



ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Estimated reach (January - May)</i>	33,320	386.29	12,871,278	100%
<i>Revised planned reach (June - December)</i>	107,840	386.29	41,657,686	100%
<i>Revised planned reach (January - December)</i>	141,160	386.29	54,528,964	100%
<b>SP3.2\CL-SHL\C05\CA5.1: CCCM WG: SITE CARE AND MAINTENANCE</b>				
<b>IN01: # of IDPs living in ISETs which are provided with cash-based care and maintenance.</b>				
<i>Original HRP planned reach (January - December)</i>	344,545	9.00	3,100,906	100%
<i>Estimated reach (January - May)</i>	-	-	-	100%
<i>Revised planned reach (June - December)</i>	79,619	10.00	796,187	100%
<i>Revised planned reach (January - December)</i>	79,619	10.00	796,187	100%
<b>IN02: # of IDPs living in ISETs which are provided with in-kind form of care and maintenance</b>				
<i>Original HRP planned reach (January - December)</i>	86,136	9.00	775,227	0%
<i>Estimated reach (January - May)</i>	14,831	-	-	0%
<i>Revised planned reach (June - December)</i>	146,819	10.00	1,468,191	0%
<i>Revised planned reach (January - December)</i>	161,650	10.00	1,616,501	0%
<b>SP3.2\CL-SHL\C06\CA6.1: CCCM WG: MOBILE SITE MANAGEMENT</b>				
<b>IN01: # OF IDPS LIVING IN ISETS MONITORED BY MOBILE CCCM TEAM</b>				
<i>Original HRP planned reach (January - December)</i>	430,681	12.00	5,168,177	0%
<i>Estimated reach (January - May)</i>	15,750	-	-	0%
<i>Revised planned reach (June - December)</i>	225,519	13.00	2,931,744	0%
<i>Revised planned reach (January - December)</i>	241,269	13.00	3,136,494	0%
<b>Total</b>	<b>1,201,415</b>	<b>156.14</b>	<b>187,588,056</b>	<b>75%</b>

## Food Security and Agriculture

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.2\CL-FSC\C02\CA2.1: FOOD ASSISTANCE FOR IDPS (3 MONTHS)</b>				
<b>IN01: # IDPs receiving in-kind food assistance (3 months)</b>				
<i>Original HRP planned reach (January - December)</i>	483,551	20.39	29,572,596	0%
<i>Estimated reach (January - May)</i>	28,784	15.95	1,205,150	0%
<i>Revised planned reach (June - December)</i>	483,551	17.91	25,981,194	0%
<i>Revised planned reach (January - December)</i>	483,551	17.90	25,966,687	0%
<b>IN02: # IDPs receiving cash transfers for food (3 months)</b>				

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Original HRP planned reach (January - December)</i>	207,236	20.39	12,673,970	100%
<i>Estimated reach (January - May)</i>	-	-	-	100%
<i>Revised planned reach (June - December)</i>	207,236	17.91	11,134,797	100%
<i>Revised planned reach (January - December)</i>	207,236	17.90	11,128,580	100%
<b>SP1.2\CL-FSC\C02\CA2.2: FOOD ASSISTANCE FOR NATURAL DISASTER-AFFECTED (2 MONTHS)</b>				
<b>IN01: # Natural disaster-affected people receiving in-kind food assistance (2 months)</b>				
<i>Original HRP planned reach (January - December)</i>	140,000	20.39	5,708,000	0%
<i>Estimated reach (January - May)</i>	30,226	15.95	1,908,114	0%
<i>Revised planned reach (June - December)</i>	105,000	17.91	3,761,100	0%
<i>Revised planned reach (January - December)</i>	105,000	17.90	3,759,000	0%
<b>IN02: # Natural disaster-affected people receiving cash transfers for food (2 months)</b>				
<i>Original HRP planned reach (January - December)</i>	60,000	20.39	2,446,286	100%
<i>Estimated reach (January - May)</i>	3,143	15.23	167,804	100%
<i>Revised planned reach (June - December)</i>	45,000	17.91	1,611,900	100%
<i>Revised planned reach (January - December)</i>	45,000	17.90	1,611,000	100%
<b>SP1.2\CL-FSC\C02\CA2.3: FOOD ASSISTANCE FOR CROSS-BORDER RETURNEES (4 MONTHS)</b>				
<b>IN01: # Cross-border returnees receiving in kind food assistance (4 months)</b>				
<i>Original HRP planned reach (January - December)</i>	233,094	20.39	19,007,126	0%
<i>Estimated reach (January - May)</i>	2,730	15.28	41,714	0%
<i>Revised planned reach (June - December)</i>	208,926	17.91	14,967,459	0%
<i>Revised planned reach (January - December)</i>	208,926	17.90	14,959,121	0%
<b>IN02: # Cross-border returnees receiving cash transfers for food (4 months)</b>				
<i>Original HRP planned reach (January - December)</i>	99,897	20.39	8,145,911	100%
<i>Estimated reach (January - May)</i>	15,855	16.30	463,418	100%
<i>Revised planned reach (June - December)</i>	89,540	17.91	6,414,646	100%
<i>Revised planned reach (January - December)</i>	89,540	17.90	6,411,052	100%
<b>SP1.2\CL-FSC\C02\CA2.4: FOOD ASSISTANCE FOR PAKISTANI REFUGEES (6 MONTHS)</b>				
<b>IN01: # Pakistani refugees receiving in kind food assistance (6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	36,405	20.39	4,452,839	0%
<i>Estimated reach (January - May)</i>	74,424	15.95	3,522,803	0%
<i>Revised planned reach (June - December)</i>	36,715	17.91	3,945,394	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	36,715	17.90	3,943,191	0%
<b>IN02: # Pakistani refugees receiving cash transfers for food (6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	15,602	20.39	1,908,360	100%
<i>Estimated reach (January - May)</i>	-	-	-	100%
<i>Revised planned reach (June - December)</i>	15,735	17.91	1,690,883	100%
<i>Revised planned reach (January - December)</i>	15,735	17.90	1,689,939	100%
<b>SP1.2\CL-FSC\CO2\CA.5: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 3 (JAN-APR, NOV-DEC, 6 MONTHS)</b>				
<b>IN01: # People in IPC Phase 3 receiving in-kind food assistance (Jan-Apr, Nov-Dec, 6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	9,676,705	10.19	690,432,887	0%
<i>Estimated reach (January - May)</i>	5,962,152	7.64	166,861,076	0%
<i>Revised planned reach (June - December)</i>	9,676,705	8.96	173,406,550	0%
<i>Revised planned reach (January - December)</i>	9,676,705	8.96	173,406,550	0%
<b>IN02: # People in IPC Phase 3 receiving cash transfers for food (Jan-Apr, Nov-Dec, 6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	4,147,159	10.19	295,899,809	100%
<i>Estimated reach (January - May)</i>	3,791,473	8.06	104,556,123	100%
<i>Revised planned reach (June - December)</i>	4,147,159	8.96	74,317,093	100%
<i>Revised planned reach (January - December)</i>	4,147,159	8.96	74,317,093	100%
<b>SP1.2\CL-FSC\CO2\CA.6: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 4 (JAN-APR, NOV-DEC, 6 MONTHS)</b>				
<b>IN01: # People in IPC Phase 4 receiving in-kind food assistance (Jan-Apr, Nov-Dec, 6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	4,256,091	15.29	455,508,139	0%
<i>Estimated reach (January - May)</i>	1,574,027	9.34	54,823,070	0%
<i>Revised planned reach (June - December)</i>	4,256,091	13.43	114,318,604	0%
<i>Revised planned reach (January - December)</i>	4,256,091	13.43	114,318,604	0%
<b>IN02: # People in IPC Phase 4 receiving cash transfers for food (Jan-Apr, Nov-Dec, 6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	1,824,039	15.29	195,217,774	100%
<i>Estimated reach (January - May)</i>	1,007,349	10.82	31,512,498	100%
<i>Revised planned reach (June - December)</i>	1,824,039	13.43	48,993,688	100%
<i>Revised planned reach (January - December)</i>	1,824,039	13.43	48,993,688	100%
<b>SP1.2\CL-FSC\CO2\CA.7: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 3 (MAY-OCT, 2 MONTHS)</b>				

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>IN01: # People in IPC Phase 3 receiving in-kind food assistance (May-Oct, 2 months)</b>				
<i>Original HRP planned reach (January - December)</i>	9,289,637	10.19	94,687,939	0%
<i>Estimated reach (January - May)</i>	1,447,626	7.64	11,059,860	0%
<i>Revised planned reach (June - December)</i>	9,289,637	8.96	83,235,144	0%
<i>Revised planned reach (January - December)</i>	9,289,637	8.96	83,235,144	0%
<b>IN02: # People in IPC Phase 3 receiving cash transfers for food (May-Oct, 2 months)</b>				
<i>Original HRP planned reach (January - December)</i>	3,981,273	10.19	40,580,545	100%
<i>Estimated reach (January - May)</i>	668,005	7.62	5,090,197	100%
<i>Revised planned reach (June - December)</i>	3,981,273	8.96	35,672,205	100%
<i>Revised planned reach (January - December)</i>	3,981,273	8.96	35,672,205	100%
<b>SP1.2\CL-FSC\C02\CA2.8: FOOD ASSISTANCE FOR PEOPLE IN IPC PHASE 4 (MAY-OCT, 6 MONTHS)</b>				
<b>IN01: # People in IPC Phase 4 receiving in-kind food assistance (May-Oct, 6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	2,809,020	15.29	214,739,551	0%
<i>Estimated reach (January - May)</i>	1,336,511	7.64	10,210,946	0%
<i>Revised planned reach (June - December)</i>	2,809,020	13.43	188,625,697	0%
<i>Revised planned reach (January - December)</i>	2,809,020	13.43	188,625,697	0%
<b>IN02: # People in IPC Phase 4 receiving cash transfers for food (May-Oct, 6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	1,203,866	15.29	92,031,236	100%
<i>Estimated reach (January - May)</i>	266,970	7.62	2,034,314	100%
<i>Revised planned reach (June - December)</i>	1,203,866	13.43	80,839,584	100%
<i>Revised planned reach (January - December)</i>	1,203,866	13.43	80,839,584	100%
<b>SP3.1\CL-FSC\C05\CA5.1: LIVELIHOODS SUPPORT FOR NATURAL DISASTER-AFFECTED (1MONTH)</b>				
<b>IN01: # Natural disaster-affected people receiving in-kind livelihoods assistance (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	115,500	36.00	4,158,000	0%
<i>Estimated reach (January - May)</i>	4,912	36.00	176,832	0%
<i>Revised planned reach (June - December)</i>	115,500	36.00	4,158,000	0%
<i>Revised planned reach (January - December)</i>	115,500	36.00	4,158,000	0%
<b>IN02: # Natural disaster-affected people receiving livelihoods assistance in cash (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	34,500	36.00	1,242,000	100%
<i>Estimated reach (January - May)</i>	-	-	-	100%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (June - December)</i>	34,500	36.00	1,242,000	100%
<i>Revised planned reach (January - December)</i>	34,500	36.00	1,242,000	100%
<b>SP3.1\CL-FSC\C05\CA5.2: LIVELIHOODS SUPPORT FOR ASSET CREATION (6 MONTHS)</b>				
<b>IN01: # People receiving in-kind support for asset creation (6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	1,309,000	18.00	141,372,000	0%
<i>Estimated reach (January - May)</i>	140,644	23.01	8,977,398	0%
<i>Revised planned reach (June - December)</i>	1,309,000	18.00	132,394,602	0%
<i>Revised planned reach (January - December)</i>	1,309,000	18.00	141,372,000	0%
<b>IN02: # People receiving cash support for asset creation (6 months)</b>				
<i>Original HRP planned reach (January - December)</i>	391,000	18.00	42,228,000	100%
<i>Estimated reach (January - May)</i>	461,293	19.14	24,381,341	100%
<i>Revised planned reach (June - December)</i>	391,000	18.00	17,846,659	100%
<i>Revised planned reach (January - December)</i>	391,000	18.00	42,228,000	100%
<b>SP3.1\CL-FSC\C05\CA5.3: LIVELIHOODS SUPPORT: WINTER WHEAT CULTIVATION PACKAGE (1 MONTH)</b>				
<b>IN01: # People receiving in-kind winter wheat cultivation package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	3,850,000	31.50	121,275,000	0%
<i>Estimated reach (January - May)</i>	14,275	31.50	449,663	0%
<i>Revised planned reach (June - December)</i>	3,850,000	31.50	121,275,000	0%
<i>Revised planned reach (January - December)</i>	3,850,000	31.50	121,275,000	0%
<b>SP3.1\CL-FSC\C05\CA5.4: LIVELIHOODS SUPPORT: SUMMER CULTIVATION PACKAGE (1 MONTH)</b>				
<b>IN01: # People receiving in kind summer cultivation package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	80,850	18.50	1,495,725	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	80,850	18.50	1,495,725	0%
<i>Revised planned reach (January - December)</i>	80,850	18.50	1,495,725	0%
<b>IN02: # People receiving cash support for summer cultivation package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	24,150	18.50	446,775	100%
<i>Estimated reach (January - May)</i>	-	-	-	100%
<i>Revised planned reach (June - December)</i>	24,150	18.50	446,775	100%
<i>Revised planned reach (January - December)</i>	24,150	18.50	446,775	100%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP3.1\CL-FSC\C05\CA5.5: LIVELIHOODS SUPPORT: BACKYARD VEGETABLE CULTIVATION (1 MONTH)</b>				
<b>IN01: # People receiving in-kind support for backyard vegetable cultivation (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	808,500	13.00	10,510,500	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	808,500	13.00	10,510,500	0%
<i>Revised planned reach (January - December)</i>	808,500	13.00	10,510,500	0%
<b>IN02: # People receiving cash support for backyard vegetable cultivation (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	241,500	13.00	3,139,500	100%
<i>Estimated reach (January - May)</i>	173,150	13.00	2,250,950	100%
<i>Revised planned reach (June - December)</i>	241,500	13.00	3,139,500	100%
<i>Revised planned reach (January - December)</i>	241,500	13.00	3,139,500	100%
<b>SP3.1\CL-FSC\C05\CA5.6: LIVELIHOODS SUPPORT: LIVESTOCK PROTECTION PACKAGE (1 MONTH)</b>				
<b>IN01: # People receiving in-kind livestock protection package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	1,617,000	28.50	46,084,500	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	1,617,000	28.50	46,084,500	0%
<i>Revised planned reach (January - December)</i>	1,617,000	28.50	46,084,500	0%
<b>IN02: # People receiving cash for livestock protection package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	483,000	28.50	13,765,500	100%
<i>Estimated reach (January - May)</i>	282,037	28.50	8,038,055	100%
<i>Revised planned reach (June - December)</i>	483,000	28.50	13,765,500	100%
<i>Revised planned reach (January - December)</i>	483,000	28.50	13,765,500	100%
<b>SP3.1\CL-FSC\C05\CA5.7: LIVELIHOODS SUPPORT: BACKYARD POULTRY PACKAGE (1 MONTH)</b>				
<b>IN01: # People receiving in-kind backyard poultry package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	100,100	71.50	7,157,150	0%
<i>Estimated reach (January - May)</i>	12,020	71.50	859,430	0%
<i>Revised planned reach (June - December)</i>	100,100	71.50	7,157,150	0%
<i>Revised planned reach (January - December)</i>	100,100	71.50	7,157,150	0%
<b>IN02: # People receiving cash for backyard poultry package (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	29,900	71.50	2,137,850	100%
<i>Estimated reach (January - May)</i>	126	71.50	9,009	100%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (June - December)</i>	29,900	71.50	2,137,850	100%
<i>Revised planned reach (January - December)</i>	29,900	71.50	2,137,850	100%
<b>SP3.1\CL-FSC\C05\CA5.8: UNCONDITIONAL CASH TRANSFER</b>				
<b>IN01: # People receiving unconditional cash transfer (1 month)</b>				
<i>Original HRP planned reach (January - December)</i>	70,000	21.50	1,505,000	100%
<i>Estimated reach (January - May)</i>	-	-	-	100%
<i>Revised planned reach (June - December)</i>	70,000	21.50	1,505,000	100%
<i>Revised planned reach (January - December)</i>	70,000	21.50	1,505,000	100%
<b>SP3.1\CL-FSC\C05\CA5.9: CONTAINMENT OF PLANT PEST AND ANIMAL DISEASE OUTBREAKS</b>				
<b>IN01: Emergency containment of plant pest and animal diseases outbreaks (Lumpy Sking Disease, Locust, etc.)</b>				
<i>Original HRP planned reach (January - December)</i>	1	27,000,000.00	27,000,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	1	27,000,000.00	27,000,000	0%
<i>Revised planned reach (January - December)</i>	1	27,000,000.00	27,000,000	0%
<b>Total</b>	<b>19,100,000</b>	<b>82.22</b>	<b>1,570,456,764</b>	<b>27%</b>

## Health

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.3\CL-HEA\C01\CA1.1: SUPPORT DELIVERY OF PRIMARY HEALTH CARE SERVICES INCLUDING REPRODUCTIVE HEALTH, MHPSS AND NON-COMMUNICABLE DISEASES</b>				
<b>IN01: Number of primary health care consultations</b>				
<i>Original HRP planned reach (January - December)</i>	15,599,052	16.10	251,144,737	0%
<i>Estimated reach (January - May)</i>	4,569,885	17.39	79,461,160	0%
<i>Revised planned reach (June - December)</i>	9,099,447	17.39	158,221,184	0%
<i>Revised planned reach (January - December)</i>	13,669,332	17.39	237,682,345	0%
<b>SP1.3\CL-HEA\C01\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.)</b>				
<b>IN01: Number of patients receiving secondary health care</b>				
<i>Original HRP planned reach (January - December)</i>	1,559,905	63.25	98,664,004	0%
<i>Estimated reach (January - May)</i>	225,475	68.31	15,402,181	0%
<i>Revised planned reach (June - December)</i>	773,453	68.31	52,834,574	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	998,928	68.31	68,236,755	0%
<b>SP1.3\CL-HEA\C01\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.)</b>				
<b>IN01: Number of trauma cases treated</b>				
<i>Original HRP planned reach (January - December)</i>	229,500	149.50	34,310,250	0%
<i>Estimated reach (January - May)</i>	140,498	161.46	22,684,861	0%
<i>Revised planned reach (June - December)</i>	133,875	161.46	21,615,458	0%
<i>Revised planned reach (January - December)</i>	274,373	161.46	44,300,318	0%
<b>SP1.3\CL-HEA\C01\CA1.4: PROVIDE IN-SERVICES TRAINING TO HEALTH CARE WORKERS</b>				
<b>IN01: Number of health care workers trained</b>				
<i>Original HRP planned reach (January - December)</i>	7,500	230.00	1,725,000	0%
<i>Estimated reach (January - May)</i>	3,686	248.40	915,685	0%
<i>Revised planned reach (June - December)</i>	4,375	248.40	1,086,750	0%
<i>Revised planned reach (January - December)</i>	8,061	248.40	2,002,435	0%
<b>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</b>				
<b>IN01: Number of Health Cluster coordination meetings organized at national and sub-national levels</b>				
<i>Original HRP planned reach (January - December)</i>	96	2,300,000.00	2,300,000	0%
<i>Estimated reach (January - May)</i>	47	22,178.57	1,035,000	0%
<i>Revised planned reach (June - December)</i>	56	25,875.00	1,449,000	0%
<i>Revised planned reach (January - December)</i>	103	24,194.81	2,484,000	0%
<b>SP1.3\CL-HEA\C01\CA1.6: DOCUMENT AND REPORT ATTACKS ON HEALTH CARE</b>				
<b>IN01: Number of attacks on health care</b>				
<i>Original HRP planned reach (January - December)</i>	24	-	24,000	0%
<i>Estimated reach (January - May)</i>	6	1,800.00	10,800	0%
<i>Revised planned reach (June - December)</i>	14	1,080.00	15,120	0%
<i>Revised planned reach (January - December)</i>	20	1,296.00	25,920	0%
<b>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.)</b>				
<b>IN01: Number of outbreak-affected people received health care</b>				
<i>Original HRP planned reach (January - December)</i>	105,000	345.00	36,225,000	0%
<i>Estimated reach (January - May)</i>	43,750	372.60	16,301,250	0%



ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (June - December)</i>	61,250	372.60	22,821,750	0%
<i>Revised planned reach (January - December)</i>	105,000	372.60	39,123,000	0%
<b>SP1.3\CL-HEA\C02\CA2.2: SUPPORT RCCE ACTIVITIES FOR COMMUNICABLE DISEASES OUTBREAK</b>				
<b>IN01: Number of persons reached with RCCE messages for communicable diseases</b>				
<i>Original HRP planned reach (January - December)</i>	2,339,858	3.45	8,072,509	0%
<i>Estimated reach (January - May)</i>	383,937	3.73	1,430,551	0%
<i>Revised planned reach (June - December)</i>	1,364,917	3.73	5,085,681	0%
<i>Revised planned reach (January - December)</i>	1,748,855	3.73	6,516,232	0%
<b>SP2.1\CL-HEA\C03\CA3.1: TRAIN HEALTH CARE WORKERS ON HEALTH RESPONSE TO SURVIVORS OF VIOLENCE</b>				
<b>IN01: Number of health workers trained on health response to survivors of violence</b>				
<i>Original HRP planned reach (January - December)</i>	2,000	230.00	460,000	0%
<i>Estimated reach (January - May)</i>	833	248.40	207,000	0%
<i>Revised planned reach (June - December)</i>	1,167	248.40	289,800	0%
<i>Revised planned reach (January - December)</i>	2,000	248.40	496,800	0%
<b>SP2.1\CL-HEA\C03\CA3.2: PROVIDE CLINICAL MANAGEMENT TO THE SURVIVORS OF VIOLENCE</b>				
<b>IN01: Number of survivors of violence receiving clinical management</b>				
<i>Original HRP planned reach (January - December)</i>	20,000	200.00	4,000,000	0%
<i>Estimated reach (January - May)</i>	8,333	216.00	1,800,000	0%
<i>Revised planned reach (June - December)</i>	11,667	216.00	2,520,000	0%
<i>Revised planned reach (January - December)</i>	20,000	216.00	4,320,000	0%
<b>SP3.3\CL-HEA\C04\CA4.1: SUPPORT DELIVERY OF DISABILITY AND PHYSICAL REHABILITATION SERVICES</b>				
<b>IN01: Number of people with disabilities receiving rehabilitative care</b>				
<i>Original HRP planned reach (January - December)</i>	130,000	100.00	13,000,000	0%
<i>Estimated reach (January - May)</i>	18,331	108.00	1,979,712	0%
<i>Revised planned reach (June - December)</i>	50,808	108.00	5,487,300	0%
<i>Revised planned reach (January - December)</i>	69,139	108.00	7,467,012	0%
<b>TOTAL</b>	<b>14,037,869</b>	<b>29.40</b>	<b>412,654,818</b>	<b>0%</b>

## Nutrition

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.2\CL-NUT\CO1\CA1.1: COMMUNITY SCREENING OF CHILDREN 6-59 MONTHS</b>				
<b>IN01: Number of children screened at community level for acute malnutrition</b>				
<i>Original HRP planned reach (January - December)</i>	6,982,297	1.00	6,982,297	0%
<i>Estimated reach (January - May)</i>	5,077,829	1.00	5,077,829	0%
<i>Revised planned reach (June - December)</i>	1,904,468	1.00	1,904,468	0%
<i>Revised planned reach (January - December)</i>	6,982,297	1.00	6,982,297	0%
<b>SP1.2\CL-NUT\CO1\CA1.2: SAM TREATMENT OF CHILDREN 0-59 MONTHS IN IPD</b>				
<b>Number of girls and boys aged 0-59 months with SAM who are admitted for treatment in IPD</b>				
<i>Original HRP planned reach (January - December)</i>	87,522	287.00	25,118,814	0%
<i>Estimated reach (January - May)</i>	14,529	287.00	4,169,903	0%
<i>Revised planned reach (June - December)</i>	72,993	287.00	20,948,911	0%
<i>Revised planned reach (January - December)</i>	87,522	287.00	25,118,814	0%
<b>SP1.2\CL-NUT\CO1\CA1.3: SAM treatment of children 6-59 months in OPD</b>				
<b>IN01: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD</b>				
<i>Original HRP planned reach (January - December)</i>	787,702	79.00	62,228,458	0%
<i>Estimated reach (January - May)</i>	259,196	79.00	20,476,497	0%
<i>Revised planned reach (June - December)</i>	528,506	79.00	41,751,961	0%
<i>Revised planned reach (January - December)</i>	787,702	79.00	62,228,458	0%
<b>SP1.2\CL-NUT\CO1\CA1.4: MAM TREATMENT OF CHILDREN 6-59 MONTHS IN OPD</b>				
<b>IN01: Number of girls and boys aged 6-59 months with MAM who are admitted for treatment</b>				
<i>Original HRP planned reach (January - December)</i>	1,643,461	32.00	52,590,752	0%
<i>Estimated reach (January - May)</i>	556,115	32.00	17,795,686	0%
<i>Revised planned reach (June - December)</i>	1,087,346	32.00	34,795,066	0%
<i>Revised planned reach (January - December)</i>	1,643,461	32.00	52,590,752	0%
<b>SP1.2\CL-NUT\CO1\CA1.5: AM TREATMENT OF PLW IN OPD</b>				
<b>IN01: Number of pregnant and lactating women with AM who are admitted for treatment</b>				
<i>Original HRP planned reach (January - December)</i>	563,056	85.00	47,859,760	0%
<i>Estimated reach (January - May)</i>	403,427	85.00	34,291,258	0%
<i>Revised planned reach (June - December)</i>	159,629	85.00	13,568,502	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	563,056	85.00	47,859,760	0%
<b>SP1.2\CL-NUT\C02\CA2.1: VITAMIN A SUPPLEMENTATION IN CHILDREN 6-59 MONTHS</b>				
<b>IN01: Number of girls and boys aged 6-59 months who received vitamin A supplement</b>				
<i>Original HRP planned reach (January - December)</i>	6,982,297	1.00	6,982,297	0%
<i>Estimated reach (January - May)</i>	3,650,892	1.00	3,650,892	0%
<i>Revised planned reach (June - December)</i>	3,331,405	1.00	3,331,405	0%
<i>Revised planned reach (January - December)</i>	6,982,297	1.00	6,982,297	0%
<b>SP1.2\CL-NUT\C02\CA2.2: MIYCN COUNSELLING</b>				
<b>IN01: Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling</b>				
<i>Original HRP planned reach (January - December)</i>	2,344,672	3.00	7,034,016	0%
<i>Estimated reach (January - May)</i>	1,030,058	3.00	3,090,174	0%
<i>Revised planned reach (June - December)</i>	1,314,614	3.00	3,943,842	0%
<i>Revised planned reach (January - December)</i>	2,344,672	3.00	7,034,016	0%
<b>SP1.2\CL-NUT\C02\CA2.3: BSFP IN CHILDREN 6-59 MONTHS</b>				
<b>IN01: Number of girls and boys aged 6-59 months provided with specialized nutritious foods</b>				
<i>Original HRP planned reach (January - December)</i>	2,246,741	32.00	71,895,712	0%
<i>Estimated reach (January - May)</i>	2,246,741	13.30	29,881,655	0%
<i>Revised planned reach (June - December)</i>	2,246,741	18.60	42,014,057	0%
<i>Revised planned reach (January - December)</i>	2,246,741	32.00	71,895,712	0%
<b>SP1.2\CL-NUT\C02\CA2.4: BSFP IN PLW</b>				
<b>IN01: Number of PLW provided with specialized nutritious foods</b>				
<i>Original HRP planned reach (January - December)</i>	804,389	61.00	49,067,729	0%
<i>Estimated reach (January - May)</i>	804,389	25.40	20,431,481	0%
<i>Revised planned reach (June - December)</i>	804,389	35.50	28,636,248	0%
<i>Revised planned reach (January - December)</i>	804,389	61.00	49,067,729	0%
<b>SP1.2\CL-NUT\C02\CA2.5: MNP IN CHILDREN 6-23 MONTHS</b>				
<b>IN01: Number of girls and boys aged 6-59 months who received MNP</b>				
<i>Original HRP planned reach (January - December)</i>	2,094,689	4.00	8,378,756	0%
<i>Estimated reach (January - May)</i>	641,944	4.00	2,567,776	0%
<i>Revised planned reach (June - December)</i>	1,452,745	4.00	5,810,980	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	2,094,689	4.00	8,378,756	0%
<b>SP1.2\CL-NUT\C03\CA3.1: INTEGRATED PACKAGE IN PRIORITIZED PROVINCES</b>				
<b>IN01: Number of households with malnourished children or PLW reached with the integrated package for improved nutrition outcomes</b>				
<i>Original HRP planned reach (January - December)</i>	73,263	573.00	41,979,699	100%
<i>Estimated reach (January - May)</i>	-	573.00	-	100%
<i>Revised planned reach (June - December)</i>	73,263	573.00	41,979,699	100%
<i>Revised planned reach (January - December)</i>	73,263	573.00	41,979,699	100%
<b>SP1.2\CL-NUT\C04\CA4.1: SMART SURVEYS</b>				
<b>IN01: Number of provincial representative SMART surveys conducted</b>				
<i>Original HRP planned reach (January - December)</i>	35	35,000.00	1,225,000	0%
<i>Estimated reach (January - May)</i>	-	35,000.00	-	0%
<i>Revised planned reach (June - December)</i>	35	35,000.00	1,225,000	0%
<i>Revised planned reach (January - December)</i>	35	35,000.00	1,225,000	0%
<b>SP1.2\CL-NUT\C04\CA4.2: COMMUNITY BASED SENTINEL SITES</b>				
<b>IN01: Number of functional community-based sentinel sites</b>				
<i>Original HRP planned reach (January - December)</i>	157	1,800.00	282,600	0%
<i>Estimated reach (January - May)</i>	106	1,800.00	190,800	0%
<i>Revised planned reach (June - December)</i>	51	1,800.00	91,800	0%
<i>Revised planned reach (January - December)</i>	157	1,800.00	282,600	0%
<b>SP1.2\CL-NUT\C04\CA4.3: OPERATIONAL RESEARCH</b>				
<b>IN01: Number of operational research initiated</b>				
<i>Original HRP planned reach (January - December)</i>	3	-	500,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	3	-	500,000	0%
<i>Revised planned reach (January - December)</i>	3	-	500,000	0%
<b>SP1.2\CL-NUT\C04\CA4.4: Coordination</b>				
<b>IN01: Number of functional Cluster coordination teams at national and subnational levels</b>				
<i>Original HRP planned reach (January - December)</i>	8	-	2,053,390	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	8	-	2,053,390	0%
<i>Revised planned reach (January - December)</i>	8	-	2,053,390	0%
<b>TOTAL</b>	<b>5,495,574</b>	<b>66.33</b>	<b>364,544,390</b>	<b>12%</b>

## Protection: Child Protection

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\CP\C01\CA1.1: PROVIDE STRUCTURED PSS (CHILD FRIENDLY SPACES, ADOLESCENT FRIENDLY CENTERS (ADOLESCENT SOCIAL HUBS &amp; GIRLS FRIENDLY FACILITIES) HOMES AND COMMUNITIES)</b>				
IN01: # 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)				
<i>Original HRP planned reach (January - December)</i>	730,197	30.00	21,905,924	0%
<i>Estimated reach (January - May)</i>	294,812	-	-	0%
<i>Revised planned reach (June - December)</i>	372,366	-	11,170,990	0%
<i>Revised planned reach (January - December)</i>	667,178	30.00	20,015,340	0%
<b>SP2.1\CL-PRO\CP\C01\CA1.2: ESTABLISH ADOLESCENT FRIENDLY CENTERS (ADOLESCENT SOCIAL HUBS &amp; GIRLS FRIENDLY FACILITIES) TO PROVIDE LIFE SKILLS &amp; NEW GENERATIONS SKILLS</b>				
IN01: # of children (boys and girls) provided with structured PSS (Child Friendly Spaces, adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) homes and communities)				
<i>Original HRP planned reach (January - December)</i>	5,000	150.00	750,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	500	-	75,000	0%
<i>Revised planned reach (January - December)</i>	500	150.00	75,000	0%
<b>SP2.1\CL-PRO\CP\C01\CA1.3: REFERRAL TO SPECIALIZED SERVICES – MENTAL HEATH</b>				
IN01: # of children (boys and girls) referred to specialized services –Mental Heath				
<i>Original HRP planned reach (January - December)</i>	24,340	20.00	486,802	0%
<i>Estimated reach (January - May)</i>	5,890	-	-	0%
<i>Revised planned reach (June - December)</i>	9,110	-	182,200	0%
<i>Revised planned reach (January - December)</i>	15,000	20.00	300,000	0%
<b>SP2.1\CL-PRO\CP\C01\CA1.4: PROVIDE FAMILY TRACING AND REUNIFICATION (FTR) SERVICES TO UNACCOMPANIED AND SEPARATED CHILDREN (UASC)</b>				
IN01: # of Unaccompanied and Separated Children (UASC) provided with Family Tracing and Reunification (FTR) services				
<i>Original HRP planned reach (January - December)</i>	15,000	120.00	1,800,000	0%
<i>Estimated reach (January - May)</i>	45	-	-	0%
<i>Revised planned reach (June - December)</i>	11,955	-	1,434,600	0%
<i>Revised planned reach (January - December)</i>	12,000	120.00	1,440,000	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\CP\CO1\CA1.5: PROVIDE INTERIM FAMILY-BASED CARE OR OTHER SUITABLE INTERIM ALTERNATIVE CARE ARRANGEMENTS TO UNACCOMPANIED AND SEPARATED CHILDREN (UASC)</b>				
<b>IN01: # of Unaccompanied and Separated Children (UASC) provided with interim family-based care or other suitable interim alternative care arrangements</b>				
<i>Original HRP planned reach (January - December)</i>	5,000	220.00	1,100,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	5,000	-	1,100,000	0%
<i>Revised planned reach (January - December)</i>	5,000	220.00	1,100,000	0%
<b>SP2.1\CL-PRO\CP\CO1\CA1.6: PROVIDED CASH AS A COMPONENT OF THE CASE MANAGEMENT SERVICES</b>				
<b>IN01: # of girls and boys provided with cash as a component of the Case Management services</b>				
<i>Original HRP planned reach (January - December)</i>	20,000	140.00	2,800,000	100%
<i>Estimated reach (January - May)</i>	1,000	-	-	100%
<i>Revised planned reach (June - December)</i>	14,000	-	1,960,000	100%
<i>Revised planned reach (January - December)</i>	15,000	140.00	2,100,000	100%
<b>SP2.1\CL-PRO\CP\CO1\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,</b>				
<b>IN01: # 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)</b>				
<i>Original HRP planned reach (January - December)</i>	100,000	50.00	5,000,000	0%
<i>Estimated reach (January - May)</i>	41,148	-	-	0%
<i>Revised planned reach (June - December)</i>	48,852	-	2,442,583	0%
<i>Revised planned reach (January - December)</i>	90,000	50.00	4,500,000	0%
<b>SP2.1\CL-PRO\CP\CO1\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)</b>				
<b>IN01: # 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</b>				
<i>Original HRP planned reach (January - December)</i>	5,000	175.00	875,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	5,000	-	875,000	0%
<i>Revised planned reach (January - December)</i>	5,000	175.00	875,000	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\CP\CO1\CA1.9: PROVIDE EDUCATION REINTEGRATION ASSISTANCE TO CHILDREN AND YOUTH WHO HAVE SUFFERED FROM GRAVE CHILD RIGHTS VIOLATIONS (INCLUDING FORMER CAAC AND COM )</b>				
IN01: # of children and youth who have suffered from grave child rights violations (including former CAAC and CoM ) provided with education reintegration assistance				
<i>Original HRP planned reach (January - December)</i>	10,000	15.00	150,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	10,000	-	150,000	0%
<i>Revised planned reach (January - December)</i>	10,000	15.00	150,000	0%
<b>SP2.1\CL-PRO\CP\CO1\CA1.10: PROVIDE ECONOMIC REINTEGRATION ASSISTANCE TO CHILDREN AND YOUTH WHO HAVE SUFFERED FROM GRAVE CHILD RIGHTS VIOLATIONS (INCLUDING FORMER CAAC AND COM )</b>				
IN01: # of children and youth who have suffered from grave child rights violations (including former CAAC and CoM ) provided with economic reintegration assistance				
<i>Original HRP planned reach (January - December)</i>	5,000	800.00	4,000,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	500	-	400,000	0%
<i>Revised planned reach (January - December)</i>	500	800.00	400,000	0%
<b>SP2.1\CL-PRO\CP\CO1\CA1.11: SET UP A CHILD PROTECTION INFORMATION MANAGEMENT SYSTEM FOR REGISTRATION AND COMPREHENSIVE CASE MANAGEMENT SERVICES OF AT RISK CHILDREN</b>				
IN01: # 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				
<i>Original HRP planned reach (January - December)</i>	100,000	-	350,000	10%
<i>Estimated reach (January - May)</i>	41,148	-	-	10%
<i>Revised planned reach (June - December)</i>	58,852	-	205,981	10%
<i>Revised planned reach (January - December)</i>	100,000	3.50	350,000	10%
<b>SP2.1\CL-PRO\CP\CO2\CA2.1: PROVIDE INFORMATION ON WELLBEING MESSAGING TO SUPPORT THEIR CHILDREN'S PSYCHOSOCIAL WELLBEING.</b>				
IN01: Provide information on wellbeing messaging to support their children's psychosocial wellbeing.				
<i>Original HRP planned reach (January - December)</i>	1,460,395	4.00	5,841,580	0%
<i>Estimated reach (January - May)</i>	771,212	-	-	0%
<i>Revised planned reach (June - December)</i>	689,183	-	2,756,733	0%
<i>Revised planned reach (January - December)</i>	1,460,395	4.00	5,841,580	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\CP\CO2\CA2.2: REACH COMMUNITY MEMBERS WITH MESSAGING THROUGH MASS MEDIA SESSIONS (TV, RADIO, SOCIAL MEDIA)</b>				
<b>IN01: # of community members reached with messaging through mass media sessions (TV, radio, social media)</b>				
<i>Original HRP planned reach (January - December)</i>	4,867,983	1.00	4,867,983	0%
<i>Estimated reach (January - May)</i>	1,534,092	-	-	0%
<i>Revised planned reach (June - December)</i>	3,333,892	-	3,333,892	0%
<i>Revised planned reach (January - December)</i>	4,867,983	1.00	4,867,983	0%
<b>SP2.1\CL-PRO\CP\CO3\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)</b>				
<b>IN01: # 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)</b>				
<i>Original HRP planned reach (January - December)</i>	5,000	85.00	425,000	10%
<i>Estimated reach (January - May)</i>	14,943	-	-	10%
<i>Revised planned reach (June - December)</i>	-9,943	-	-845,183	10%
<i>Revised planned reach (January - December)</i>	5,000	85.00	425,000	10%
<b>SP2.1\CL-PRO\CP\CO3\CA3.2: CONDUCT TRAINING TO HUMANITARIAN WORKERS INCLUDING SOCIAL WORKERS AND COMMUNITY VOLUNTEERS ON CP MINIMUM STANDARDS AND OTHER SPECIALIZED CP SERVICES</b>				
<b>IN01: # of recruited humanitarian workers including social workers and community volunteers trained on CP Minimum standards and other specialized CP services</b>				
<i>Original HRP planned reach (January - December)</i>	10,000	15.00	150,000	0%
<i>Estimated reach (January - May)</i>	1,462	-	-	0%
<i>Revised planned reach (June - December)</i>	8,538	-	128,075	0%
<i>Revised planned reach (January - December)</i>	10,000	15.00	150,000	0%
<b>SP2.1\CL-PRO\CP\CO3\CA3.3: DEVELOP A CONTEXTUAL ADOLESCENTS LIFE SKILLS MODULE AND CONDUCT TRAINING TO HUMANITARIAN WORKERS INCLUDING SOCIAL WORKERS AND COMMUNITY VOLUNTEERS ON THE MODULE</b>				
<b>IN01: # humanitarian workers including social workers and community volunteers are recruited and trained on contextual adolescents Life Skills Module</b>				
<i>Original HRP planned reach (January - December)</i>	10,000	-	150,000	30%
<i>Estimated reach (January - May)</i>	1,462	-	-	30%
<i>Revised planned reach (June - December)</i>	-1,462	-	-	30%
<i>Revised planned reach (January - December)</i>	-	-	-	30%
<b>TOTAL</b>	<b>3,800,000</b>	<b>9.79</b>	<b>37,186,580</b>	<b>6%</b>



## Protection: Gender-Based Violence

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\GBV\CO1\CA1.1: PROVISION OF PSS ACTIVITIES TO WOMEN AND GIRLS</b>				
<b>IN01: % of vulnerable populations receiving multi-sectoral lifesaving services (MHPSS, legal, safety, health &amp; case management)</b>				
<i>Original HRP planned reach (January - December)</i>	594,468	30.00	17,834,044	0%
<i>Estimated reach (January - May)</i>	3,822	30.00	114,650	0%
<i>Revised planned reach (June - December)</i>	352,860	30.00	10,585,792	0%
<i>Revised planned reach (January - December)</i>	356,681	30.00	10,700,442	0%
<b>SP2.1\CL-PRO\GBV\CO1\CA1.2: PSS ACTIVITIES FOR TARGETED POPULATION</b>				
<b>IN01: # of women and girls reached with PSS activities</b>				
<i>Original HRP planned reach (January - December)</i>	1,156,874	25.00	28,921,861	0%
<i>Estimated reach (January - May)</i>	42,317	25.00	1,057,917	0%
<i>Revised planned reach (June - December)</i>	651,808	25.00	16,295,193	0%
<i>Revised planned reach (January - December)</i>	694,124	25.00	17,353,110	0%
<b>SP2.1\CL-PRO\GBV\CO1\CA1.3: DISTRIBUTION OF DIGNITY KITS TO DISPLACED WOMEN AND GIRLS</b>				
<b>IN01: # of Dignity Kits distributed to displaced/shock-affected women and girls</b>				
<i>Original HRP planned reach (January - December)</i>	64,082	30.00	1,922,447	0%
<i>Estimated reach (January - May)</i>	1,760	30.00	52,800	0%
<i>Revised planned reach (June - December)</i>	36,689	30.00	1,100,658	0%
<i>Revised planned reach (January - December)</i>	38,449	30.00	1,153,458	0%
<b>SP2.1\CL-PRO\GBV\CO1\CA1.4: Dialogues with men and boys</b>				
<b>IN01: # of men and boys reached with information sessions</b>				
<i>Original HRP planned reach (January - December)</i>	125,004	5.00	625,022	0%
<i>Estimated reach (January - May)</i>	-	5.00	-	0%
<i>Revised planned reach (June - December)</i>	75,002	5.00	375,012	0%
<i>Revised planned reach (January - December)</i>	75,002	5.00	375,012	0%
<b>SP2.1\CL-PRO\GBV\CO3\CA3.1: DIALOGUES WITH COMMUNITY LEADERS</b>				
<b>IN01: # of community leaders reached with information sessions</b>				
<i>Original HRP planned reach (January - December)</i>	14,409	10.00	144,095	0%
<i>Estimated reach (January - May)</i>	6,892	10.00	68,917	0%
<i>Revised planned reach (June - December)</i>	1,754	10.00	17,537	0%
<i>Revised planned reach (January - December)</i>	8,645	10.00	86,454	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\GBV\CO3\CA3.2: CAPACITY BUILDING OF STAFF ON CORE CONCEPTS, POCKET GUIDES AND REFERRALS				
IN01: # of staff trained on core concepts, referrals, case management				
<i>Original HRP planned reach (January - December)</i>	3,000	20.00	60,000	0%
<i>Estimated reach (January - May)</i>	50	20.00	1,000	0%
<i>Revised planned reach (June - December)</i>	1,750	20.00	35,000	0%
<i>Revised planned reach (January - December)</i>	1,800	20.00	36,000	0%
<b>TOTAL</b>	<b>1,176,567</b>	<b>25.25</b>	<b>29,704,476</b>	<b>0%</b>

## Protection: General Protection

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
SP2.1\CL-PRO\GP\CO1\CA1.1: PROVISION OF INDIVIDUAL PROTECTION ASSISTANCE (IPA) TO PSN IN EMERGENCY CASH OR IN-KIND, AND CASH FOR PROTECTION (ALIGNED ON MEB)				
IN01: # of vulnerable women, men, boys, and girls, including IDPs, refugees, returnees, elderly and people living with disability receiving various protection assistance and services				
<i>Original HRP planned reach (January - December)</i>	600,000	25.72	15,432,000	50%
<i>Estimated reach (January - May)</i>	29,122	-	-	50%
<i>Revised planned reach (June - December)</i>	195,878	-	14,103,240	50%
<i>Revised planned reach (January - December)</i>	225,000	72.00	16,200,000	50%
SP2.1\CL-PRO\GP\CO1\CA1.2: PROVISION OF LEGAL COUNSELLING AND ASSISTANCE INCLUDING IDENTITY AND SUPPORT CIVIL DOCUMENTATION PROCESS				
IN01: # of individuals receiving counselling and/or legal assistance on / and supported with civil documentation				
<i>Original HRP planned reach (January - December)</i>	5,000	30.00	150,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	5,000	-	150,000	0%
<i>Revised planned reach (January - December)</i>	5,000	30.00	150,000	0%
SP2.1\CL-PRO\GP\CO1\CA1.3: PROVISION OF PSYCHO-SOCIAL SUPPORT (PSS) ASSISTANCE AND REFERRALS				
IN01: # of people receiving structured and sustained Psychosocial support services				
<i>Original HRP planned reach (January - December)</i>	80,000	30.00	2,400,000	0%
<i>Estimated reach (January - May)</i>	6,807	-	-	0%
<i>Revised planned reach (June - December)</i>	43,193	-	1,295,800	0%
<i>Revised planned reach (January - December)</i>	50,000	30.00	1,500,000	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\GP\C02\CA2.1: CONDUCT ADVOCACY ACTIVITIES INCLUDING DISSEMINATION OF KEY MESSAGES ON PROTECTION CONCERNS</b>				
<b>IN01: # duty bearers including donors reached through advocacy initiatives</b>				
<i>Original HRP planned reach (January - December)</i>	500	5.00	2,500	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	500	-	2,500	0%
<i>Revised planned reach (January - December)</i>	500	5.00	2,500	0%
<b>SP2.1\CL-PRO\GP\C02\CA2.2: CONDUCT CAPACITY BUILDING OF PARTNERS, CIVIL SOCIETY, AND OTHER STAKEHOLDERS</b>				
<b>IN01: # people including civil society and local authorities receiving training and/or technical support</b>				
<i>Original HRP planned reach (January - December)</i>	2,000	50.00	100,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	2,000	-	100,000	0%
<i>Revised planned reach (January - December)</i>	2,000	50.00	100,000	0%
<b>SP2.1\CL-PRO\GP\C02\CA2.3: SUPPORT PROTECTION MAINSTREAMING</b>				
<b>IN01: # staff trained on protection mainstreaming</b>				
<i>Original HRP planned reach (January - December)</i>	1,000	5.00	5,000	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	1,000	-	5,000	0%
<i>Revised planned reach (January - December)</i>	1,000	5.00	5,000	0%
<b>SP2.1\CL-PRO\GP\C02\CA2.4: DEVELOPMENT OF DATA PROTECTION AND INFORMATION SHARING PROTOCOL</b>				
<b>IN01: % of partners are using the DPISP</b>				
<i>Original HRP planned reach (January - December)</i>	100	-	-	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	100	-	-	0%
<i>Revised planned reach (January - December)</i>	100	-	-	0%
<b>SP2.2\CL-PRO\GP\C03\CA3.1: CONDUCT PROTECTION MONITORING, BORDER MONITORING, COMMUNITY-BASED PROTECTION ACTIVITIES, AND AWARENESS RAISING</b>				
<b>IN01: # people covered and/ or assisted with a protection response through community based protection activities including protection monitoring and border monitoring</b>				
<i>Original HRP planned reach (January - December)</i>	2,400,000	10.00	24,000,000	0%
<i>Estimated reach (January - May)</i>	53,323	-	-	0%
<i>Revised planned reach (June - December)</i>	846,678	-	8,466,775	0%
<i>Revised planned reach (January - December)</i>	900,000	10.00	9,000,000	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.3\CL-PRO\GP\C04\CA4.1: ESTABLISH AN ADVOCACY RED FLAG SYSTEM FOR ISSUES TO BE BROUGHT TO THE HCT</b>				
<b>IN01: # of HCT meetings where protection concerns are acknowledged and discussed</b>				
<i>Original HRP planned reach (January - December)</i>	6	-	-	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	6	-	-	0%
<i>Revised planned reach (January - December)</i>	6	-	-	0%
<b>SP2.3\CL-PRO\GP\C04\CA4.2: SENSITIZATION SESSIONS FOR LOCAL AUTHORITIES</b>				
<b>IN01: # of staff in local authorities are sensitized</b>				
<i>Original HRP planned reach (January - December)</i>	80	-	-	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	80	-	-	0%
<i>Revised planned reach (January - December)</i>	80	-	-	0%
<b>SP2.3\CL-PRO\GP\C04\CA4.3: DEVELOP STANDARD PROTECTION TERMINOLOGY INTO LOCAL LANGUAGES FOR SYSTEM-WIDE USE BY ALL PARTNERS</b>				
<b>IN01: % of partner using agreed terminology in interaction with authorities/communities</b>				
<i>Original HRP planned reach (January - December)</i>	100	-	-	0%
<i>Estimated reach (January - May)</i>	-	-	-	0%
<i>Revised planned reach (June - December)</i>	100	-	-	0%
<i>Revised planned reach (January - December)</i>	100	-	-	0%
<b>TOTAL</b>	<b>1,219,112</b>	<b>22.11</b>	<b>26,957,500</b>	<b>30%</b>

## Protection: Housing, Land and Property

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP2.1\CL-PRO\HLP\C01\CA1.1: INFORMATION ON HLP RIGHTS</b>				
<b>IN01: # of individuals receiving information on HLP rights in the community and at border points</b>				
<i>Original HRP planned reach (January - December)</i>	406,424	10.00	4,064,240	0%
<i>Estimated reach (January - May)</i>	11,066	11.00	121,726	0%
<i>Revised planned reach (June - December)</i>	273,431	11.00	3,007,739	0%
<i>Revised planned reach (January - December)</i>	284,497	11.00	3,129,465	0%
<b>SP2.1\CL-PRO\HLP\C01\CA1.2: COUNSELLING ON HLP RIGHTS</b>				

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>IN01: # of individuals receiving counselling and/or legal assistance on HLP rights</b>				
<i>Original HRP planned reach (January - December)</i>	5,672	15.00	85,080	0%
<i>Estimated reach (January - May)</i>	100	16.50	1,650	0%
<i>Revised planned reach (June - December)</i>	3,870	16.50	63,862	0%
<i>Revised planned reach (January - December)</i>	3,970	16.50	65,512	0%
<b>SP2.1\CL-PRO\HLP\C01\CA1.3: LEGAL ASSISTANCE ON HLP RIGHTS</b>				
<b>IN01: # of individuals receiving counselling and/or legal assistance on HLP rights</b>				
<i>Original HRP planned reach (January - December)</i>	8,906	30.00	267,180	0%
<i>Estimated reach (January - May)</i>	2,267	33.00	74,811	0%
<i>Revised planned reach (June - December)</i>	3,967	33.00	130,918	0%
<i>Revised planned reach (January - December)</i>	6,234	33.00	205,729	0%
<b>SP2.1\CL-PRO\HLP\C02\CA2.1: COMMUNAL LAND RIGHTS</b>				
<b>IN01: # of individuals with strengthened communal land rights</b>				
<i>Original HRP planned reach (January - December)</i>	108,500	14.29	1,550,000	0%
<i>Estimated reach (January - May)</i>	29,366	15.71	461,466	0%
<i>Revised planned reach (June - December)</i>	46,584	15.71	732,034	0%
<i>Revised planned reach (January - December)</i>	75,950	15.71	1,193,500	0%
<b>SP2.1\CL-PRO\HLP\C02\CA2.2: LAND ALLOCATION</b>				
<b>IN01: # of individual recipients of land allocation</b>				
<i>Original HRP planned reach (January - December)</i>	91,000	33.00	3,003,000	0%
<i>Estimated reach (January - May)</i>	-	36.30	-	0%
<i>Revised planned reach (June - December)</i>	63,700	36.30	2,312,310	0%
<i>Revised planned reach (January - December)</i>	63,700	36.30	2,312,310	0%
<b>SP2.3\CL-PRO\HLP\C03\CA3.1: TRAINING AND/OR TECHNICAL SUPPORT FOR DUTY BEARERS, HUMANITARIAN AND OTHER ACTORS ON HLP RIGHTS</b>				
<b>IN01: # of duty bearers, humanitarian and other actors receiving training and/or technical support on HLP rights</b>				
<i>Original HRP planned reach (January - December)</i>	2,460	46.00	113,160	0%
<i>Estimated reach (January - May)</i>	60	50.60	3,036	0%
<i>Revised planned reach (June - December)</i>	1,662	50.60	84,097	0%
<i>Revised planned reach (January - December)</i>	1,722	50.60	87,133	0%
<b>TOTAL</b>	<b>426,271</b>	<b>16.42</b>	<b>6,998,912</b>	<b>0%</b>

## Protection: Mine Action

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.1\CL-PRO\MA\C01\CA1.1: EXPLOSIVE HAZARD CLEARANCE (PEOPLE BENEFITTING)</b>				
<b>IN01: # of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards</b>				
<i>Original HRP planned reach (January - December)</i>	108,308	106.20	11,502,310	0%
<i>Estimated reach (January - May)</i>	28,000	106.00	2,968,000	0%
<i>Revised planned reach (June - December)</i>	80,308	106.00	8,528,710	0%
<i>Revised planned reach (January - December)</i>	108,308	106.20	11,502,310	0%
<b>SP1.1\CL-PRO\MA\C01\CA1.2: EXPLOSIVE ORDNANCE RISK EDUCATION (EORE)</b>				
<b>IN01: # of vulnerable people receiving EORE</b>				
<i>Original HRP planned reach (January - December)</i>	1,358,497	2.50	3,396,243	0%
<i>Estimated reach (January - May)</i>	43,200	2.50	108,000	0%
<i>Revised planned reach (June - December)</i>	742,842	2.50	1,857,105	0%
<i>Revised planned reach (January - December)</i>	786,042	2.50	1,965,105	0%
<b>SP1.1\CL-PRO\MA\C02\CA2.1: EXPLOSIVE ORDNANCE DISPOSAL (EOD) &amp; SURVEY</b>				
<b>IN01: # of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities</b>				
<i>Original HRP planned reach (January - December)</i>	532,263	5.00	2,661,315	0%
<i>Estimated reach (January - May)</i>	32,000	5.00	160,000	0%
<i>Revised planned reach (June - December)</i>	249,863	5.00	1,249,315	0%
<i>Revised planned reach (January - December)</i>	281,863	5.00	1,409,315	0%
<b>SP2.1\CL-PRO\MA\C03\CA3.1: VICTIM ASSISTANCE</b>				
<b>IN01: # of persons with disabilities supported with victim assistance activities</b>				
<i>Original HRP planned reach (January - December)</i>	3,166	230.00	728,180	0%
<i>Estimated reach (January - May)</i>	1,320	230.00	303,600	0%
<i>Revised planned reach (June - December)</i>	1,846	230.00	424,580	0%
<i>Revised planned reach (January - December)</i>	3,166	230.00	728,180	0%
<b>TOTAL</b>	<b>803,816</b>	<b>19.88</b>	<b>15,976,269</b>	<b>0%</b>

## Water, Sanitation and Hygiene

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>SP1.1\CL-WSH\C01\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</b>				
<b>IN01: # of individuals accessing sufficient quantity of safe water for drinking,cooking and personal hygiene.</b>				
<i>Original HRP planned reach (January - December)</i>	9,378,963	20.00	187,579,259	0%
<i>Estimated reach (January - May)</i>	655,322	20.00	13,106,434	0%
<i>Revised planned reach (June - December)</i>	3,874,677	20.00	77,493,544	0%
<i>Revised planned reach (January - December)</i>	4,529,999	20.00	90,599,978	0%
<b>SP1.1\CL-WSH\C01\CA1.2: PROVISION OF CASH OR VOUCHERS FOR SAFE DRINKING WATER ACCESS</b>				
<b>IN01: # of individuals receiving cash or vouchers for safe water</b>				
<i>Original HRP planned reach (January - December)</i>	280,113	20.00	5,602,264	100%
<i>Estimated reach (January - May)</i>	-	20.00	-	100%
<i>Revised planned reach (June - December)</i>	100,000	20.00	2,000,000	100%
<i>Revised planned reach (January - December)</i>	100,000	20.00	2,000,000	100%
<b>SP1.1\CL-WSH\C01\CA1.3: PROVISION OF GENDER-APPROPRIATE EMERGENCY LATRINES AND BATHROOM FACILITIES.</b>				
<b>IN01: # of Individual having access to emergency gender and disability-sensitive sanitation facilities.</b>				
<i>Original HRP planned reach (January - December)</i>	4,701,553	11.00	51,717,079	0%
<i>Estimated reach (January - May)</i>	1,406,194	11.00	15,468,139	0%
<i>Revised planned reach (June - December)</i>	2,002,211	11.00	22,024,326	0%
<i>Revised planned reach (January - December)</i>	3,408,406	11.00	37,492,465	0%
<b>SP1.1\CL-WSH\C01\CA1.4: HYGIENE PROMOTION MESSAGES, IMPROVED PRACTICES AND ESSENTIAL WASH SUPPLIES.</b>				
<b>IN01: # of individuals receiving direct hygiene promotion without double counting.</b>				
<i>Original HRP planned reach (January - December)</i>	8,346,178	4.00	33,384,713	0%
<i>Estimated reach (January - May)</i>	1,067,430	4.00	4,269,719	0%
<i>Revised planned reach (June - December)</i>	3,161,106	4.00	12,644,425	0%
<i>Revised planned reach (January - December)</i>	4,228,536	4.00	16,914,145	0%
<b>SP1.1\CL-WSH\C01\CA1.5: PREPOSITIONING AND DISTRIBUTION OF ESSENTIAL WASH NFIS</b>				
<b>IN01: # of people reached with critical WASH supplies</b>				
<i>Original HRP planned reach (January - December)</i>	3,736,244	12.00	44,834,928	0%
<i>Estimated reach (January - May)</i>	324,802	12.00	3,897,625	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (June - December)</i>	1,513,048	12.00	18,156,573	0%
<i>Revised planned reach (January - December)</i>	1,837,850	12.00	22,054,198	0%
<b>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.</b>				
<b>IN01: # of individuals accessing sufficient quantity of safe water for drinking,cooking and personal hygiene.</b>				
<i>Original HRP planned reach (January - December)</i>	4,139,604	23.00	95,210,893	0%
<i>Estimated reach (January - May)</i>	12,628	23.00	290,442	0%
<i>Revised planned reach (June - December)</i>	1,971,657	23.00	45,348,119	0%
<i>Revised planned reach (January - December)</i>	1,984,285	23.00	45,638,561	0%
<b>SP3.3\CL-WSH\CO8\CA8.1: PROVISION OF BASIC SANITATION FACILITIES AND ENVIRONMENTAL SANITATION TO PREVENT AWD AND OTHER OUTBREAKS.</b>				
<b>IN01: # of people accessing improved gender and disability-sensitive sanitation facilities.</b>				
<i>Original HRP planned reach (January - December)</i>	1,175,388	10.00	11,753,882	0%
<i>Estimated reach (January - May)</i>	321,287	10.00	3,212,868	0%
<i>Revised planned reach (June - December)</i>	530,815	10.00	5,308,147	0%
<i>Revised planned reach (January - December)</i>	852,101	10.00	8,521,015	0%
<b>SP3.3\CL-WSH\CO9\CA9.1: PROVISION AND PROMOTION OF IMPROVED HYGIENE PRACTICES THROUGH A PARTICIPATORY APPROACHES THAT ARE CULTURALLY APPROPRIATE.</b>				
<b>IN01: # of people reached with culturally appropriate hygiene promotion messages and practices.</b>				
<i>Original HRP planned reach (January - December)</i>	2,782,059	6.00	16,692,357	0%
<i>Estimated reach (January - May)</i>	111,171	6.00	667,024	0%
<i>Revised planned reach (June - December)</i>	1,298,341	6.00	7,790,048	0%
<i>Revised planned reach (January - December)</i>	1,409,512	6.00	8,457,072	0%
<b>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</b>				
<b>IN01: # individuals accessing health and nutrition facilities with improved water source</b>				
<i>Original HRP planned reach (January - December)</i>	896,966	12.00	10,763,592	0%
<i>Estimated reach (January - May)</i>	350,426	12.00	4,205,110	0%
<i>Revised planned reach (June - December)</i>	125,803	12.00	1,509,632	0%
<i>Revised planned reach (January - December)</i>	476,228	12.00	5,714,742	0%
<b>SP3.3\CL-WSH\CO10\CA10.2: PROVISION OF IMPROVED SANITATION FACILITIES COMPLETE WITH HAND WASHING FACILITIES IN HEALTH AND NUTRITION FACILITIES (HF)</b>				



ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>IN01: # individuals accessing health and nutrition facilities with access to improved sanitation facilities complete with hand washing facilities.</b>				
<i>Original HRP planned reach (January - December)</i>	896,966	11.00	9,866,626	0%
<i>Estimated reach (January - May)</i>	-	11.00	-	0%
<i>Revised planned reach (June - December)</i>	476,228	11.00	5,238,513	0%
<i>Revised planned reach (January - December)</i>	476,228	11.00	5,238,513	0%
<b>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</b>				
<b>IN01: # of students/pupils with access to safe drinking water.</b>				
<i>Original HRP planned reach (January - December)</i>	597,978	12.00	7,175,736	0%
<i>Estimated reach (January - May)</i>	134,692	12.00	1,616,308	0%
<i>Revised planned reach (June - December)</i>	129,879	12.00	1,558,548	0%
<i>Revised planned reach (January - December)</i>	264,571	12.00	3,174,856	0%
<b>SP3.3\CL-WSH\CO11\CA11.2: PROVISION OF IMPROVED SANITATION FACILITIES COMPLETE WITH HAND WASHING FACILITIES IN SCHOOLS AND LEARNING CENTRES</b>				
<b>IN01: # of students/pupils with access to improved sanitation facilities complete with hand washing facilities.</b>				
<i>Original HRP planned reach (January - December)</i>	597,978	8.00	4,783,824	0%
<i>Estimated reach (January - May)</i>	-	8.00	-	0%
<i>Revised planned reach (June - December)</i>	264,571	8.00	2,116,571	0%
<i>Revised planned reach (January - December)</i>	264,571	8.00	2,116,571	0%
<b>TOTAL</b>	<b>9,448,977</b>	<b>34.19</b>	<b>323,054,690</b>	<b>1%</b>

## Aviation

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>CA1: UNHAS</b>				
<i>IN01: Humanitarian air services (UNHAS)</i>				
<i>Original HRP planned reach (January - December)</i>	-	-	33,000,000	0%
<i>Revised planned reach (January - December)</i>	-	-	33,000,000	0%
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>33,000,000</b>	<b>0%</b>

## Coordination and Common Services

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<b>CA1: ASSESSMENTS</b>				

**IN02: REACH: WoA, JMMI, HSM and State of Afghan cities**

Original HRP planned reach (January - December)	-	-	3,600,000	0%
Revised planned reach (January - December)	-	-	3,600,000	0%
Original HRP planned reach (January - December)	-	-	7,500,000	0%
Revised planned reach (January - December)	-	-	7,500,000	0%

**CA2: ACCOUNTABILITY TO AFFECTED PEOPLE WORKING GROUP****IN01: Awaaz core budget**

Original HRP planned reach (January - December)	-	-	2,500,000	0%
Revised planned reach (January - December)	-	-	2,500,000	0%
Original HRP planned reach (January - December)	-	-	2,000,000	0%
Revised planned reach (January - December)	-	-	2,000,000	0%

**CA3: CAMP COORDINATION AND CAMP MANAGEMENT WORKING GROUP****IN01: Population information management (develop site profiles)**

Original HRP planned reach (January - December)	-	-	1,292,044	0%
Revised planned reach (January - December)	-	-	1,292,044	0%
Original HRP planned reach (January - December)	-	-	258,409	0%
Revised planned reach (January - December)	-	-	258,409	0%

**CA4: COORDINATION, COMMON SERVICES AND INFORMATION MANAGEMENT****IN01: OCHA: overall requirements**

Original HRP planned reach (January - December)	-	-	14,200,000	0%
Revised planned reach (January - December)	-	-	14,200,000	0%
Original HRP planned reach (January - December)	-	-	200,000	0%
Revised planned reach (January - December)	-	-	200,000	0%

**CA5: DISABILITY INCLUSION WORKING GROUP****IN01: DIWG common services**

Original HRP planned reach (January - December)	-	-	200,000	0%
Revised planned reach (January - December)	-	-	200,000	0%

**CA6: GENDER IN HUMANITARIAN ACTION TASK FORCE****IN01: 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)**

Original HRP planned reach (January - December)	-	-	400,000	0%
Revised planned reach (January - December)	-	-	400,000	0%
Original HRP planned reach (January - December)	-	-	300,000	0%

ACTIVITY/OUTPUT	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)	% RESPONSE CASH
<i>Revised planned reach (January - December)</i>	-	-	300,000	0%
<b>IN03: Training and gender capacity building initiatives for all Clusters at national and regional level, based on needs identified (training costs, interpretation costs)</b>				
<i>Original HRP planned reach (January - December)</i>	-	-	75,000	0%
<i>Revised planned reach (January - December)</i>	-	-	75,000	0%
<i>Original HRP planned reach (January - December)</i>	-	-	75,000	0%
<i>Revised planned reach (January - December)</i>	-	-	75,000	0%
<b>IN05: 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)</b>				
<i>Original HRP planned reach (January - December)</i>	-	-	200,000	0%
<i>Revised planned reach (January - December)</i>	-	-	200,000	0%
<b>CA7: PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE TASK FORCE</b>				
<b>IN01: PSEA Support – investigations, prevention, survivor assistance, etc.</b>				
<i>Original HRP planned reach (January - December)</i>	-	-	750,000	0%
<i>Revised planned reach (January - December)</i>	-	-	750,000	0%
<b>TOTAL</b>			<b>37,050,453</b>	<b>0%</b>

# Minimum Standards for Quality Programming in Afghanistan AAP, Gender, PSEA and Disability Inclusion

## PROJECT DESIGN

### DOES YOUR ORGANISATION HAVE ACCOUNTABILITY AND SAFEGUARDING POLICIES/GUIDELINES, INCLUDING A MANDATORY

PSEAH CODE OF CONDUCT?	YES	NO	SUGGESTED ACTIONS
Does your organisation have accountability and safeguarding policies/guidelines, including a mandatory or country level) to ensure “do no harm” and zero tolerance.			All organisations must have accountability, PSEAH, and safeguarding policies/guidelines (whether at the headquarter or country level) to ensure “do no harm” and zero tolerance.
PSEAH Code of Conduct?			Affected communities should be part of the decision-making process in the programme cycle. Their voices should inform the response following the project cycles - not at implementation phase only. See example: <a href="#">Afghanistan Community Voices and Accountability Platform Afghanistan: Tip Sheet Strengthening Women's Participation in Assessments [EN/Dari/PS]   HumanitarianResponse</a> Gender with Age Marker: <a href="https://ee.humanitarianresponse.info/single/CmMi32GF">https://ee.humanitarianresponse.info/single/CmMi32GF</a>
Does your organisation have accountability and safeguarding policies/guidelines, including a mandatory			Example: <a href="#">Afghanistan: Tip Sheet Strengthening Women's Participation in Assessments [EN/Dari/PS]   HumanitarianResponse</a>
PSEAH Code of Conduct?:			This could include funding for community based education, livelihood training (like seeds and livestock), skill building training (like computer and English language) based on community needs. These will allow for increased access to communities and trust while opening avenues for supporting basic human needs and more sustainable humanitarian assistance (including community support for improved access).
Does your organisation have accountability and safeguarding policies/guidelines, including a mandatory			One of the biggest asks by communities is to have sustainable measures. Humanitarian strategies must reflect how this could open avenues for longer term sustainable support to basic human needs. For women, children, persons with disabilities and other vulnerable groups, this is even more important in the current context to preserve their space in society. Consider how cash grant projects would support community linkages with development projects for livelihood or cash for work, for WASH projects consider how your construction would support community in longer term whether from your own organisation or through other basic human needs organisations. This is applicable to new projects.
PSEAH Code of Conduct?			Adapt the Washington Group of Questions to your data collection tools and methodology: <a href="#">The Washington Group Short Set on Functioning (WG-SS)</a>
DOES YOUR ORGANISATION HAVE ACCOUNTABILITY AND SAFEGUARDING POLICIES/GUIDELINES, INCLUDING A MANDATORY			
PSEAH Code of Conduct?	Yes	No	Suggested Actions

Have you undertaken access negotiations for women staff to be part of your projects both as staff and as beneficiaries?	GiHA/HAG advocacy messages. Women staff's participation is essential for projects under all sectors of the humanitarian response. Access negotiations to secure local exemptions to the ban on women NGO workers are to be undertaken to ensure women's involvement. It is important to keep in mind that in order for it to be effective women's access must be advocated consistently across all engagements with DFA; use the messages from GiHA/HAG. If yes, please add a row to explain what level of negotiations and what are the outcomes and were you able to use GiHA/HAG advocacy messages for negotiations.
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Have you consulted with gender specialists and/or women aid workers prior to your access negotiations?	Engage gender specialists, including GiHA,GENCAP, Cluster gender focal points, organisations's gender focal point, etc.
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Were your negotiations and access teams trained on gender and access issues?	<ul style="list-style-type: none"> <li>Building on HAG capacity building (peer to peer CCHN led training)</li> </ul>
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**ASSESSMENT**

**DESIGN**

MINIMUM STANDARDS	YES	NO	SUGGESTED ACTIONS
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Have you accessed available data on community insights (community feedback and complaints) related to your area of interventions to inform programme design and build on the existing data to address the gaps?			<ul style="list-style-type: none"> <li>Afghanistan Community Voices and Accountability Platform</li> <li>Whole of Afghanistan Assessment</li> <li>Displacement Tracking Matrix</li> </ul> And other relevant assessments and studies in Afghanistan at national and sub-national level.
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Have you identified SEAH risks and possible mitigation measures linked to your assessment plans? This includes staff and community volunteers (both men and women) who support assessments.			Assessing SEAH risks is key to ensuring programmes are carried out in a safe manner. At the very least, a rapid risk assessment can be conducted at the beginning of a response, but a more thorough assessment will be needed once the project is underway. PSEAH Network will be able to guide on this.
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Have you identified clear ToRs for community volunteer engagement in your projects?			As we are moving towards stronger community engagement in assessments, particularly for accessing women and girls, it is essential that community members (men and women) are clear on their expected role, responsibility, and expected conduct as well as risks associated with their work.
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Have you identified strategies for engagement of women in your projects?			Given the ban on women aid workers we need to find different strategies to ensure women are included in assessments both in assessment teams and as community members. If yes, what was tried and did it work? Inclusion of female voices in assessment tool. <a href="#">Rapid assessment of engaging women and girls in programming, conducted four weeks after the ban.</a>
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Does your assessment methodology and sampling strategy meaningfully reflect and engage the affected people (i.e., considering gender, age, disability and other vulnerabilities)?			A prerequisite of meaningful engagement is a power analysis, which can be rapid in some cases, but it essentially requires an understanding of how the community is structured, who are the community leaders, what are the tribes/power structures and gender relations in the community.
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<p>Have you conducted a gendered analysis of community structures prior to programmes in new locations, discussing the needs, issues and barriers of different groups in the community?</p>	<p>This is for new locations only. It implies that the organisation has conducted an analysis of community structures and the existing power dynamics in the new community prior to implementation in order not to exacerbate existing imbalances.</p>
<p><b>DATA COLLECTION</b></p>	
<p><b>MINIMUM STANDARDS</b></p>	<p><b>YES    NO    SUGGESTED ACTIONS</b></p>
<p>Have the enumerators received training/orientation on interpersonal communication skills, PSEAH, code of conduct, mandatory reporting, referral pathways, and existing complaint and feedback mechanisms?</p>	<p>It is important that all enumerators are taken through the PSEAH Code of Conduct and the complaints/referral mechanisms for SEAH. This includes being given the time to discuss and fully understand the procedures and formally accept the policies and mechanisms through signing the Code of Conduct. The PSEAH Network is available to support.</p>
<p>Do you distribute key messages or Frequently Asked Questions (FAQs) cards about your programming (i.e., criteria, target, etc.), available in Dari and Pashto, when engaging communities in data collection?</p>	<p>Example of standardised key messages for communicating with communities: Key Messages for Crisis-Affected People In relation to DFA ban on women NGO staff in humanitarian work [EN/Dari/PS] - Afghanistan   ReliefWeb</p>
<p>Do you disaggregate data/findings by sex, age, and disability in your analysis?</p>	<p><a href="#">Sex, age, disability and intersectionality matter</a> in terms of how people experience emergencies, affecting meaningful access to essential, life-saving services. Data segregation and application of a gender and inclusion lens is not limited to SADD data only. It requires the same approach in qualitative data collection and validation of the numbers.</p>
<p>Do you share and validate assessment data/findings with a sample of men and women from the targeted communities?</p>	<p>It is important to ensure all segments are sampled - men and women, persons with disabilities, youth and minorities (religious, tribal). Men and women of various intersectionality have different perceptions and needs. It is good to validate the findings with both, while taking into account additional vulnerability factors in that community.</p>
<p>Do you use the Information Sharing Protocol (ISP) to guide when sharing data/information with the relevant partners and stakeholders?</p>	<ul style="list-style-type: none"> <li>• ICCT's Information Sharing Protocol (ISP)</li> <li>• SOP and ISP for Community Voices/Accountability Platform</li> <li>• SOP and ISP for PSEAHNetwork</li> <li>• ISP for GBV Information Management System and Data</li> <li>• Protection Guidance</li> </ul>
<p><b>IMPLEMENTATION</b></p>	
<p><b>PROFILE OF COMMUNITY, STAKEHOLDERS, AND CONTEXT</b></p>	
<p><b>MINIMUM STANDARDS</b></p>	<p><b>YES    NO    SUGGESTED ACTIONS</b></p>
<p>Have you conducted an assessment on who will directly and indirectly be benefiting from this project, and what are some of the main characteristics that may render them more susceptible to SEAH?</p>	<p>Adapt awareness-raising efforts on SEAH including where and how to seek support to meet specific needs of affected populations. This includes targeted messaging for groups that are susceptible to SEAH.</p>
<p>Have you assessed if your activities are not worsening the existing gender imbalances in communities?</p>	<p>For instance: (1) project consultations are only held with men, reinforcing the idea that men are the only decision-makers, (2) PDMs are only held with men, reinforcing the idea that only men can provide feedback on assistance received.</p>

Have you ensured women's participation in the team, particularly for staff directly engaging with affected women and girls?	Aim to ensure gender balance of staff (if possible) who should be taken through the Code of Conduct; presented with an overview of PSEAH focal points; and made familiar with the PSEAH procedures. All staff must wear forms of identification
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Have you assessed how your project would create or exacerbate existing imbalances between programme staff and members of the affected community?	Arrange periodic site visits by PSEAH, AAP, Gender, and/or Disability Inclusion focal points to analyse current context and monitor developments/possible risks/mitigation measures
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Have you undertaken consultations and FGDs with women during the project implementation to inform project interventions and course correction?	<a href="#">Afghanistan: Tip Sheet Strengthening Women's Participation in Assessments [EN/Dari/PS]   HumanitarianResponse</a>
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Does your organisation have a PSEAH implementation and feedback/complaints mechanism?	The PSEAH Network will be able to guide on the process. An example can be accessed <a href="#">here</a> .
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**INTEGRATION OF WOMEN AID WORKERS**

MINIMUM STANDARDS	YES	NO	SUGGESTED ACTIONS
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Does your organisation have a mahram policy in place and other arrangements to support women staff (including separate transport and safe spaces; flexible working and/or work from home arrangements)?			<ul style="list-style-type: none"> <li>ICCT's approved mahram guidance that can be used and adapted in the organisation.</li> <li>GiHA's HR tipsheet can be used to define organisation's modalities to support its women staff</li> </ul>
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Did your organisation request for a project budget for facilitating women staff retention?			This would include costs for mahram, separate transportation and separate spaces for women
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Have your staff been trained on AAP, gender responsive programming, PSEAH, and Disability Inclusion? Does your organisation have a dedicated AAP, PSEAH, Gender, Disability Inclusion focal points? Have they been involved in the design of the project?			<p>The working groups/networks on AAP, PSEAH, Gender, Disability Inclusion will be able to support.</p> <ul style="list-style-type: none"> <li>ToR for AAP focal point</li> <li>ToR for PSEAH focal point</li> <li>ToR for Gender focal point</li> <li>ToR for Disability Inclusion</li> </ul>
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**INFORMATION SHARING**

MINIMUM STANDARDS	YES	NO	SUGGESTED ACTIONS
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Do you provide information about your services and assistance in formats and languages preferred, trusted and accessible by the affected communities?			<p>Information saves lives. Women, girls, men, boys, persons with disabilities should be able to access information about humanitarian services and other life-saving messages in formats and languages they prefer and trust. It is important to ensure the literacy issue in designing the efforts for communicating with communities.</p> <p>Care should also be taken to minimise text and support it with visuals as a larger percentage of community members particularly women can't read and write.</p>
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Have you identified ways to provide information about services, assistance and projects to women?			<p>Women may not be able to access the standard channels of information sharing and it is important to ensure that they get the information required. There is a need for innovative ways to reach women. Some successful ways to share information could be through exempted activities such as health services, with women community elders, older women, using pictograms, etc. See suggested preferences by women and girls <a href="#">here</a>.</p>
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Do you share specific messages about PSEAH, conduct, and rights to communities, especially to at risk-groups (such as women, children, and persons with disabilities)?

To ensure collective outreach, use the Afghanistan PSEAH Network communication materials/messaging. Kindly contact the PSEAH Network for more information.

**FEEDBACK MECHANISMS**

MINIMUM STANDARDS	YES	NO	SUGGESTED ACTIONS
<p>Has your organisation designed community feedback and complaints mechanisms based on the preferences and trust by various segments of communities?</p>			<p>Ensure that community feedback and complaints mechanisms are based on the suggestions by communities to make sure the effective use of the available channels. Feedback and complaints channels should be safe and confidential for use by communities, especially to report sensitive issues. Engage with various groups, including women and Persons with Disabilities, to understand needs and options for specific groups and ensure meaningful feedback provision.</p>
<p>Does your project have confidential SEAH reporting channels in place?</p>			<p>Community-based complaint mechanisms for SEAH must be victim-centred, inclusive, and gender/age sensitive, in line with the guiding principles of safety, confidentiality, respect, and non-discrimination. It is important that all staff who may receive a SEAH complaint receive training on intake, referral and feedback of SEAH cases, and wear forms of identification (i.e., vests, shirts, hats, or similar). Please seek guidance and support from the PSEAH Network / PSEAH Coordinator.</p>
<p>Does your project provide information about the available feedback and complaints channels and how to access them to affected communities regularly?</p>			<p>Individual organisation has to communicate clearly with communities on what mechanisms are available for them to feedback and complain in humanitarian assistance. While engagement through community structures is helpful, efforts to reach out individuals need to be made i.e., during aid distribution, FGDs, KIIs etc.</p>
<p>Does your project have dedicated staff (both male and female) to oversee face to face dialogues with communities to regularly document their feedback and complaints about the project to improve course correction?</p>			<p>Face to face dialogue with communities is widely suggested in programming (based on community insights/assessments and field observations). While the multimedia approach is critical to conduct two-way dialogues, investment on face to face communication needs to be scaled up in response to ensure greater community outreach.</p>
<p>Does your project conduct specific activities to gather feedback from specific and at-risk groups, such as women, children, and persons with disabilities?</p>			<p>Community feedback should be representative. You need to pay attention to gender balance and other vulnerabilities such as disabilities, minority groups etc. to ensure they are reached in programme dialogues.</p>
<p>Does your project have a system in place for handling and referring sensitive data to relevant stakeholders?</p>			<p>Sensitive data, especially on GBV, SEAH needs to be referred in line with SOPs. The PSEAH, AAP, GBV, Child Protection (CP) Coordinators will be able to guide on the process.</p>
<p>Does your project communicate back to communities on actions that were and were not taken?</p>			<p>Corrective action is key in accountability mechanisms. If we fail to address it, trust will be lost from communities supported in humanitarian programmes. Individual organisation should communicate back to communities on actions that were and were not taken so they are aware of what was done to their feedback and complaints.</p>



Does your project contribute to and use data from the collective platform for community voices and accountability ?

Response-wide community feedback tracker led by the AAP WG with support of other thematic groups: Afghanistan Community Voices and Accountability Platform

**COMMUNITY PARTICIPATION**

**MINIMUM STANDARDS**

**YES NO**

**SUGGESTED ACTIONS**

Are your project participants involved in the decision-making process throughout the project cycle?

Community insights and field observations suggest that crisis- affected communities want to be decision-makers in humanitarian response. They are not passive recipients of aid. Humanitarian aid organisations need to shift the power to communities to enable them to become active participants of their own future and recovery. Individual organisation must therefore ensure that affected communities are part of the decision-making process from the start to influence programme adaptation on a regular basis.

**MONITORING AND EVALUATION**

**VALIDATION**

**MINIMUM STANDARDS**

**YES NO**

**SUGGESTED ACTIONS**

Does your project have specific activities to ensure the participation of women, children, persons with disabilities and vulnerable groups in project monitoring?

Monitoring plan and implementation need to ensure the representation/sample of community segments particularly women, children, persons with disabilities and other vulnerable groups to ensure the diversity of voices (needs and priorities) in programming. Both in person and remote modalities need to be properly considered and used in the monitoring methods to improve community participation in regular project monitoring. Women staff and women leaders in the community need to be safely involved in monitoring to ensure the feedback from women beneficiaries.

Does your project periodically validate monitoring findings with the affected communities (men and women)?

Communities should be part of the validation process to strengthen data ownership in programming. Teams of researchers and field staff involved in monitoring activities should engage at least a sample of communities (with various representations) to ensure they understand the overall issues and provide clarification where necessary. Women are more vulnerable even within the household. Persons with disabilities are more vulnerable than others in any community. It is critical to ensure that the validation process takes place with the most vulnerable as well.

Do you have rumour-tracking mechanisms in your project to collect, verify and address misinformation and disinformation in programming?

Misinformation is false or inaccurate information—getting the facts wrong. Disinformation is false information which is deliberately intended to mislead—intentionally making the misstating facts. A system to address misinformation and disinformation is critical in programming - this may include media monitoring, social listening etc. to support verifying the issues and taking appropriate actions/decisions. See the [guidance and good practices of rumour-tracking](#).

**ADAPTATION**

MINIMUM STANDARDS	YES	NO	SUGGESTED ACTIONS
Does your organisation document programme adjustment/adaptation made based on the feedback and complaints from communities?			Evidence is key for course correction. Individual organisation should document and report the project adaptations made (including challenges) based on the inputs from communities. This may be in monthly reports, monitoring reports, community bulletins, donor reports etc. AAP Working Group tracks the corrective actions regularly at Cluster and working group level, and reports the key milestones, with links to Afghanistan Community Voices and Accountability Platform, to the ICCT and HCT.
Does the project-targeted communities have access to their feedback data and decision-making process?			Affected communities should know and be able to access their own feedback in preferred formats and languages, and also be part of the decision making process. It is important that communities provide solutions to their feedback locally to inform the response decision-making process and adaptation regularly.
<b>GENDER WITH AGE MARKER (GAM) SCORE OF YOUR PROJECT</b>		<b>THE PROJECT'S GAM CAN BE OBTAINED BY ANSWERING THE FOLLOWING QUESTIONNAIRE: <a href="https://ee.humanitarianresponse.info/single/cmmi32gf">HTTPS://EE.HUMANITARIANRESPONSE.INFO/SINGLE/CMMI32GF</a></b>	

## BACKGROUND OF MINIMUM STANDARDS TO AAP, PSEA, GENDER, DISABILITY INCLUSION

On 24 December 2022, the De facto Authorities of Afghanistan (DFA) announced a decree banning women from working in NGOs. In April, this decree was extended to women working for the UN. On the backdrop of a series of edicts curtailing women’s participation in education, life and society, this ban poses egregious threats to the humanitarian community’s ability to continue to deliver assistance in a principled and accountable manner, reaching the most vulnerable. A mission of the Inter Agency Standing Committee (IASC) took place in January 2023 to study the situation and support the Humanitarian Country Team, outcomes of which outlines a three-pronged concept of operations – focusing on continued negotiations to expand authorisations to cover all sectors; pursuit of local reinforcement with authorities at the provincial and district levels; and operations under a minimum criteria for operations. The minimum criteria for programming include: ensuring a needs-based response with the participation of both male and female workers; applying methods

of response whereby all programmes should include aspects of protection, GBV, MHPSS and PSEA-H; humanitarian partners commit to not replace female staff by men; enforcing minimum AAP standards exploring expanded ways for community engagement (particularly with women); and prioritisation of gender-responsive programming.

Against this backdrop, minimum standards for AAP, PSEAH, Gender and Disability Inclusion have been developed to provide technical and operational guidance for humanitarian partners to ensure an accountable and gender-responsive humanitarian assistance in Afghanistan. The minimum standards consist of actions/requirements to undertake in humanitarian response that put crisis affected people at the centre of operations, informed by in-depth consultations including a dedicated AAP and Data Workshop and a Gender Risk Mitigation Workshop held in February and March 2023, subsequently followed by discussions / agreements at ICCT and HCT.

The minimum standards aim to guide the humanitarian partners' ability to practically implement the IASC minimum criteria for programming in Afghanistan and support Clusters' approach in planning the revision

of the 2023 HRP. This is expected to be a living guidance document, fine-tuned with granular information from frontline implementing / programme partners, and complemented by operational redirection.

Clusters, humanitarian partners and donors are encouraged to be guided by these standards. The AAP WG, GiHA WG, PSEAH Network, and DI WG are ready to support with training for implementing partners. These agreed minimum standards are also expected to inform allocations from the Afghanistan Humanitarian Fund.

Beyond the aforementioned minimum standards, a series of complementary operational tools and guidance pieces are available to support humanitarian planning, programme implementation, and monitoring. These include:

**New System-Wide Information Sharing Protocols:** Recognising the importance of data responsibility and the importance of this work as a key component of collective accountability to affected people, as well as understanding the limited processes and practises for assessing and mitigating risks related to data management given the complexity of the operating environment and data sharing and engagement with authorities being highly complex and sensitive, the humanitarian community has developed a new draft system-wide Information Sharing Protocols (ISP) for Afghanistan. The ISP is designed to support data responsibility – the safe, ethical, and effective management of data - within the Afghanistan humanitarian response. It establishes a common framework for information and data exchange on the basis of a collective data and information sensitivity classification. The ISP has been developed through a collective exercise led by the Inter-Cluster Coordination Team (ICCT) and the Information Management Working Group (IMWG) in accordance with the Inter-Agency Standing Committee (IASC) Operational Guidance on Data Responsibility. The

ISP is expected to be endorsed by the Afghanistan Humanitarian Country Team (HCT) as part of broader efforts to advance collective accountability in the response.

**Inclusion of Female Voices in Assessments:** This tool provides a framework to think through the various constraints and options to make an informed decision about the safest and most inclusive data collection method at the local level. It includes: a) a summary of data collection methods depending on research design and ability to work with female enumerators whereby each option is detailed alongside possible training modalities, limitations of the data collection method, risks associated with the assessment design and possible mitigation measures of those risks; b) a decision tree to identify the best possible option(s) of capturing female voices in the assessment; c) a tool to determine for each assessment location the best possible option(s) of capturing female voices.; and d) list of choices linked to Female Inclusion Mapping. This tool has been rolled out through – the Assessments and Analysis Working Group under the ICCT and “Strengthening Accountability to Women and Girls in Afghanistan” training organised by GiHA in collaboration with GTS and Salma Consulting – uptake by more than 200 participants. It is expected that there will be a joint review in a quarter to see if it is fit for purpose, what may have to be adapted or which additional methods, limitations, risks, mitigation measures will have to be added.

**Afghanistan Community Voices and Accountability Platform:** A platform which aggregates and presents community feedback and complaints brings together existing feedback mechanisms by humanitarian partners and inter-agency hotline (Awaaz). The platform was designed to support humanitarian responders make decisions around programme design, implementation, monitoring and evaluation processes that are informed by and reflect the views of affected people. The first roll-out in Quarter 1 2023, which reached 50.4 per cent women (out of 2010 people), was supported by some 27 humanitarian partners and the findings have informed the first IASC monitoring report.

**Minimum Requirements for Cash and Voucher Assistance Programming:** To ensure operational coordination of Cash and Voucher Assistance (CVA) amongst humanitarian agencies including, implementation standards and processes in the current context, the Cash and Voucher Working Group (CVWG) has formed an inter-agency technical taskforce to recommend minimum requirements for provision of CVA in the country. This paper endorsed by the CVWG recommends the minimum requirements in various steps of CVA programming considering the restriction imposed by DFA on women from working with NGOs

**Gender responsive programming risks and mitigation measures:** Maps risks and threats to gender- responsive programming and outlines operational support needed for continuation of gender-responsive programming. It also outlines accountability mechanisms for safeguarding women and communities at large and advocacy channels.

**Protection programming risks and mitigation strategies:** To assess risks and mitigation measures in delivering protection response, an activity-by-

activity risk analysis of protection programming and guidance on gambits and mitigation measures has been developed by Protection Cluster partners to guide protection response.

**Protection Observation Tool:** This draft tool is aimed for field staff with frequent interaction with communities through field visits, assessments or at points of delivery. The aim is to serve as an easy guide to help field staff pick-up on / observe key issues of protection and deliberate deprivation for real-time troubleshooting. This tool is different from the multi-sector rapid assessment tool and other assessment tools and does not aim to consolidate the reporting in written form / dashboards. Field staff can raise key issues observed through: OCT chairs; RICCG chairs and/or sub-national Cluster coordinators; RHT chairs; Humanitarian or development organisations for raising to OCT/RICCG/RHTs; National Cluster Coordinators; and contact centres at the community level (if available) and feedback mechanisms. Training on the observation tool has started through the GiHA / REACH – GTS and Selma conducted training.

**For more information, please contact co-chairs/coordinators of the thematic working groups:**

<b>ACCOUNTABILITY TO AFFECTED PEOPLE WORKING GROUP</b>	<b>PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA) NETWORK</b>
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<b>GENDER IN HUMANITARIAN ACTION WORKING GROUP</b>	<b>DISABILITY INCLUSION WORKING GROUP</b>
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# Updated Scored Risk Matrix

## CATEGORY: GOVERNANCE & SERVICES

RISK/ OPPORTUNITY	PLANNING ASSUMPTION (NEW) UPDATES AS OF APRIL 2023	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPU- LATION GROUPS	SOURCE OF ANALYSIS
	<p>The operational environment is likely to become more challenging with the issuance of the directive banning women humanitarian workers and implementation of the newly launched De-facto Authorities (DFA's) procedure for coordination of humanitarian response, forcing humanitarian actors to continue operations through cumbersome and labour-intensive negotiations. This will include:</p> <ul style="list-style-type: none"> <li>Increased bureaucratic impediments resulting in delayed project implementations. e.g. heavy reporting requirement; lengthy, unclear and non-standard MoU signing processes; visa challenges for international staff; work permits for national staff; etc.</li> <li>Increased interferences by the DFAs in the humanitarian programme. e.g. attempts to influence beneficiary selection and programme design (e.g. MHNTs), aid diversion (taxation), infringement on the humanitarian principles (e.g. presence of armed personnel during delivery, assessment and monitoring, thus impacting protection of civilians; requests for sharing of sensitive information impacting beneficiaries), etc.</li> <li>Increased violence against humanitarian workers and community volunteers (whose involvement may increase in the absence of women humanitarian staff). This may include incidents relating to detentions, threats, harassments, etc.</li> <li>Reduced reach of female beneficiaries (especially women headed households) and children, more specifically in-service delivery, in connection to the ban on women humanitarian staff.</li> <li>Increased restriction on the movement of humanitarian operations, which includes incidents at a check points, imposition of layers of procedures for movement, mahram requirements, road blockages (man-made and natural), etc.</li> <li>Fragile access to Cash – with a possibility of reduction of cash movement driven by the UN.</li> </ul> <p>These risks are believed to have a negative impact on humanitarians' ability to operate and most concerningly, donors' interest to continue funding to specific sectors.</p>				All groups	
		5 ■■■■■	5 ■■■■■	25 ■■■■■		Access Monitoring and Reporting Framework (AMRF)
		5 ■■■■■	5 ■■■■■	25 ■■■■■		Engagement Monitoring Matric (EMF)
		5 ■■■■■	5 ■■■■■	25 ■■■■■		IASC monitoring report and other surveys'
		5 ■■■■■	5 ■■■■■	25 ■■■■■		DFA procedure for coordination of humanitarian response
		5 ■■■■■	4 ■■■■■	20 ■■■■■		DFA directive barring women humanitarian workers

**CATEGORY: SECURITY & CONFLICT**

RISK/ OPPORTUNITY	PLANNING ASSUMPTION (NEW) UPDATES AS OF APRIL 2023	LIKELI-HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	SOURCE OF ANALYSIS
Conflict with pockets of hotspots	<ul style="list-style-type: none"> <li>The security situation continues to stabilise, as compared to the pre 2021 period, though low-level conflicts are likely to arise seasonally and/or in pockets.</li> <li>IS-KP attacks likely to increase against DFAs and humanitarian organisations, per the publication's issued by them.</li> <li>Presence of IEDs and UXOs continue to be a potential threat to the lives of civilians across many parts of the regions, at the backdrop of insufficient financial resources that are slowing IED clearance.</li> </ul>	3 	4 	12 	All groups	Access Monitoring and Reporting Framework (AMRF)  ISK publication
Coerced return and evictions of IDPs and people in informal settlements	<ul style="list-style-type: none"> <li>DFAs are likely to continue to push for the return of IDPs and people living in informal settlements and clearance of informal settlements, particularly those sitting on government and private land, jeopardizing the protection of population in need at risk.</li> </ul>	4 	3 	12 	IDPs and people living in informal settlements	Access Monitoring and Reporting Framework (AMRF)  Humanitarian Access Group (HAG)
Crime and violence	<ul style="list-style-type: none"> <li>Many currently reeling from cumulative debt, increased unemployment, and the ongoing financial crisis will continue to fuel crime and insecurity (including robbery and kidnapping) in Kabul and other major urban areas.</li> </ul>	3 	2 	6 	All groups, particularly urban households	Access Monitoring and Reporting Framework (AMRF)

# How to Contribute

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## **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](http://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](http://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf)

For information about the AHF, please contact:

[ahf-afg@un.org](mailto:ahf-afg@un.org)

[unocha.org/afghanistan/about-ahf](http://unocha.org/afghanistan/about-ahf)

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## **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](mailto:logik@un.org)

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## **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](mailto:fts@un.org) or through the online contribution report form at

[fts.unocha.org](http://fts.unocha.org)

# Acronyms

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<b>AAP</b>	Accountability to Affected Populations	<b>CSO</b>	Civil Society Organization
<b>ACBAR</b>	Agency Coordinating Body for Afghan Relief and Development	<b>CSSF</b>	Comprehensive School Safety Framework
<b>AFN</b>	Afghani	<b>CTFMR</b>	Country Task Force on Monitoring and Reporting
<b>AGD</b>	Age/Gender/Diversity	<b>CVA</b>	Cash and Voucher Assistance
<b>AHF</b>	Afghanistan Humanitarian Fund	<b>CVWG</b>	Cash and Voucher Working Group
<b>AIM</b>	Abandoned Improvised Mines	<b>DFA</b>	De Facto Authorities
<b>ALC</b>	Accelerated Learning Classes	<b>DIEM</b>	Data in Emergencies
<b>AMAS</b>	Afghanistan Mine Action Standards	<b>DIWG</b>	Disability Inclusion Working Group
<b>AMN</b>	Acute Malnutrition	<b>DP</b>	Data Protection
<b>AMRF</b>	Access Monitoring and Reporting Framework	<b>DPIA</b>	Data Protection Impact Assessment
<b>ANDMA</b>	Afghanistan Natural Disasters Management Authority	<b>DRR</b>	Disaster Risk Reduction
<b>AOAD</b>	Accessibility Organization for Afghan Disabled	<b>DTM</b>	Displacement Tracking Matrix
<b>AWD</b>	Acute Watery Diarrhoea	<b>EiE</b>	Education in Emergencies
<b>BMA</b>	Baseline Mobility Assessment	<b>ENSO</b>	El Niño-Southern Oscillation
<b>BSC</b>	Balanced Scorecard	<b>EOD</b>	Explosive Ordnance Disposal
<b>BSFP</b>	Blanket Supplementary Feeding Program	<b>EORE</b>	Explosive Ordnance Risk Education
<b>CBE</b>	Community-Based Education	<b>ERM</b>	Emergency Response Mechanism
<b>CCCM</b>	Camp Coordination Camp Management	<b>ERW</b>	Explosive Remnants of War
<b>CCHF</b>	Crimean-Congo Haemorrhagic Fever	<b>ES-NFI</b>	Emergency Shelter Non-Food Items
<b>CCS</b>	Caring for Child Survivors	<b>FAO</b>	Food and Agriculture Organization
<b>CDC</b>	Community Development Committees	<b>FFA</b>	Food Assistance for Assets
<b>CFRM</b>	Complaint and Feedback Response Mechanisms	<b>FFT</b>	Food Assistance for Training
<b>CIE</b>	Community impact Evaluation	<b>FSAC</b>	Food Security and Agriculture Cluster
<b>COVID-19</b>	Coronavirus Disease 2019	<b>FSP</b>	Financial Service Providers
<b>CP</b>	Child Protection	<b>FTS</b>	Financial Tracking Service
<b>CPIMS+</b>	Child Protection Information Management Systems	<b>GAM</b>	Gender and Age Markers
		<b>GBV</b>	Gender Based Violence
		<b>GCR</b>	Global Compact on Refugees



<b>GenCap</b>	Gender Capacity Advisory	<b>IMAS</b>	International Mine Action Standards
<b>GiHA</b>	Gender in Humanitarian Action	<b>iMMAP</b>	Information Management and Mine Action Programs
<b>GIS</b>	Geological Information Systems	<b>INGO</b>	International Non-Governmental Organization
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit	<b>IOM</b>	International Organization for Migration
<b>GTS</b>	Ground Truth Solutions	<b>IPA</b>	Individual Protection Assistance
<b>HAG</b>	Humanitarian Access Group	<b>IPC</b>	Integrated Food Security Phase Classification
<b>HAP</b>	Health Assessment Programmes	<b>IRIS</b>	Internally Displaced Persons Statistics
<b>HC</b>	Humanitarian Coordinator	<b>ISET</b>	Informal Settlement
<b>HCT</b>	Humanitarian Country Team	<b>IS-K</b>	Islamic State of Khorasan
<b>HDPN</b>	Humanitarian, Development and Peace Nexus	<b>ISP</b>	Information Sharing Protocols
<b>HDX</b>	Humanitarian Data Exchange	<b>IYCF</b>	Infant and Young Child Feeding
<b>HER</b>	Health Emergency Response	<b>JIAF</b>	Joint Inter-Sectoral Analysis Framework
<b>HeRAMS</b>	Health Resources and Services Availability Monitoring System	<b>JMMI</b>	Joint Market Monitoring Initiatives
<b>HLP</b>	Housing, Land and Property	<b>JOP</b>	Joint Operating Principles
<b>HMIS</b>	Health Management Information System	<b>MA</b>	Mine Action
<b>HNO</b>	Humanitarian Needs Overview	<b>MAM</b>	Moderate Acute Malnutrition
<b>HR</b>	Human Resources	<b>MBA</b>	Market-Based Approach
<b>HRP</b>	Humanitarian Response Plan	<b>MCCT</b>	Maternal and Child Cash Transfer
<b>HSM</b>	Humanitarian Situation Monitoring	<b>MEB</b>	Minimum Expenditure Basket
<b>IASC</b>	Inter-Agency Standing Committee	<b>MHNT</b>	Mobile Health and Nutrition Team
<b>ICCT</b>	Inter-Cluster Coordination Team	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>ICLA</b>	Information Counselling and Legal Assistance	<b>MISP</b>	Minimum Initial Service Package
<b>IDP</b>	Internally Displaced People	<b>MIYCN</b>	Maternal, Infant, and Young Child Nutrition
<b>IEC</b>	Information, Education and Communication	<b>MNP</b>	Multiple Micronutrient Powders
<b>IED</b>	Improvised Explosive Device	<b>MoRR</b>	Ministry of Refugees and Repatriation
<b>IFI</b>	International Financial Institutions	<b>MoU</b>	Memorandum of Understanding
<b>IHRL</b>	International Human Rights Law	<b>MPC</b>	Multi-Purpose Cash
<b>ILO</b>	International Labour Organization	<b>MRRD</b>	Ministry of Rural Rehabilitation and Development
<b>IM</b>	Information Management	<b>MUAC</b>	Middle Upper Arm Circumference
<b>IMAM</b>	Integrated Management of Acute Malnutrition	<b>MUDL</b>	Ministry of Urban Development and Land

<b>N-DSWG</b>	National Durable Solutions Working Group	<b>SAG</b>	Strategic Advisory Group
<b>NAWG</b>	National Access Working Group	<b>SAM</b>	Severe Acute Malnutrition
<b>NGO</b>	Non-Governmental Organization	<b>SEA</b>	Sexual Exploitation and Abuse
<b>NHAG</b>	National Humanitarian Access Group	<b>SFSA</b>	Seasonal Food Security Assessment
<b>NIS</b>	Nutrition Information System	<b>SO</b>	Specific Objective
<b>NNGO</b>	National Non-Governmental Organization	<b>SOP</b>	Standard Operating Procedure
<b>NNS</b>	National Nutrition Survey	<b>TEF</b>	Transitional Engagement Framework
<b>NSAG</b>	Non-State Armed Group	<b>TLM</b>	Teaching and Learning Materials
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs	<b>TLS</b>	Temporary Learning Spaces
<b>OPD</b>	Organizations of Persons with Disabilities	<b>TWG</b>	Technical Working Groups
<b>PARR</b>	Priority Areas of Return and Reintegration	<b>UASC</b>	Unaccompanied and Separated Children
<b>PDM</b>	Post Distribution Monitoring	<b>UN</b>	United Nations
<b>PED</b>	Provincial Education Directorates	<b>UNAMA</b>	United Nations Assistance Mission in Afghanistan
<b>PFA</b>	Psychological First Aid	<b>UNCT</b>	United Nations Country Team
<b>PiN</b>	People in Need	<b>UNDP</b>	United Nations Development Programme
<b>PLSA</b>	Pre-Lean Season Assessment	<b>UNFPA</b>	the United Nations Populations Fund
<b>PLW</b>	Pregnant and Lactating Women	<b>UNHAS</b>	United Nations Humanitarian Air Services
<b>PSEA</b>	Protection against Sexual Exploitation and Abuse	<b>UNICEF</b>	The United Nations Children's Fund
<b>PSN</b>	Persons with Specific Needs	<b>UNMAS</b>	United Nations Mine Action Services
<b>PSS</b>	Psychosocial Support	<b>USD</b>	United States Dollars
<b>PwD</b>	People with disabilities	<b>UWASS</b>	Urban Water Supply and Sewage Corporation
<b>RAWG</b>	Regional Access Working Group	<b>UXO</b>	Unexploded Explosive Ordnance
<b>RC</b>	Resident coordinator	<b>WAG</b>	Women Advisory Group
<b>RCCE</b>	Risk Communication and Community Engagement	<b>WASH</b>	Water Sanitation and Hygiene
<b>RGA</b>	Rapid Gender Analysis	<b>WFP</b>	World Food programme
<b>RHT</b>	Regional Humanitarian Team	<b>WHO</b>	World Health Organization
<b>RIMA</b>	Resilience Index Measurement and Analysis	<b>WPS</b>	Women, Peace and Security
<b>spRRT</b>	Rapid Response Team	<b>WoAA</b>	Whole of Afghanistan Assessment
<b>SADD</b>	Sex and Age Disaggregated Data		

# End Notes

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11 The IASC monitoring framework was developed by the humanitarian community to measure the permissiveness of the operating environment, and the ability of partners to operate within the minimum criteria of operations set forth by the IASC. The Monitoring Framework comprises 17 indicators across four categories – quality of access; adequacy of response; response composition and change in needs.

2 The NMF consists of two components that provide an overview of key sectoral indicators, as well as seasonal risk indicators likely to impact need outcomes during each season:

a. The standard multisectoral component is modelled after the JIAF to allow for comparison of results. For each JIAF indicator, a proxy indicator assessed by one of the regularly occurring nationwide assessments with provincial or district-level results was identified. Sectoral and multi-sectoral severities were then aggregated at the district level based on the JIAF methodology. For data sources

available only at the provincial level, the same results and severities were applied to all districts in a province.

b. The Seasonal Indicators are rotating, depending on the key risks associated with each specific season. For the spring analysis, four drought indicators and two flood risk indicators were identified

The NMF also introduced 0.5 separations across the severity scores to highlight geographic differences better. This means that severity scores will go beyond the 5 categories (1 being no stress/minimal to 5 being catastrophic) and offer 8 categories between the 1 to 5 scale..

3 <https://reliefweb.int/report/afghanistan/tracking-impact-report-ban-women-working-ngos-ingos-and-un-afghanistan-fifth-snapshot-may-2023>

4 [Afghanistan Community Voices and Accountability Platform](#)

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