Afghanistan

Consolidated Emergency Report 2016

Torkham, Nangarhar, Afghanistan – 4 October 2016: An Afghan returnee child attends a Child Friendly Space (CFS) while her family goes through the registration process to receive assistance in a centre for Afghan returnees from Pakistan in Nangarhar Province. (©UNICEF/Afghanistan 2016/Froutan)

Prepared by:

UNICEF Afghanistan

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Table of Contents

Abbreviations and Acronyms 3

1 Executive summary 4

2 Humanitarian Context 5

3 Humanitarian Results 5
3.1 Key Results 5
3.2 Narrative reporting 6
3.3 Case Studies 10

4 Monitoring and Evaluation 10

5 Financial Analysis 11

6 Future Work Plan 13
6.1 Priority Action in 2017 13
6.2 Monitoring and reporting 15

Expression of Thanks 16

Annex A: Case Studies 17
A1 Supply chain management case study: cost saving 17
A2 Per-capita-cost emergency partnerships to reduce humanitarian response time 18

Annex B: Donor Feedback Forms 21

Abbreviations and Acronyms

ANDMA	Afghanistan National Disaster Management Authority
ANDS	Afghanistan National Development Strategy
ANSF	Afghanistan National Security Forces
BPHS	Basic Package of Health Services
CAAC	Children Affected by Armed Conflict
CBS	Community-based schools
CCC	Core Commitments for Children (in Humanitarian Action)
CDC	Community Development Committees
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
CHF	Common Humanitarian Fund
CHW	Community Health Worker
CIDA	Canadian International Development Agency
CMAM	Community-based management of acute malnutrition
CPAN	Child Protection Action Network
CPiE	Child Protection in Emergency
CRC	Convention on the Rights of the Child
DRR	Disaster Risk Reduction
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness and Response
FAO	Food and Agriculture Organization of the United Nations
GAM	Global Acute Malnutrition
HPM	Humanitarian Performance Monitoring
IDP(s)	Internally Displaced Person (people)
IED	Improvised explosive device
IYCF	Infant and young child feeding
MAM	Moderate acute malnutrition
MDG	Millennium Development Goal
MoE	Ministry of Education
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MRM	Monitoring and reporting mechanism
MRRD	Ministry of Rural Rehabilitation and Development
NESP	National Education Strategic Plan
NGO	Non-governmental organisation
NNS	National Nutrition Survey
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commission for Human Rights
PHC	Primary health care
PND	Public Nutrition Department
SAM	Severe acute malnutrition
SRP	Strategic Response Plan
SRSG	Special Representative of the Secretary General
TLM	Teaching and Learning Materials
UASC	Unaccompanied and separated children
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UNDSS	United Nations Department of Safety and Security
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WiE	WASH in emergency

1 Executive summary

The armed conflict and rising insecurity in Afghanistan continued to force people to flee their homes in 2016, bringing the cumulative number of internally displaced people to 1.1 million. Although more than 600,000 Afghan refugees returned from Pakistan and Iran by early December, many of the returnees have not yet resettled into their respective communities due to insecurity. Child casualties are also an increasing concern and continue to rise with a 24 percentage point increase in 2016 compared to 2015. This is the highest number ever recorded with 3,512 children killed or maimed in 2016. Close to 1 in 3 civilian casualty is a child. Natural disasters, particularly earthquakes, floods, landslides and drought, affect an average of 235,000 people every year. The fighting is impacting the provision of basic services, with the closure or destruction of schools and health facilities. Malnutrition is a problem with the total estimated caseload for children under five with severely acute malnutrition (SAM) that require treatment is 595,000, and these include refugees, IDPs and returnee children.

In 2016, UNICEF made an appeal of US$27.8 million to reach an estimated 1,052,000 people who were in dire need of emergency nutrition, health, WASH, protection and education interventions. Only two-thirds of the appeal (US$18.6 million) was available and UNICEF had to top this up with additional US$7.5 million from other sources to provide underfunded but critically needed humanitarian services. This included response to the large number of unanticipated returnees from Pakistan who were in need of emergency response in the east and central provinces.

Overall, UNICEF and partners provided humanitarian assistance to a cumulative total of 1,000,757 people. The nutrition, WASH and child protection sub-cluster that were led by UNICEF provided emergency services to 1.2 million affected people out of the cluster target of 2.1 million people. UNICEF's nutrition, health, child protection and education response surpassed their targets due to the unforeseen sudden influx of Afghan returnees from Pakistan. The nutrition response accelerated establishment of nutrition sentinel sites that were able to treat more children than planned. The health response ensured that returnee and host community children received measles and polio vaccinations. UNICEF and partners also surpassed the number of children targeted for psychosocial support. Similarly, UNICEF's education-in-emergencies interventions provided safe and protective learning spaces for displaced and at-risk children, using other funding re-programmed from the regular country programme within the context of bridging the development and humanitarian divide.

A micronutrient supplementation campaign was postponed pending the introduction of a comprehensive capacity building package, which will ensure coherent messaging on the use of multiple micronutrient powder. UNICEF continued to experience delays in delivery of supplies due to challenges of transporting off-shore supplies through Pakistan. Closure of schools due to insecurity and negative traditional norms continue to affect the provision of education in emergency services. The limited funding and capacity of partners from non-governmental organizations, particularly in nutrition and child protection hindered the delivery of humanitarian services.

In 2017, UNICEF will continue to strengthen capacity of partners and respond to humanitarian emergencies in line with Afghanistan's interagency Strategic Response Plan. UNICEF in collaboration with the Government and other partners have prioritised the nutrition, health, WASH, education and child protection sectors for the 2017 humanitarian response. UNICEF appeal for US$30.5 million to provide critical and life-saving interventions to 1.9 million affected people (1.03 million being children). Without this additional funding, UNICEF will be unable to support the national response to the country's continuing nutrition crisis and provide critical WASH services to internally displaced persons facing the spread of diseases. Record levels of displacements and civilian casualties – especially among children – necessitates a boost in education and child protection interventions in 2017.

2 Humanitarian Context

The armed conflict and rising insecurity in Afghanistan forced 245,000 people[1] to flee their homes in 2016, bringing the cumulative number of internally displaced people to 1.1 million. Although over 600,000 Afghan refugees returned from Pakistan and Iran by early December 2016,[2] many of the returnees have not yet resettled into their respective communities due to insecurity. Afghanistan is also hosting 175,000 Pakistani refugees[3] who fled insecurity related to military operations in Waziristan in 2014. Natural disasters, particularly earthquakes, floods, landslides and drought, affect some 235,000 people every year.[4] The armed conflict is impacting the provision of basic services, with the closure or destruction of schools and health facilities. As a result, an estimated 1.9 million people are in dire need of protection and emergency health, education and water, sanitation and hygiene (WASH) interventions.

Afghanistan is also facing a national nutrition crisis, with an estimated 595,000 children in dire need of treatment for severe acute malnutrition (SAM). In 2016, the nature of the emergency was dominated by conflict displaced IDPs and Afghan refugees returning from abroad, especially from Pakistan, which resulted in increasing the HRP cluster target for water and hygiene from 860,000 to 1.02 Million people during Quarter three in 2016. Conflicts continue to cause widespread disruption to health and other services. Measles is a major cause of child deaths in refugee and IDP camps. A new humanitarian crisis emerged in 2016 with influx of returnees from Pakistan, requiring immunization and other health interventions. UNICEF, as a member of the Health Cluster, continued to bring attention to newborn care needs given no other agency covers this area.

3 Humanitarian Results

3.1 Key Results

UNICEF and partners provided humanitarian assistance to a cumulative total of one million people in 2016. The nutrition, WASH and child protection sub-cluster that were led by UNICEF provided emergency services to 1.2 million affected people compared to cluster target of 2.1 million people. Overall, the 2016 humanitarian appeal was two thirds (67%) funded with the WASH sector being fully funded while nutrition received 76% of the required funding. Child protection received 43% of the required funding while the education and health sectors received a paltry 5% and 1% of the required funding respectively. Table 1 shows the cluster and UNICEF targets and achievements for 2016.

[1] Office for the Coordination of Humanitarian Affairs, 'Afghanistan Flash Appeal: One million people on the move – covering Sep-Dec 2016', OCHA, 2016, <http://reliefweb.int/sites/reliefweb.int/files/resources/afg_2016_flash_appeal_web.pdf>, accessed 14 December 2016.

[2] Office for the Coordination of Humanitarian Affairs, '2017 Afghanistan Humanitarian Needs Overview', OCHA.

[3] Office for the Coordination of Humanitarian Affairs, '2016 Humanitarian Response Plan Third Quarter Report of Financing, Achievements and Response Challenges: Afghanistan January-September 2016', OCHA, 2016, <www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-2016-humanitarian-response-plan-third-quarter-report>, accessed 14 December 2016.

[4] Office for the Coordination of Humanitarian Affairs, '2016 Humanitarian Response Plan: Afghanistan January-December 2016', OCHA, November 2016, <http://reliefweb.int/report/afghanistan/afghanistan-2016-humanitarian-response-plan-january-december-2016>, accessed 14 December 2016.

Sector/Indicators	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results[i]
NUTRITION				
Children aged 0 to 59 months with SAM admitted for treatment[i]	97,000	154,474	97,000	154,474
Children under 5 who received micronutrients	333,013	141,503	57,000	141,503
HEALTH				
Children who received measles vaccination			224,000	250,000
Pregnant women and children benefiting from health services			224,000	201,732
Affected people who received health education			50,000	21,000
WATER, SANITATION AND HYGIENE				
People with sufficient water for drinking, cooking and personal hygiene	1,020,000	654,530	200,000	121,700
People with access to adequate sanitation facilities	660,000	276,192	100,000	39,100
CHILD PROTECTION				
Children who received psychosocial support through child-friendly spaces	12,500	12,174	12,500	18,372
Children protected and supported through case management	7,500	1,110[ii]	7,500	1,358[ii]
EDUCATION				
Children who accessed formal and non-formal education			40,000	50,239
Children who accessed psychosocial support through schools			40,000	1,279

Results are through 30 November 2016 unless noted. As of 2016 there is no education cluster in Afghanistan.

(i) *UNICEF is the only cluster member that provides SAM treatment and micronutrients. Therefore, the UNICEF performance and cluster performance show the same number. The SAM treatment numbers reflect services in 22 emergency-affected provinces. UNICEF has reached more children in 12 other provinces under its regular nutrition programme. The change in the micronutrients target was submitted after the deadline of the Humanitarian Action for Children mid-year review submissions and hence had not been reflected at the mid-year review.*

(ii) *During the* Humanitarian Action for Children 2016 *mid-year review, the cluster results and UNICEF results under this indicator were miscalculated and showed 3,486, which included adult casework as well. It is now being corrected to 1,358, which includes child case management only.*

3.2 Narrative reporting

3.2.1 Nutrition

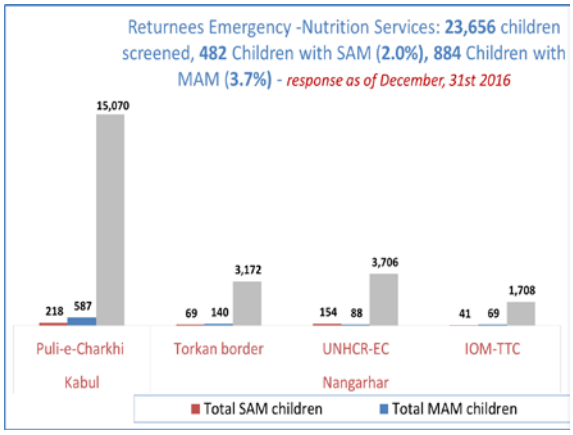
UNICEF is the nutrition cluster lead agency and thereby supports the treatment of SAM children both in the 22 emergency focus provinces in 2016 as well as the remaining 12 provinces (through the regular programme). The targets for 2016 for both cluster and UNICEF were only for the 22 emergency focus provinces. However as part of the overall support to the Government the achievements/results of SAM treatment from all the 34 provinces are included in this report as UNICEF achievements.

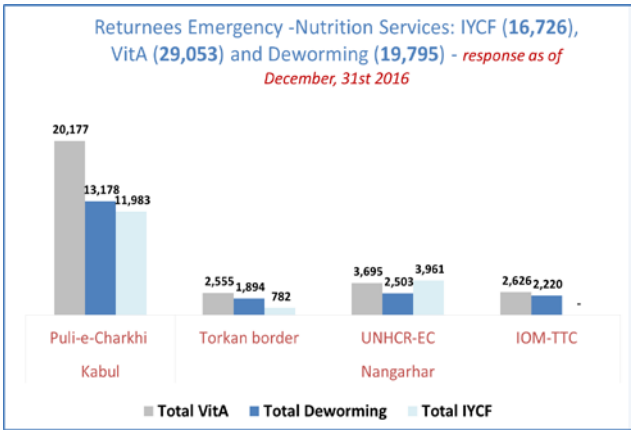
The nutrition programme in Afghanistan is mainly delivered through NGOs implementing the Basic Package for Health Services (BPHS), Essential Package of Hospital Services (EPHS) and the government through Ministry of Public Health (MoPH) with the technical support from UNICEF, WHO and WFP. Currently service provision is through 20 NGO partners covering 181 in-patient departments for Severe Acute Malnutrition (IPD-SAM), 962 Out-Patient departments for Severe Acute Malnutrition (OPD-SAM) and 667 Out-Patient departments for Moderate Acute Malnutrition (OPD-MAM) sites. Infant and young child feeding (IYCF) services are provided through 1,485 health facilities.

In addition to the SAM treatment, capacity building on the Integrated Management of Acute Malnutrition (IMAM) was done at national and provincial levels. UNICEF supported: a) training of 22 Master trainers who further strengthen the capacities of 722 health workers to provide appropriate treatment of SAM children (445 male, 277 female); b) refresher trainings on the database reporting system for 16 persons from DoPH, PNOs, and BPHS implementer NGOs Nutrition officers. As a result at the national level, 25 implementing partners were reporting on OPD-SAM in 29 provinces and IPD-SAM in all 34 provinces; c) Supply Chain management TOT for 35 individuals and cascade training at provincial level will begin in 2017 by trained trainers.

As part of national nutrition response and to build the MoPH and other partners' capacity, UNICEF in coordination with PND-MoPH organized Nutrition in Emergency (NiE) national ToT in 2016. A total of 35 participants from MoPH, BPHS implementing NGOs, and UNICEF participated and were trained as master trainers. The cascade NiE training had then expanded at regional levels and 96% (144/150) of nutrition partners have been trained in all regions.

In terms of Humanitarian Nutrition Response for Returnees from Pakistan, UNICEF in coordination with all the cluster partners developed and agreed on a package of activities for nutrition services including MUAC screening for 6 to 59 months and referral of SAM and MAM cases, provision of RUTF for SAM cases for two weeks, Vitamin A supplementation for 6 to 59 months children, deworming for 24 to 59 months children and IYCF counselling for pregnant and lactating mothers and caregivers. These services were delivered through zero point and IOM transit centre in Torkham border, UNHCR encashment centres in Jalalabad and Kabul cities. As a result of the above activities a total of 23,656 boys and girls were screened, 482 children with SAM and 884 children with MAM were referred to IMAM services, 29,053 children aged 6 to 59 months received Vitamin A supplementation and 19, 795 children aged 24 to 59 months received deworming and 16,726 PLWs and caregivers received IYCF counselling.





The nutrition cluster meetings were regularly held and a mid-year review conducted with partners. The nutrition cluster in coordination with BPHS implementers in provinces conducted 4 SQUEAC and 8 SMART surveys plus 4 rapid nutrition assessments (RNA). A total of 20 national and regional (zonal) level cluster coordination meetings were held on a monthly and quarterly basis respectively. The cluster has continued efforts to ensure key minimum preparedness measures and response capacities are in place in providing adequate nutrition support to partners. WFP and UNICEF continued to support implementing partners with nutrition supplies during the reporting period and the cluster did not experience any substantial pipeline break.

3.2.2 Health

In response to emergency due to the recent mass movement of returnees from Pakistan through Turkham and Spin boldak border regions, 40,000 pregnant women received bed nets and 10,000 newborns were provided with newborn kits in Nangarhar and Kandahar returnees camps. Since eastern region is one of the malaria epidemic provinces in the country, the bed nets provided decrease the mortality rate due to malaria significantly. In addition, the newborn kits provided will protect children from hypothermia especially those that are born in settlements and camp situation.

The armed conflict in Hilmand, Kandahar, Nangarhar, Khost, Kunduz and Paktika provinces resulted in internal displacement of severely ill children and pregnant women to neighbouring provinces. Around 127,000 mothers and children benefited from necessary supply and services during the emergency situations in 2016. The provided supplies such as midwifery kit, clean delivery kit and essential paediatric medicines significantly contributed to the reduction of maternal and child mortality among affected population.

In response of measles outbreaks and massive vaccination among returnees, IDPs, and emergency affected areas, UNICEF with partners exceeded the target set at the beginning of year. However, due to unavailability of clear C4D package, weak capacity of implementing partners, and low funding status, resulted in the proposed interventions under communication for development activities not reaching the proposed targets. In order to increase people's awareness during crisis situation, a pictorial booklet including key health messages for community has been developed.

3.2.3 WASH

Out of the 646,698 IDPs recorded in 2016, half of them (325,291) were assessed and found eligible for WASH assistance and more than 80% (262,000) were assisted by cluster partners. UNICEF assisted 53,109 people (20%) as most of the smaller size emergencies were assisted by NGO partners. In addition, the WASH needs of 314,092 people whose health was at risk due to hosting IDPs and returnees were assessed and more than 60% (189,357) received appropriate services with UNICEF contributing assistance to 21% (39,100 people); A significant percentage of host community needs were covered by development partners including UNICEF which is not accounted for in the humanitarian response coverage.

Regarding the 600,000 returnees, only 67,000 were identified as requiring urgent WASH needs (mostly undocumented) and 59,000 (88%) of them received WASH assistance. UNICEF significantly contributed by reaching 62% of this category (36,500 people). The reason for only about 10% of returnees needing initial WASH assistance is because these families mostly stay in rented houses or with relatives where they could share the WASH facilities.

The lower coverage in sanitation by the cluster and UNICEF against the planned target (42% by cluster out of 660,000 people targeted and 30% by UNICEF out of 100,000 targeted) is also explained by the fact that a significant percentage of IDPs and returnees live with host-families /communities and share the facilities, especially during their initial days of displacement.

The standby emergency PCA signed with three experienced WASH NGOs (DACAAR, IMC and CoAR) significantly contributed in reaching the needy returnees and IDPs in short period of time as more than 35,000 people were reached within less than three months period after signing the agreement in September 2016;

Leading a group of 25 active WASH partner agencies, UNICEF led coordination team completed a number of initiatives including finalization of the Cluster Strategy and Operational plan 2016-17; with supports of Global WASH Cluster, a national WASH capacity gap analysis was carried out and a transition roadmap is being developed. The Interagency Contingency Plan was drafted for 14 high-risk provinces (6 from Northern region, 4 in East and 4 from West) through three regional workshops.

3.2.4 Child Protection

UNICEF has reached 1,279 children that received case management and referral support (CPiE sub-cluster 24,173 children), 18,372 children were reached through specific psychosocial support services in mobile and community based child friendly spaces (CPiE sub-cluster 67,023 children) in Northern, Eastern and southern regions; as a result the target community members have appropriate knowledge on Convention on the Rights of the Child (CRC) and child protection and 72% of target community members are able to assist their children in critical situation and emergencies (which is 10% less than the proposed target). 100% of CFSs are handed over to the target communities and 100% of children received training on numeracy, literacy, and life skill and hygiene promotion. 1,162 unaccompanied and separated children from the Western and Eastern region have been referred for child protection and reintegration services; the service includes provision of food, health services, accommodation, clothes, sanitation and family reunification and psychosocial services. A total of 72,421 children received winter clothes kits through emergency distribution in the northern, southern and western emergency response. The clothes provided will keep children warm during winter season thus reducing on the chances of children under five, suffering from acute respiratory infection. UNICEF provided life-saving child protection mine-related risk education to 22,247 individuals (5,112 adult males, 3,595 girls and 13,540 boys) a 35% increase against the planned target, in order for communities to adopt and be aware of safe behaviour in mine-affected areas.

A total of 493 child protection in emergency staff have been trained in all regions on child protection in emergencies concerns, guidelines and methodologies. In addition, 120 regional Child Protection Action Network (CPAN) members were trained in child protection in emergencies (CPiE) and psychological first aid.

3.2.5 Education

The UNICEF EiE support contributed to the continued access to education for children affected by natural disaster and conflict including returnees throughout the country. In 2016, UNICEF reached 50,239 school aged children in Southern, Eastern and Northern Region for education. This result is higher than the planned target due to influx of returnees from Pakistan. However due to limited funding only 1,279 children (3%) received psychosocial support from schools.

In response to schools damaged by conflict, 14 schools were rehabilitated in Kunduz which benefited 10,774 children. Over 700 tents were distributed and pre-positioned to serve as temporary learning spaces in emergency situations. With coordination of Provincial Education Department, technical and material support were provided to affected returnee children. These included, provision of basic education opportunities for around 13,250 children (in 2 shifts) in local language, establishment of 32 community based schools and provision of tents, school-in-a-box, blackboards and floor mats for restoring education. In addition, 505 Early Childhood Development kits were provided and this benefitted 25,250 children of age 4-6 years.

A total of 50,000 brochures were printed and distributed to provide information for returnee families on their education opportunities in local language to facilitate the integration of returnees. At the UNHCR Encashment Centre in Kabul, UNICEF provided floor mats and ECD kits to support an average of 800 children who pass through the centre each day. UNICEF is working with Save the Children to ensure that two facilitators will be present to inform children and their parents on the available education opportunities and to provide basic recreational activities at the centre.

Successful advocacy undertaken through EiE working group resulted in the MoE formalizing its support to all returnee children to be enrolled in school either through formal schools or through the establishment of Community Based Schools (CBS) - for a period of three months. After the 3 months (although this is flexible), the children who do not have documentation are supported to continue study by an Academic Committee established to develop a reintegration policy for children. UNICEF is currently working to strengthen the EMIS data collection as well as emergency and monitoring and reporting mechanism (MRM) functions. UNICEF will also focus on promoting social cohesion and a culture of peace among children, as well as local communities in the regions where violence, grievance and fear persists.

Since 2014, the cluster approach has been discontinued at the national level and instead a technical working group on Education in Emergencies (EiE WG) has been established. At the provincial level, UNICEF was instrumental in revitalising the technical working group on education, which includes coordination on emergency. In Nangarhar and Kunduz provinces, UNICEF provided technical support to PEDs to coordinate the response as well as assessment of needs. The recruitment of a professional as a National Technical Assistance (NTA), to be placed within the Ministry of Education, has been approved and is currently underway.

3.3 Case Studies

An innovative approach done by Nutrition and WASH in Emergency is attached as Annex C to this report.

4 Monitoring and Evaluation

Through simplified Humanitarian Performance Monitoring (HPM), WASH partners with standby emergency PCAs are required to report twice during the first week of emergency response, followed by monthly reports until the project is completed. UNICEF staff conducted random project visits where possible, and observation and focus group discussion are held with beneficiaries to assess the quality and quantity of service rendered by NGO partners. WASH programme is preparing to rollout the simplified HPM tool to national partners (PRRD and ANDMA) starting from 2017. The programme is also planning to introduce beneficiary feedback system, especially for the areas where visits by UNICEF staff are restricted due to security reasons. There was no plan for evaluation of UNICEF

emergency WASH interventions in 2016. However UNICEF will carry out the review of the standby emergency PCA modality in second quarter of 2017 to capture the experience gained and the lessons learned for wider replication of the approach.

The majority of the health in emergency interventions were done through the Provincial Health Directorate with close coordination of BPHS implementers. The monitors from the BPHS implementers and in some areas, Health Directorate staff monitor the UNICEF supported interventions. In addition, UNICEF through an implementing partner started evaluation of health mobile teams' effectiveness in underserved areas. The evaluation is ongoing and not yet completed.

The Education interventions are monitored through UNICEF programme officer based in the regions and national office. In addition, regular review meeting conducted with District/Province Education Department and implementing partners through EiE Working group. The WG is also working to finalize a tool for the Third Party Monitoring that already started.

UNICEF's child protection staff carry out regular programme monitoring visits and spot checks from national and regional level as well as additional monitoring through implementing partners. UNICEF as child protection in emergencies (CPiE) sub-cluster lead agency makes sure that quarterly cluster monitoring is undertaken by all CPiE sub-cluster partners through the 4 W reporting matrix against the Humanitarian Response Plan (HRP) indicators. UNICEF as CPiE sub-cluster lead agency has supported the Protection Cluster in providing partner implementation data for the new online reporting system.

5 Financial Analysis

UNICEF appealed for US$27,840,000 to provide humanitarian response in Afghanistan in line with Afghanistan's 2016 Strategic Response Plan (SRP) requirements. Overall, 67% of the appeal was available with the WASH clusters/sectors being fully funded while nutrition sector was 75% funded. The Child protection sector received 43% of funding but there was no specific donor contribution to education and health sectors. UNICEF used unearmarked funding from other sources to provide education, health and other emergency interventions. Table 1 shows the funding status against appeal funding targets by sector.

Table 1: 2016 Funding Status against the Appeal by Sector (in USD):

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016*	Funded
Nutrition	15,000,000	11,340,317	76%
Health	1,550,000	13,099	1%
Water, sanitation and hygiene	2,000,000	3,752,762	188%
Child protection	4,290,000	1,848,041	43%
Education	3,000,000	161,058	5%
Cluster/sector coordination	2,000,000	1,566,146	78%
Total	**27,840,000**	**18,681,423**	**67%**

** Funds available includes funds received against current appeal and carry-forward from previous year.*

Table 2 lists all donors and types of funding received and available in 2016 for emergency interventions in Afghanistan. The programmable amount of donor contributions exclude the UNICEF recovery costs which is usually a maximum of 8% of total contribution.

Table 2 - Funding received and available by 31 December 2016 by donor and funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
	SM1499100587	64,244
b) Non-Thematic Humanitarian Funds		
Japan	SM160024	2,129,630
Canada	SM160149	693,577
USA (State) BPRM	SM160599	462,963
Malta	SM160009	9,798
Total Non-Thematic Humanitarian Funds		**3,295,969**
c) Pooled Funding		
CERF		**0**
Humanitarian Response Fund		**0**
d) Other types of humanitarian funds		
Total humanitarian funds received in 2016 (a+b+c+d)		**3,360,212**
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	97,358
f) Carry-over of non-thematic humanitarian funds		
USA (USAID) OFDA	SM150482	7,407,407
USA (USAID) OFDA	SM150484	2,743,737
USAID/Food for Peace	SM140147	1,566,162
UNDP - MDTF	SM150283	1,438,109
The United Kingdom	SM130487	590,218
UNDP - MDTF	SM150284	515,504
Japan	SM150048	353,894
Belgium	SM150387	177,833
Canada	SM150209	91,759
USAID/Food for Peace	SM150326	59,240
UNOCHA	SM150458	13,099
Total carry-over non-thematic humanitarian funds		**14,956,963**
Total carry-over humanitarian funds (e + f)		**15,054,321**
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
RR and ORR resources diverted to emergency		7,566,503
Total other resources		**7,566,503**

** Programmable amounts of donor contributions, excluding recovery cost.*

*** 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.*

Afghanistan has received country-specific thematic humanitarian funds from the US Fund for UNICEF, as well as an allocation from global thematic humanitarian funds in 2016.

Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD):

Donor		Programmable Amount (in USD)	Total Contribution Amount (in USD)
US Fund for UNICEF	SM1499100587	64,244	67,456
Total		**64,244**	**67,456**

**Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.*

Owing to inadequate emergency funding, UNICEF used US$7.5 million from other sources to implement a prioritized and selected critical set of activities which affected the results against planned targets. In addition, the unpredictability of emergency funding compromised timely planning and delivery of activities.

6 Future Work Plan

6.1 Priority Action in 2017

The inter-agency coordination team estimates that 9.3 million people in Afghanistan will need humanitarian assistance in 2017 due to armed conflict and rising insecurity. Of these, 5.7 million people will be targeted for assistance by the humanitarian community in Afghanistan as summarised in the table below.

Category	Projected assistance required	People targeted	Remarks
Conflict displaced	800,000	700,000	Focus on emergency relief needs and reduce excess morbidity and mortality
Natural disaster affected	200,000	200,000	Support all affected persons
Returnees (documented & undocumented)	1,400,000	1,100,000	Provide emergency relief and reduce excess morbidity and mortality
Pakistani Refugees	1,100,000	100,000	Focus on reducing excess morbidity and mortality, and mitigation of shocks induced acute vulnerability
Host communities	300,000	200,000	Focus on emergency relief needs
Access to essential services	6,400,000	3,300,000	Focus on reduction of excess morbidity and mortality
Severely food insecure	1,600,000	1,100,000	Focus on mitigation of shock induced acute vulnerability
OVERALL	9,300,000	5,700,000	

Source: Afghanistan 2017 Humanitarian Response Plan

UNICEF will work closely with the Government of Afghanistan, sister UN organisations and NGOs within the Inter-Agency Cluster Framework to provide humanitarian support to affected population. As such, UNICEF will continue to lead the Nutrition and WASH clusters, and serve as a member of the Protection Cluster and the Education in Emergency Working Group, to strengthen leadership, improve coordination and facilitate robust contingency planning processes at national and sub-national levels.

Health: UNICEF will collaborate with Basic Package of Health Services project implementers to deliver emergency health services to an estimated 100,000 affected people through existing health facilities. Mobile health teams will serve populations outside of health facilities' catchment areas.

Nutrition: The total estimated caseload for children under five with SAM that require treatment in 2017 is 595,000 - including refugees, IDPs and returnee children. However the strategy for 2017 is to focus on initial 40% coverage of services to reach 236,000 children suffering from severe acute malnutrition mainly in high burden provinces with SAM prevalence above 3%. UNICEF will continue to support and work closely with the Public Nutrition Department (PND), MoPH and provincial nutrition officers to further improve programme monitoring and supportive supervision at national and provincial levels. This will be done by working closely with IMAM implementing partners to improve their technical capacity and accountability. UNICEF is also supporting PND-MOPH and partners to harmonize and standardize a community-based nutrition package to expand nutrition services to community level. The community-based nutrition programme will be used as an entry point for strengthening community component of IMAM services to ensure active screening of children with acute malnutrition as well as referral and follow up for treatment and management. UNICEF and partners will continue to support the current IMAM programme and will work with implementing partners on the expansion of services particularly where the coverage is low. As a result, following specific activities will be undertaken in 2017 1) Procurement and distribution of RUTF to all partners timely 2) Community mobilization, screening and follow up of SAM cases 3) Admission, treatment, follow up referral and discharge of SAM cases 5) Training of BPHS/EPHS, PNOs and health facilities staff on supply management chain 6) Training of government and NGO staff on cluster approach and CCPM (National + 5 regional)

Education: UNICEF is co-leading the Education in Emergency (EiE) working group together with the Ministry of Education and Save the Children. The priority for EiE in 2017 are the high returnee areas including Nangarhar, Kabul and Kandahar provinces where existing schools are overcrowded and cannot absorb the estimated 100,000 additional children into existing classrooms. There is an urgent need to establish more temporary classrooms and community-based schools, supply additional teaching and learning materials, recruit more teachers, and establish an accelerated learning curriculum for returnee children. UNICEF will support and establish community-based schools and child-friendly spaces using teachers and facilitators from affected communities.

WASH: UNICEF leads the WASH cluster and together with cluster partners responds to the WASH needs of returnees, IDPs and their host communities. UNICEF will use innovative contingency/ emergency programme agreements with per-capita costing to ensure the timely and effective provision of WASH services to the affected population. During 2017, UNICEF and partners will provide drinking water to 250,000 people and sanitation services to 150,000 people affected by deportation from Pakistan, internal conflict and natural disasters. The interventions include i) rehabilitation or expansion of existing drinking water systems ii) water tankering; iii) hygiene promotion; and iv) distribution of emergency WASH supplies (i.e. hygiene kits, water purification tablets). As cluster lead agency, UNICEF will promote durable solution to water and sanitation wherever applicable with greater involvement of affected population (women, children and men) to enhance sustainability. Partners will be facilitated to provide emergency WASH in Health Posts, Schools, Feeding centers and Transit Points for returnees to support the synergy and coherence among the clusters and sectors.

Child Protection: UNICEF leads the Child Protection in Emergency (CPiE) sub-cluster which is part of the Protection Cluster. The CPiE interventions are focused on the needs of returnee and IDP children, unaccompanied, separated and deported children, as well as children suffering from conflict and associated with armed groups and armed forces. The interventions include the provision of psychosocial support through child-friendly spaces and weapon-related risk education and case management services. UNICEF is also leading on the harmonization of quality standards as well as the strengthening of regional coordination and capacity of 1,500 child protection in emergencies staff and stakeholders. Advocacy on children's rights will continue at national and regional levels, and efforts will be made to

strengthen the Monitoring and Reporting Mechanism. Risk mapping in provinces of high disaster risk will be developed and resilience will be strengthened at the provincial, district and community levels.

Cluster/sector coordination: Working together with WASH cluster partners, UNICEF led coordination we will finalize cluster leadership transition roadmap and initiate its implementation including the acceleration of finalization of provincial Inter-agency contingency plan across the country (12 new provinces and follow-up in 14 provinces from 2016). To improve the quality of response and harmonization of across the sector, WASH Cluster will review existing tools and standards and develop a national WASH in emergency guidelines;

UNICEF in collaboration with the Government and other partners have prioritised the following sectors and target for the 2017 humanitarian response. The total number of people to be reached in 2017 is 1.9 million of which 1.03 million are children. These are distributed as shown in the table below.

Sector	Target for 2017	Funding Requirement (US$)
Nutrition	236,000 children under 5 with SAM admitted for treatment 76,600 children under 5 receiving micronutrients	14,500,000
Health	50,000 children immunized against measles 50,000 affected people receiving health education	1,000,000
WASH	250,000 returnees, internally displaced persons and members of host communities accessing safe drinking water 150,000 returnees, internally displaced persons and members of host communities accessing sanitation facilities	5,000,000
Child protection	28,600 children accessing psychosocial support through child-friendly spaces 5,000 children protected and supported through case management	5,000,000
Education	100,000 emergency-affected children and adolescents provided with access to quality education	4,000,000
Cluster/Sector Coordination	Support Fulltime WASH coordination team including cluster coordinator and IMO based in UNICEF. Provide funding for TAs for a full-time national co-lead and IMO to be embedded in MRRD to co-lead the WASH cluster.	1,000,000
Overall	A total of 1.9 million people (1.03 million being children)	30,500,000

6.2 Monitoring and reporting

Experience from previous emergencies indicates that timely data collection, processing, interpretation and dissemination across UNICEF and among stakeholders can improve the quality and speed of response and the capacity of stakeholders in analysis and decision-making. Monitoring and information management is therefore critical for a coordinated and effective early response and recovery.

Humanitarian performance monitoring in Afghanistan has faced many challenges due to access and security constraints and the widespread and large number of small and scattered humanitarian interventions. UNICEF is working to strengthen monitoring systems through the introduction of a third-party monitoring system where access due to insecurity is difficult for UNICEF and counter-part staff. UNICEF relies mainly on partner reporting for end user monitoring which is complimented by field monitoring visits in secure areas by UNICEF zonal and out post office staff. UNICEF will be monitoring emergency activities through the zone and outpost offices and the Provincial/District Directorates. In addition, UNICEF will work with the cluster members to monitor the activities at decentralized levels.

Monitoring and supervision has been critical in identifying challenges and constraints in project implementation and UNICEF and partners are working on constantly addressing issues as they arise. UNICEF will compile a consolidated emergency report within three months to the end of 2017 to report on the progress and financial implementation of the activities.

UNICEF WASH programme has started using a simplified humanitarian performance monitoring (HPM) tool for emergency where partners are only required to provide data and information on the predefined indicators. The approach also necessitates partners to provide list of beneficiaries and their contact numbers so that UNICEF can independently verify the quality and timeliness of services provided to the affected population. The early results of the approach indicated that the partners find it easy to report as the tool is very objective and only requires figures and evidences with very limited narration, which is often a burden for NGO partners. UNICEF will review the application of the HPM in second quarter of 2017 for expanding the approach in other sectors like nutrition and education.

UNICEF will use different mechanisms to monitor health emergency response. These include UNICEF outposts, extenders, third party etc.; also, UNICEF will use partner monitoring mainly MoPH/ Emergency Preparedness and Response Directorate at national and Provincial Public Health officers at provincial level to monitor the activities.

UNICEF will continue programmatic monitoring visits and spot checks for its programmes with its implementing partners. As CPiE sub-cluster lead, UNICEF will continue to promote member reporting through the quarterly monitoring 4 W matrix within the Protection Cluster. Border monitoring and child protection monitoring is being undertaken by the Afghan Independent Human Rights Commission (AIHRC) funded by UNICEF, which will be streamlined into the wider protection monitoring framework of sub-cluster and protection cluster partner monitoring activities. It is aimed to harmonize the humanitarian information management channels in order to use all available data, to create an evidence base and promote informed, timely and tailored decision-making.

With close coordination of Public Nutrition Department (PND), end use monitoring tool was developed and tested in the field. Public Nutrition Department (PND), Provincial Nutrition Officers (PNOs), UNICEF and BPHS implementing partners conducted joint monitoring and supportive supervision visits on an ongoing basis in 2016. 85% of health facilities received field visits through 853 field-monitoring visits undertaken with reports and follow-up actions. In addition UNICEF is supporting the 3rd party monitoring for the ‘white areas’ - not accessible by either by UNICEF or Government staff.

Expression of Thanks

UNICEF appreciates and thanks donors for their generous contributions to humanitarian response in 2016. Provision of predictable humanitarian funds is essential to allow UNICEF and partners to respond immediately to the needs of children and women affected by conflict and natural disasters in Afghanistan. UNICEF also thanks NGO partners, and counterparts from the line ministries and departments in the Government for their cooperation and support at the central, provincial, district and community levels. UNICEF equally values and appreciates local community contributions.

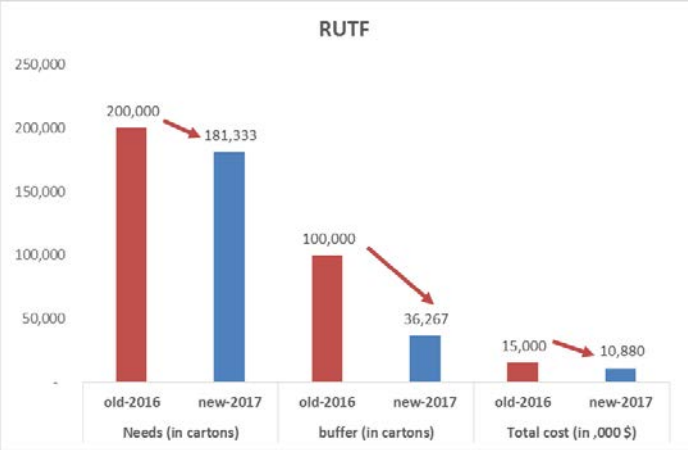
Annex A: Case Studies

A1 Supply chain management case study: cost saving

UNICEF remains the main provider of nutrition supplies to the Government of Afghanistan. Therefore, UNICEF decided to assess the challenges and bottlenecks and thus have a comprehensive supply Chain management system that is understood by all stakeholders to increase efficiency and the effectiveness of the programme. Therefore, a request was made to UNICEF Supply Division (SD) by UNICEF ACO to provide technical support to Public Nutrition Department (PND) of Ministry of Public Health (MoPH), Afghanistan and partners in nutrition SCM

Following UNICEF Supply Division technical support, different tools including SOP has been developed and introduced to optimize supply chain, render quality services and ensure value for money. Primary and tangible benefit of this new supply chain module is a reduction in quantity leakage, and buffer rate of SAM supply with an approximate saving of USD4.8 million in 2017. Thus increasing saving and lowering the cost of treatment for acute malnutrition as summarized and indicated in figure 1, 2, and 3 below.

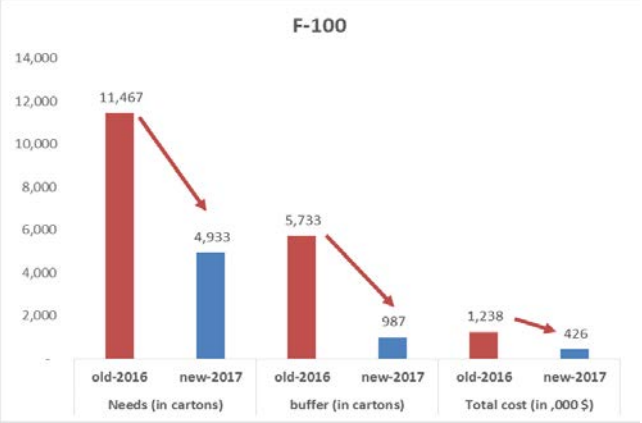
Figure 1



Annual RUTF requirements reduced from 200,000 cartons in 2017 to 181,333 cartons. Earlies to simplify calculation, one carton (150 sachet) was given for treatment of one SAM child but the actual requirements was 136 sachet as per protocol.

In reality with 1 carton RUTF (150 sachet) a 50% buffer was added which has now been reduced to 20%.

Figure 2

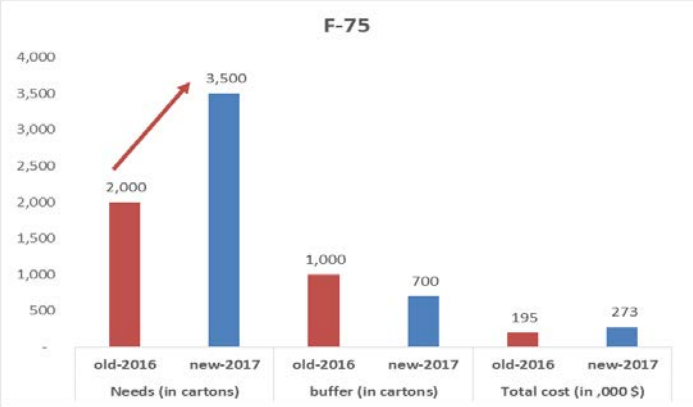


The quantity of F100 in 2017 decreased from 11,467 to 4,933 cartons. Earlies 52 sachet (for under six children) & 8 sachet (for complicated cases) was given for treatment of one SAM child but the actual requirements was 26&10 sachet per child as per protocol.

In reality with 52 & 8 sachets a 50% buffer was added which has now been reduced to 20%.

Cost saving expected in 2017 is equal to $812,160 (1,238,000-426,240) as shown in the Figure 2.

Figure 3



The quantity of F75 in 2017 increased form 2000 cartons to 3,500 cartons. Earlier 8 sachet was given for treatment of one SAM child but the actual requirement was 14 sachet per child.

In reality with 8 sachets a 50% buffer was added which has now been reduced to 20%.

Cost increase expected in 2017 (273000-195000) is equal to $ 78000 as shown in Figure 3

A2 Per-capita-cost emergency partnerships to reduce humanitarian response time

Top Level Results: WASH in emergency response time of partner reduced to less than 48 hours

Issue/Background: In order for a NGO partner of UNICEF to respond to a humanitarian situation, the PCA rules demand a costed programme document that at minimum takes one to two weeks to prepare and approve. This undermines the rapid WASH response usually required in case of a sudden onset emergency to prevent an already bad situation from rapidly deteriorating. It was noticed from the WASH Cluster data that ECHO-Emergency Response Mechanism (ERM) partners usually were among the first responders to a humanitarian situation. Through the ERM mechanism these partners had agreed on a standard per-capita cost for different WASH interventions and were able to rapidly respond to an emergency after getting a quick approval from ECHO based on a rapid assessment of the situation. UNICEF-Afghanistan sought to replicate and improve on this model within the remit of the administrative guidance governing PCAs within UNICEF. ECHO had also provided advance funding to the partner in anticipation of having to provide an emergency WASH response. This too was critical to the rapid response. UNICEF does not allow to “pre-position” cash. Instead funds can be diverted from an ongoing intervention to an emergency intervention.

Rationale: Reducing the typical WASH response lead time to an emergency situation from 1-2 weeks to 2 days significantly reduces the risk of child morbidity and mortality

Strategy and Implementation: In consultation with several NGO partners, the typical WASH emergency responses were listed and some longer-term WASH interventions for host-populations and long-term IDPs and returnees were also added. The NGOs developed a full budget for reaching 50,000 beneficiaries with a typical mix of emergency WASH interventions. The supply costs and management-, technical- and operational support costs were jointly distributed across the different interventions and based on that a per capita cost for each intervention was calculated (see table below for an example). Some of the costs to eliminate perverse incentives in favor of more sustainable solutions were adjusted (lowering the per-capita cost of water trucking and increasing the cost for construction/rehabilitation of water supply systems). The PCA Review Committee reviewed the per-capita cost calculations and approved the value-for-money aspect of the PCA. In order for the NGO partner to provide a timely

response, the NGO submits a one page rapid assessment report indicating the number of people affected and the type of WASH interventions to be provided to the affected population. For each intervention the assessment indicates how many beneficiaries there will be and based on the agreed-upon per-capita costs the total value of the response is calculated. After checking back with the WASH Cluster Coordinator and Emergency WASH focal point, the UNICEF programme officer can give the approval to the NGO to go ahead with the response. Funding required for the response can be diverted from an intervention that the partner already has agreed upon with UNICEF. This is usually a larger scale development type of intervention for long-term IDPs. One of UNICEF's partners has its own resources from which it can commence the emergency WASH response. While the response is already starting the partner completes a FACE form and itemized cost-estimate to request the funding. For small-scale responses UNICEF can also reimburse the partner at the end of the intervention. The Itemized Cost Estimate submitted to UNICEF after the response has been provided indicates exactly how many people were reached with a particular intervention. This greatly reduces the administrative burden of the PCA partner. HPM indicators were included and formats for results reporting complemented by a beneficiary call-back system whereby for each intervention some beneficiaries a contacted about the response and their level of satisfaction with the response.

Resources Required/Allocated: The process to conceptualize the PCA was a concerted effort of some UNICEF WASH staff and staff from NGO partners. It was developed over a four months period spending +/- 15 person days.

Progress and Results: Three PCAs have been in place now (by January 2017) for four months. Across the three partners UNICEF has already approved nine emergency WASH response interventions in different parts of the country. Initial results are very promising and response times have varied from 2 to 7 days. HPM reporting is proceeding fairly well and UNICEF and its partners are in the process of setting-up the beneficiary call-back monitoring weighing automatic calling vs. in-person calls.

Lesson Learned: Since this was a new modality, both the partners and UNICEF colleagues had to be convinced of the idea and assess the risks involved. Documenting the lessons learned and a short evaluation of the experiences are required. Response times are indeed greatly reduced and can likely be reduced further. The modality seems to be appropriate for the many small scale humanitarian situations that Afghanistan is facing, usually involving < 300 families.

Moving Forward: UNICEF has agreed with the partners to evaluate if the assumptions and the resulting per capita costs are indeed reasonable for the response required (no over- nor under-charging). From a HACT perspective, concerns remain about the itemized costs estimates which only reflect the service provided for the number of beneficiaries served and not a detailed breakdown in construction, management, travel etc. expenditures. It also needs to be evaluated if the PCA is the correct modality or if the response could also be provided under a contract based on a per-capita response. ACO favored a PCA to lower the risk of perverse incentives whereby a partner or contractor would favor a response that would possibly result in a profit – rather than provide the most appropriate response. PCA partners were asked to also commit some of their own funding to the PCA so that both are financially invested.

Itemized Cost Estimate (ICE) Form for approval Agency: XXXXXX

General Information				
Province:	Laghman			
District:	Qarghai			
Name(s) of Village(s) affected:	Gambiri			
Date of emergency:	15 Oct 2017			
Type of emergency:	Returnees from Pakistan			
Estimated total population affected in response area (s):	1733 people / or 254 Families	M: 647	F: 672	Children: 414
Project Reference Number:				

	Itemized Cost Estimate				Partners Contribution		
		Per capita cost	Number of people in need	Total estimated cost	NGO Contribution (12%)	UNICEF Cash Contribution	UNICEF Supply Contribution
1	Needs assessment	$1.66	1,733	$2,876	$345	$2,531	
2	Drinking water distribution by tankering	$11.25	1,733	$19,496	$2,339	$17,156	
3	Borehole with HP (20 families)	$30.15	……	……			
4	Borehole Rehabilitation with HP (20 families)	$11.24	……	……			
5	Borehole with Solar pump and public taps	$38.81	……	……			
6	Gravity-fed system with public taps	$36.22	……	……			
7	Communal latrine with a bathroom (20 families)	$10.41	……	……			
8	HH latrine / one latrine and bathroom for 20 people	$12.43	1,733	$21,541	$2,584	$18,401	$554
9	Hygiene kits & Promotion	$5.48	1,733	$9,496	$1,139	$8,357	$3,873
10	Hygiene kits & Promotion using pre-positioned kits	$3.28					
			Sub-Total	$53,411	$6,409	$46,447	$4,427
			7% Overhead	$3,738		$3,738	
			TOTAL (US$)	$57,149	$6,409	$50,186	$4,427
	UN Exchange rate: 1 US$ = AFN 69		TOTAL (AFN)	$3,943,338	$442,243	$3,462,845	$305,520

Submission Date for approval by XXXXX: Date of approval by UNICEF:

Name and Signature Name and Signature

…… ……..……...

Annex B: Donor Feedback Forms

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:
Name:
Email:

***

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!