



UNITED NATIONS

# HUMANITARIAN RESPONSE MONITORING

## Afghanistan Humanitarian Response Plan 2015

Prepared by the Inter-cluster Coordination Team for the Humanitarian Country Team

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## INTRODUCTION

The Response Monitoring Framework (RMF) is a complementary document to the Afghanistan 2015 Humanitarian Response Plan (HRP). It consists of a Results Framework, a response Monitoring Plan, Reporting Schedule and additional ICCT and cluster specific monitoring plans as an annex. Together the RMF provides a structure for the humanitarian community to assess progress achieved against planned results set out in the 2015 Humanitarian Response Plan (HRP). Ensuring a process by which to monitor progress against results achieved versus resources allocated is essential in terms of improving transparency and **accountability** of the humanitarian community towards affected populations, local governments, donors and one another. However it also provides humanitarian actors an **evidence base** for making decisions about what actions should be taken to redress shortcomings, fill gaps and/or adjust response plans, contributing to a more effective and efficient humanitarian response, in the short and long term.

The RMF focuses on three levels of the interlinked results chain - *inputs*, *outputs*, and *outcomes*. In this case the outcomes are linked to the HRP Strategic Priorities and refer to higher level changes in the humanitarian situation that the response activities will theoretically contribute towards achieving but that will not be achieved solely by the HRP response. Although change at this level may not be discernible within the twelve month HRP cycle, it must be measurable and indicators at this level have also been identified in order to keep track of overall progress towards the desired outcomes. A longitudinal approach to monitoring these expected outcomes will be integrated into Afghanistan Humanitarian Response Monitoring over the next three to five years, building consistency and comparability into our HRP approach.

This is the first initiative to develop a structured approach to monitoring the HRP in Afghanistan and as such 2015 will focus on developing mechanisms and tools that build capacity and accuracy in monitoring the response itself. Through a series of well-defined output and outcome indicators, the framework will enable the HCT to track the results and services produced by the combined resources, inputs and activities of a large-scale multi-agency response.

Additional analysis of needs versus outputs by individual clusters will further allow for some level of outcome monitoring at the cluster level, determining short and medium term results of specific activities. For instance, based on the activities and outputs delivered, some clusters should be able to identify what changes are brought about, and who benefits.

Finally, in addition to response monitoring through these three levels of the results chain, a simultaneous 'situation monitoring' approach will provide complementary evidence to inform strategic and programmatic decision making. Monitoring of a selection of key continuous and or/ regular data sources will inform systematic assessment and analysis of any changes in the humanitarian context that might require adjustment of planned activities, and updates of the response plan accordingly. This approach does not take the place of the annual requirement to undertake a comprehensive Humanitarian Needs Overview (HNO) but compliments and supplements the existing HNO analysis in between HRP cycles.

## RESULTS FRAMEWORK

The Results Framework (page 7-8) identifies three (output, outcome, situational) of the four levels of monitoring that will be implemented for each strategic priority. (The fourth level of monitoring corresponds to inputs and will be based on an improved approach to financial tracking (work in progress with OCHA / ICCT / HDG)). This framework will serve as the basis for all monitoring and reporting throughout the twelve month HRP cycle. Along with the relevant HRP outcomes, a summary of the key activities from all clusters that contribute to achieving the outcome have been summarised.

## i. OUTPUT MONITORING

Following the development of the 2015 HNO, each of the clusters developed **cluster objectives** articulating the focus of their attentions for 2015 response activities, in alignment with the strategic priorities established at the country level. These objectives are intricately linked to the planned HRP outcomes and have enabled the development of an integrated, cross-cluster response plan whereby the activities and measurable results of multiple clusters can be viewed in terms of their contribution to achieving the common strategic priority outcomes.

In planning to reach each of their objectives, most clusters have identified a core set of activities and or outputs, with targets and baselines (as available) for the activities. From these cluster plans, three to four indicators have been selected, to monitor achievements against the relevant country level strategic priorities. These output indicators aggregate the contributions from cluster members' projects to broadly summarise core activities and speak to key achievements of the cluster, providing an indication of whether the cluster is on track to meet its targets for the year. Where possible the indicators are selected in order to provide actionable information that can indicate potential need to revise priority activities or beneficiary targeting.

## ii. OUTCOME MONITORING

### Cluster Outcome Indicators

The focus on output level indicator monitoring to assess what was delivered versus what was planned, does not rule out analysis of this data at an outcome level. The clusters have largely defined output level indicators for use by cluster members to report services delivered or beneficiaries assisted. However, additional reporting requirements on denominator data will also enable the clusters to articulate results at a level of intermediate outcomes which can be directly linked to cluster strategic objectives.

For example, each health cluster member reporting the number of births attended by a skilled birth attendant at the output level is also required to provide an estimate of the total number of pregnant women living in the project catchment area. At the cluster level, cumulative tracking of these outputs and comparison analysis to baseline or benchmark data will enable the cluster to express results in terms of the percent increase of women in these areas who have access to safe delivery.

Additionally some clusters will provide interim outcome analysis when reporting at the mid-year point or in their annual report. For instance, the Protection cluster members will provide regular output level reporting on sq. km cleared of mine and ERW hazards within 5km of a school, health facility, or IDP settlement in order to track humanitarian demining activities. In addition, at the cluster level, analysis and reporting will also take into account % growth/reduction in the number of civilian casualties resulting from ERW. This indicator tracks the desired progress towards the halting of a trend of increasing numbers of casualties due to ERW and takes into account the broad spectrum of Mine Action activities: advocacy towards military forces, MRE to affected populations, as well as clearance activities.

### Strategic Priority Outcome Indicators

Building on key findings from the humanitarian needs overview process, three strategic priorities were articulated, guiding the development of a coherent response plan that ensures independent humanitarian actors are working towards the same goals. In large part these outcomes were based around the indicators of needs and vulnerability used to develop the Overall Needs and Vulnerability Index (ONVI) that informs the Strategic Response Plan of the HRP. The indicators used are relevant, however not distinct to humanitarian interventions. As such using these indicators to measure any truly attributable outcome level results, particularly under Strategic Priority One, will be somewhat tenuous. Any reduction in incidence of maternal and child mortality and morbidity, or malnutrition for that matter will depend on multiple sector interventions by multiple actors and at much greater scale. These outcomes refer to higher-level situational change at an 'impact' level to which the HRP activities theoretically will have some contribution towards achieving, with some clusters having a greater contribution than others, but that will not be achieved solely by the HRP response.

Any change at outcome level will also be difficult to assess within the time frame of the 2015 HRP. Particularly as the data required/available is predominantly sourced through National surveys (such as the NRVA / ALCS) undertaken at two to five year intervals at best.

As such, the monitoring reports of the HRP (Dashboards & Mid-Year Review) will focus predominantly on the outputs from cluster activities against the planned results outlined in the HRP with a view to continuously monitor change at the outcome level as and when new data becomes available. To that end, a longitudinal approach to outcome monitoring will be adopted that integrates monitoring of the same key morbidity, mortality, conflict and protection related indicators (used in the ONVI) through the next five years of HRP cycles drawing upon new data as it becomes available from sources such as the ALCS (Afghan Living Conditions Survey), DHS (Demographic and Health Survey) and SDES (Socio-Demographic & Economic Survey) amongst others.

Where possible, linking this outcome monitoring back to the data used to compile the ONVI that formed the basis of needs ranking and prioritization in the HNO, and implementing the same ranking and prioritization process year on year will build consistency and comparability into our HRP approach.

It is important to acknowledge the limitations of this approach of using national data from secondary sources to both inform and measure effectiveness of humanitarian response programming. This is a methodology adopted in the absence of relevant national level humanitarian assessment data; the limited commitment and ability of actors to undertake baseline surveys and impact assessments/monitoring; and the deficiency of available mortality data needed to understand the scale and nature of excess mortality distinct from that resulting from chronic under-development, that should be the starting point for prioritizing the focus of humanitarian response.

*'The international humanitarian community's ability to collect, analyze, disseminate and act on key information is fundamental to effective response' (Mahmood et al., 2010).*

OCHA continues to push for improvements in the evidential quality of information needed to improve the effectiveness and accountability of humanitarian action. Including increased coordination between assessments, and the creation and acceptance of common standards and methodologies for data collection. The current approach provides only a relatively weak evidence base for current activities, particularly in terms of prioritisation. The use of the ONVI indicators points to issues of concern rather than describing or measuring actual humanitarian needs. The use of secondary data gives us an indication or projection of potential need at a provincial level but based on historical snapshots and general evidence. Specific evidence, obtained through re-assessment of the context is required to understand what is happening at a particular time in a particular place and indicate with certainty whether external assistance is required. Afghanistan's protracted humanitarian crises is made up of sub-crises that are sector-specific requiring in-depth sectoral assessments and/or methodologically robust situational monitoring. These assessments cannot be 'one off' events but must be sequential, conducted consistently with standardized methodologies and approach.

Donors prepared to fund assessments and place requirements on grantees to comply with existing standardized tools can play a decisive role in enforcing the basic principles of evidence-based decision-making.

### iii. SITUATION MONITORING:

Within the single year HRP cycle there are a number of data sources that can be intermittently reviewed to enable continuous monitoring of sudden or gradual changes in the context, or identify localized escalation of needs or vulnerability. Monitoring mechanisms such as the Disease Early Warning System (DEWS), UNHCR's Population Movement Tracking (PMT) and the Seasonal Food Security Assessments (SFSA) are all sources of information available during 2015 which will inform our understanding of the humanitarian context and any changes since developing the HRP that might require adjustment of planned response, and lead to updates to the response plan accordingly.

The Situation Monitoring column of the results framework identifies potential sources of information that might inform this situational analysis and alert the HC/HCT to changes in the humanitarian situation, either heightened or reduced needs. HRP reporting in 2015 will both update progress in meeting HRP objectives and provide brief analysis on any changes in the context based on trends seen through monitoring DEWS or PMT data, new information from assessments or bi-annual reports such as PoC reporting and other sources. Details of the data sources used for this situational monitoring will be identified in the relevant reporting.

#### iv. INPUT MONITORING:

The materials (inputs) that go into cluster member projects during implementation are aggregated at the cluster level. For the purposes of this monitoring, the input level will only rely on financial tracking, as human and material resources derive from it. OCHA and the ICCT group are working on improving tracking of financial support to HRP aligned activities. To date it is apparent that the tracking of humanitarian funding to Afghanistan through the FTS alone is insufficient for the project less country response plan approach. Additional tracking is required at the cluster level to compile funding reported by cluster members and reconcile this with donor reporting on FTS. OCHA is working with the clusters to develop standardized reporting tools to facilitate improved financial tracking at the cluster level. The intention is to incorporate a coding system for humanitarian projects which would be communicated by partners to their donors who could indicate the same code in their FTS reporting. The Afghanistan Humanitarian Donor Group (HDG) is supportive of collaboration on this initiative.

## BENEFICIARY CATEGORY REPORTING

All activity monitoring will include designation of the beneficiary category to whom assistance is provided. At the bottom of the monitoring framework is a list of beneficiary categories that captures the key groups to which assistance is directed. Through the 'Cluster Member Output Monitoring Report' all activity monitoring will include designation of the beneficiary category to whom assistance is provided. This means all indicators are representative of needs based assistance, rather than status based response. Rather than monitor cluster activities through indicators specific to the status of beneficiaries, the design of the monitoring report format, will enable analysis and reporting according to all assistance provided, either by type of intervention or by beneficiary group assisted.

In the scenario of multiple beneficiary groups, for instance IDPs and host community, where no estimation of the split is possible, reporting organisations should indicate the primary category targeted by their response. In most scenarios it is expected that an approximate estimation should be possible. If a conflict IDP is displaced or affected by a natural disaster, and the reporting organization is responding to that natural disaster, the relevant natural disaster affected/displaced beneficiary category should be selected. All partners implementing routine nutrition projects in communities that likely comprise multiple members of different beneficiary categories, should select the 'at risk / underserved communities with high morbidity / malnutrition / mortality rates'. Only when specific extensions to existing services are added to respond to sudden on-set or unforeseen population groups should the relevant, affected population, beneficiary category be selected, i.e. Natural disaster affected or refugees.

## BENEFICIARY CATEGORIES

### 1.1 Conflict affected (in situ)

*Individuals affected by conflict and receiving assistance at that position.*

### 1.2 Conflict IDPs Newly Displaced (< 12 months displaced)

*Individuals displaced due to conflict within the last 12 months.*

### 1.3 Conflict IDPs >12 months displaced

*Individuals displaced due to conflict more than 12 months prior to the date assistance is provided.*

1.4 Communities hosting conflict IDPs

*Assistance provided to communities or households where the additional burden of hosting conflict displaced IDPs has been assessed.*

2. 1 Natural disaster affected (in situ)

*Individuals affected by natural disasters and receiving assistance at that position.*

2.2 Natural Disaster IDPs Newly Displaced (< 12 months displaced)

*Individuals displaced due to natural disasters within the last 12 months.*

2.3 Natural Disaster IDPs >12 months displaced

*Individuals displaced due to natural disasters more than 12 months prior to the date assistance is provided.*

2.4 Communities hosting natural disaster IDPs

*Assistance provided to communities or households where the additional burden of hosting natural disaster displaced IDPs has been assessed.*

3. At risk / underserved communities with high morbidity / malnutrition / mortality rates

*Individuals and or communities in areas exhibiting high levels of disease outbreaks, acute malnutrition and in 'white areas' with no BPHS coverage to provide basic health services.*

4. Very Severely Food Insecure

*Individuals who consume less than 1,500 Kcal per day*

5. Refugees

*Individuals who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, are outside their country of nationality (in Afghanistan).*

6. Documented returnees

*Refugees who have returned to their country of origin in this case people who have gone through the formal process with the VRF Voluntary Repatriation Form.*

7. Undocumented returnees

*Afghans who had no legal documentation entitling them to remain in X country (country of exile), and who have returned to Afghanistan.*

8. GBV survivors

## MONITORING PLAN

The output monitoring plan, (page 9-10) broadly defines what will be monitored; how and when; who is responsible for monitoring and details the schedule and tools for how monitoring information will be reported. It sets out practices, performed by all humanitarian actors, which facilitates the collection and analysis of data on the collective humanitarian response. It proposes a standardized, systematic collection of data that enables transparent, predictable reporting at scheduled intervals, to inform and enable decision making by the clusters, inter-cluster coordination group and HC/HCT. (To note: The information contained in the table below has been summarized for formatting purposes. Full details of each indicator are available in the cluster pages annexed).

# Results Framework

## 2015 Strategic Response Plan - Afghanistan

PURPOSE: Provision of prioritised, integrated humanitarian assistance that capitalises on a convergence of multi-cluster efforts, to save lives, alleviate suffering and maintain and protect human dignity

### S.P 1 EXCESS MORBIDITY AND MORTALITY REDUCED

HRP OUTCOMES:	PRIORITY ACTIVITIES:	OUTPUT MONITORING: Monitoring achievement of results outlined in the SRP	OUTCOME MONITORING: (Longitudinal approach)	SITUATION MONITORING:
1.1 REDUCED INCIDENCE OF MATERNAL AND CHILD MORTALITY & MORBIDITY	<ul style="list-style-type: none"> <li>- Provide critical primary outpatient care to vulnerable populations in remote, insecure and unserved areas</li> <li>- WASH activities in areas with high diarrhoea incidence and/or high potential for WASH-related disease outbreaks</li> <li>- Enhance IMAM access through service expansion and enhanced community screening and referral.</li> </ul>	<ul style="list-style-type: none"> <li>• No. and % of births attended by SBA in targeted areas (no existing BPHS coverage).</li> <li>• % Penta 3 coverage among children &lt;2 years in targeted areas (no existing BPHS coverage).</li> <li>• No. people served by PHC / mobile health services outside BPHS</li> <li>• No. and % of households with access to a functioning sanitation facility</li> <li>• Proportion of population in intervention areas with access to at least 15lpcd of drinking water.</li> <li>• Proportion of population in intervention areas with access to a place to wash hands with soap.</li> <li>• No and % of boys and girls 0-59 months admitted for treatment of acute malnutrition</li> </ul>	<p>ONVI Indicators:</p> <ul style="list-style-type: none"> <li>Acute diarrheal disease (ADD)</li> <li>Measles prevalence</li> <li>Measles outbreaks</li> <li>Acute Respiratory Infections (ARI)</li> </ul>	HMIS, DEWS, SFSA, SMART, RNA, Assessment findings
1.2 REDUCED INCIDENCE OF MALNUTRITION	<ul style="list-style-type: none"> <li>- Increase access to integrated preventive nutrition specific programmes</li> <li>- WASH activities in areas with acute malnutrition above emergency thresholds</li> </ul>	<ul style="list-style-type: none"> <li>• No. and % of boys and girls 0-59 months cured of acute malnutrition</li> <li>• No. and % of targeted women with boys and girls aged 0-23 months reached with IYCF promotion messages.</li> <li>• No. of boys and girls 6-23 months affected by emergencies receiving multiple micronutrient supplementation (MNPs)</li> <li>• No. of very severely food insecure individuals receiving food / cash and / or voucher assistance.</li> </ul>	GAM / SAM rates	

### S.P. 2 CONFLICT RELATED DEATHS & IMPAIRMENT REDUCED

HRP OUTCOMES:	PRIORITY ACTIVITIES:	OUTPUT MONITORING: Monitoring achievement of results outlined in the SRP	OUTCOME MONITORING: (Within HRP Cycle)	SITUATION MONITORING:
2.1 REDUCED INCIDENCE OF CONFLICT RELATED MORTALITY & IMPAIRMENT	<ul style="list-style-type: none"> <li>- Provide timely access to effective trauma care in areas of conflict</li> <li>- Mine/ ERW clearance and risk education</li> </ul>	<ul style="list-style-type: none"> <li>• No. and % of conflict affected districts with at least one FATP or HF able to provide specialised conflict trauma care.</li> <li>• Sq. km of mine/ERW hazards cleared (within 5km of a school, health facility or IDP settlement).</li> </ul>	<ul style="list-style-type: none"> <li>% conflict affected areas with effective trauma care</li> <li>% reduction in sq. km of Afghanistan contaminated by mines and ERW</li> <li>% reduction in number of civilian casualties resulting from mines and ERW</li> <li>% reduction in reported Grave Child Rights Violations</li> </ul>	CIVCAS, WHO trauma partner reporting, UNAMA HR reporting, MRM reporting, UNMAS reporting
2.2 PROTECTION OF CIVILIANS STRENGTHENED	<ul style="list-style-type: none"> <li>- Support the creation of a protection-conducive environment</li> <li>- Ensure targeted response to protection needs of particularly vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li>• # of reports produced on protection issues and human rights violations</li> <li>• # of clusters in which protection principles and standards have been mainstreamed and in which functional cross-referral mechanisms have been established.</li> <li>• # of reported GBV survivors provided with at least one of the following services: medical, health, protection, legal, psychosocial.</li> </ul>		

## S.P. 3 TIMELY RESPONSE TO AFFECTED POPULATIONS

OUTCOMES:	PRIORITY ACTIVITIES:	OUTPUT MONITORING: Monitoring achievement of results outlined in the SRP	OUTCOME MONITORING: (Within HRP Cycle)	SITUATION MONITORING:
3.1 UNMET LIFESAVING NEEDS OF 2014 IDP & NATURAL DISASTER AFFECTED POPULATIONS MET	<ul style="list-style-type: none"> <li>- Rapid assessments to identify protection and assistance needs.</li> <li>- Timely provision of emergency shelter and NFI's</li> <li>- Timely provision of food and emergency livelihoods support</li> <li>- Timely (within 48-72hrs) identification and response initiated to emergencies and public health risks</li> </ul>	<ul style="list-style-type: none"> <li>• % of outbreak alarms investigated within 48 hours from notification.</li> <li>• No. people served by emergency PHC / mobile health services</li> <li>• No. and % affected families receiving shelter assistance</li> <li>• No. and % affected families receiving NFIs assistance</li> <li>• No. and % affected families receiving cash assistance</li> <li>• No. and % affected individuals receiving food assistance</li> <li>• No. and % of targeted households supported with agricultural / livestock inputs.</li> <li>• No. and % of households provided access to a functioning sanitation facility</li> <li>• Proportion of population in intervention areas provided access to at least 15lpcd of drinking water</li> <li>• Proportion of population in intervention areas provided access to a place to wash hands with soap</li> <li>• % emergency situations where Rapid Nutrition Assessments conducted</li> <li>• # of children affected by conflict and natural disasters receiving Emergency Child Protection Services</li> <li>• # of IDP households assisted with acquiring, maintaining and restoring Housing, Land, and Property rights</li> <li>• No. and % refugees registered</li> <li>• No. and % returnees provided with information and referrals to facilitate reintegration</li> <li>• No. vulnerable returnees identified and assisted</li> </ul>	<p>% emergencies addressed with adequately pre-positioned stocks</p> <p>Case fatality rate during epidemics are maintained within internationally agreed standards</p> <p>Target Cholera &lt;1% measles &lt;5%</p> <p>% Rapid Assessments (RAF) conducted within 48 hours of natural disaster events reported.</p> <p>% of IDP groups assessed within 1 month of notification of displacement.</p> <p>% response activities initiated within 1 week of needs assessed.</p>	<p>RAF data, Gap analysis</p> <p>PMT</p> <p>CPIE/GBV/EIE Rapid Assessment</p>
3.2 TIMELY PROVISION OF LIFESAVING ASSISTANCE TO NEWLY DISPLACED & NATURAL DISASTER AFFECTED POPULATIONS	<ul style="list-style-type: none"> <li>- Timely response at scale to Nutrition in Emergencies</li> <li>Secure basic human rights and dignity for displaced and conflict-affected populations</li> <li>- Implement critical WASH activities for communities impacted by sudden events.</li> <li>- Provision of protection and essential services to refugees</li> </ul>	<ul style="list-style-type: none"> <li>• # of children affected by conflict and natural disasters receiving Emergency Child Protection Services</li> <li>• # of IDP households assisted with acquiring, maintaining and restoring Housing, Land, and Property rights</li> <li>• No. and % refugees registered</li> <li>• No. and % returnees provided with information and referrals to facilitate reintegration</li> <li>• No. vulnerable returnees identified and assisted</li> </ul>		
3.3 TIMELY PROVISION OF LIFESAVING ASSISTANCE TO REFUGEES, AFGHAN RETURNEES & UN-DOCUMENTED VULNERABLE RETURNEES	<ul style="list-style-type: none"> <li>- Facilitation of informed, Afghan refugee voluntary repatriation</li> <li>- Provision of assistance to newly vulnerable, undocumented Afghan returnees.</li> </ul>			

All activity monitoring will include designation of the beneficiary category to whom assistance is provided.

### Beneficiary Categories:

1.1	Conflict affected (in situ)	3. At risk / underserved communities with high morbidity / malnutrition / mortality rates
1.2	Conflict IDPs Newly Displaced (< 12 months displaced)	4. Very Severely Food Insecure
1.3	Conflict IDPs >12 months displaced	5. Refugees
1.4	Communities hosting conflict IDPs	6. Documented returnees
2.1	Natural disaster affected (in situ)	7. Undocumented returnees
2.2	Natural Disaster IDPs Newly Displaced (< 12 months displaced)	8. GBV survivors
2.3	Natural Disaster IDPs >12 months displaced	
2.4	Communities hosting natural disaster IDPs	

## OUTPUT MONITORING PLAN

STRATEGIC PRIORITY ONE EXCESS morbidity & mortality reduced	Baseline / Benchmark	Target	Numerator & Denominator	Data Sources	Disaggregation (gender/age/other )	Data collection method(s)	Org. Responsible for data collection	Frequency of Reporting
<b>1.1 Reduced incidence of maternal &amp; child morbidity and mortality</b>								
<b>1.2 Reduced incidence of malnutrition</b>								
• No. and % of births attended by SBA in targeted areas (no existing BPHS coverage)	0 %	40%	Attd. deliveries / pregnant women	Health Partners	N/A	Cluster partner reports	Health Cluster / UNFPA / WHO	Monthly
• % Penta 3 coverage among children <2 years in targeted areas (no existing BPHS coverage)	0%	80%	No. vaccinated / total children	Health Partners	Female / Male	Cluster partner reports	Health Cluster / UNICEF / WHO	Monthly
• No. people served by PHC / mobile health services outside BPHS coverage (white areas)	253,117	400,00	Served / Total pop outside BPHS	Health Partners	Female / Male & Age	Cluster partner reports	Health Cluster / WHO	Monthly
• No. and % of households with access to a functioning sanitation facility	0%	85%	HH with san facility / total HH	WASH partners	Female / Male & Age	Cluster partner reports	WASH Cluster / UNICEF	Quarterly
• Proportion of population in intervention areas with access to at least 15lpcd of drinking water	0%	85%	Pop with 15lpcd / total pop	WASH partners	Female / Male & Age	Cluster partner reports	WASH Cluster / UNICEF	Quarterly
• Proportion of population in intervention areas with access to a place to wash hands with soap	0%	85%	Pop with HW access/ total pop	WASH partners	Female / Male & Age	Cluster partner reports	WASH Cluster / UNICEF	Quarterly
• No and % of boys and girls 0-59 months admitted for treatment of acute malnutrition	230,224	365,544	Admitted / total HRP targeted	Nut. partners/ Database	Male/Female	Cluster partner reports	BPHS NGOs, UNICEF Government	Monthly
• No. and % of boys and girls 0-59 months cured of acute malnutrition	89%	>75%	Cured / total discharged	Nutrition Database	Female / Male	Nut. Service Provider Reports	BPHS NGOs, UNICEF Government	Monthly
• No and % of targeted women with boys and girls aged 0-23 months reached with IYCF promotion messages	50%	>80%	Women reached / targeted	Nutrition Partners	N/A	Cluster partner reports	BPHS NGOs, UNICEF Government	Monthly
• No. of boys and girls 6-23 receiving multiple micronutrient supplementation (MNPs)	-	594,036	Reached with MNPs / Target	Campaign reports	Female / Male	Cluster partner reports	BPHS NGOs, UNICEF Government	Monthly
• No. of very severely food insecure individuals receiving food / cash and /or voucher assistance	1.76 mill	1.76 mill	Assisted / total targeted	FSAC Partners	Female / Male	Cluster partner reports	Partners, FAO, WFP	Quarterly
<b>STRATEGIC PRIORITY TWO CONFLICT related deaths &amp; impairment reduced</b>								
<b>2.1 Reduced incidence of conflict related mortality and morbidity</b>								
• No. and % of conflict affected districts with at least one FATP or HF able to provide specialised conflict trauma care.	42	202	Districts with HF trauma capacity / total districts	Health Trauma Care Partners	Facility Type	Reports from partners	Project implementing partners and WHO	Monthly
• No. and % sq. km of mine/ERW hazards cleared (within 5km of a school, health facility or IDP settlement).	-	21 Sq. km	Sq. km cleared / total planned	IMSMA	N/A	Reports from partners	UNMAS	Quarterly
<b>2.2 Protection of civilians strengthened</b>								
• # of reports produced on protection issues and human rights violations	31	40	Reports Produced	N/A	N/A	Reports Produced	Protection Cluster	Quarterly
• # of reported GBV survivors provided with at least one of the following services: medical, health, protection, legal, psychosocial.	350	2000	# of GBV survivor response service beneficiaries	GBV Sub-Cluster	Female / Male & Age	Partner Reporting	GBV Sub-Cluster	Quarterly
• No. of clusters in which protection principles and standards have been mainstreamed	-	5	Clusters with PP mainstreamed / total clusters	ICCT proxy indicators	N/A	Cluster Reports / ICCT Review	ICCT	Quarterly

## OUTPUT MONITORING PLAN CONTINUED

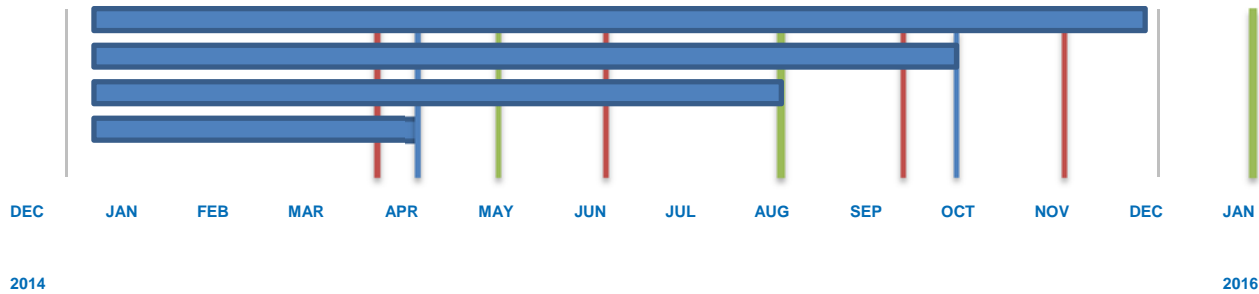
STRATEGIC PRIORITY THREE	Baseline / Benchmark	Target	Numerator & Denominator	Data Sources	Disaggregation (gender/age/other)	Data collection method(s)	Org. Responsible for data collection	Frequency of Reporting
<b>TIMELY response to affected populations</b>								
<i>3.1 Unmet lifesaving needs of 2014 IDP &amp; natural disaster affected populations met</i>								
<i>3.2 Timely provision of lifesaving assistance to newly displaced &amp; natural disaster affected populations</i>								
<i>3.3 Timely provision of lifesaving assistance to refugees, afghan returnees &amp; un-documented vulnerable returnees</i>								
• % Rapid Assessments (RAF) conducted within 48 hours of natural disaster events reported.	66%	80%	RAF < 48 hr / Total	RAF Database	N/A	Data reports	OCHA, IOM , ICCT	Quarterly
• % of conflict IDP groups assessed within 1 month of notification of displacement.	50%	60%	Assessed IDPs / Registered IDPs	PMT	N/A	Assessments	IDP Taskforces	Quarterly
• % response activities initiated within 1 week of needs assessed.	50%	75%	< 1 wk response / all req. response	Incident Matrix	N/A	OCHA Field Staff	OCHA / ICCT	Quarterly
• % of outbreak alarms investigated within 48 hours from notification.	98%	100%	OB investigated < 48hrs / total OB	DEWS, EPRs, MoPH, NGOs	N/A	Sentinel site & EPR reporting	WHO	Weekly / As need dictates
• People served by emergency PHC / mobile services	-	100%	Pop served/ pop affected	PHD, Health partners	Female / Male & Age	Partner reports	WHO	Monthly
• No. and % affected families receiving shelter assistance	-	50%	Assisted / In need	ESNFI Partners	Female / Male & Age	Partner reports	ESNFI / UNHCR / IOM	Monthly
• No. and % affected families receiving NFIs assistance	-	70%	Assisted / In need	ESNFI Partners	Female / Male & Age	Partner reports	ESNFI / UNHCR / IOM	Monthly
• No. and % affected families receiving cash assistance	-	40%	Assisted / In need	ESNFI Partners	Female / Male & Age	Partner reports	ESNFI / UNHCR / IOM	Monthly
• No. and % affected individuals receiving food assistance	-	100%	Assisted / In need	ESNFI Partners	Female / Male & Age	Dist. reports	FSAC, WFP, UNHCR	Quarterly
• No. and % of targeted households supported with agricultural / livestock inputs.	-	52%	Assisted / In need	FSAC Partners	Female / Male & Age	Dist. reports	FSAC, WFP, UNHCR	Quarterly
• No. and % of households provided access to a functioning sanitation facility	-	85%	HH with san facility / total HH	WASH Cluster partners	Female / Male & Age	Cluster partner reports	WASH Cluster / UNICEF	Quarterly
• Proportion of population in intervention areas provided access to at least 15lpcd of drinking water	-	85%	Pop with 15lpcd / total pop	WASH Cluster partners	Female / Male & Age	Cluster partner reports	WASH Cluster / UNICEF	Quarterly
• Proportion of population in intervention areas provided access to a place to wash hands with soap	-	85%	Pop with HW access/ total pop	WASH Cluster partners	Female / Male & Age	Cluster partner reports	WASH Cluster / UNICEF	Quarterly
• % emergency situations where Rapid Nutrition Assessments conducted	-	50%	RNAs / Emergencies	Assessments	N/A	RNA Reports	BPHS NGOs, UNICEF Government	As Necessary
• # of children affected by conflict and natural disasters receiving Emergency Child Protection Services	20,951	25,000	Children reached by CPIE / NA	CPIE 4W	Female / Male & Age	CPIE 4W reports	CPIE Sub-Cluster	Quarterly
• # of IDP households assisted with acquiring, maintaining and restoring HLP rights	1,300	1,750	IDPs assisted / NA	HLP TF 4W	Female / Male & Age	HLP TF 4W reports	HLP Task Force	Quarterly
• No. and % refugees registered	-	70%	Registered / Total	UNHCR data	Female / Male & Age	Interviews	UNHCR/UNHCR Partners	Monthly
• No. and % returnees provided with information and referrals to facilitate reintegration	16,995	50,000	Supported Returnees / Total	UNHCR ECs	Female / Male & Age	Interviews	UNHCR/UNHCR Partners	Monthly
• No. vulnerable returnees identified and assisted	45,000	50,000	Vulnerable Returnees assisted		Country Returning From	Assessments / Interview Reports	UNHCR/IOM	Monthly

The information contained in the table above has been summarized for formatting purposes. Full details for each indicator are available in the cluster pages annexed.

\* Baseline/Benchmark data is drawn from 2014 cluster performance

\*\* For details of cluster targeting refer to notes in the annex and the cluster response plans in the 2015 HRP

## REPORTING



The above outlines a proposed schedule of reporting to the Humanitarian Country Team (HCT).

### The Humanitarian Dashboard

The Humanitarian Dashboard is a concise report presenting information in graphics on needs, response and gaps. The Humanitarian Dashboard will draw upon data generated from the response monitoring framework and will be produced twice in the year. In addition to a one page summary report compiled against the humanitarian dashboard in the HRP executive summary, each cluster will produce a one page report outlining major achievements, progress against plans, programming constraints and challenges and funding received versus requirements. The cluster summary updates will also highlight any assessments undertaken during the reporting period and summarise key findings with short analysis in terms of implications for programming based on their continuous situation monitoring.

- 30<sup>th</sup> April Dashboard Report
- 15<sup>th</sup> May Humanitarian Global Overview
- 31<sup>st</sup> August Mid Year Monitoring Report
- 31<sup>st</sup> October Dashboard Report
- 31<sup>st</sup> January 2015 Report

### The Mid Year Periodic Monitoring Report (PMR)

At the midpoint of 2015 more in-depth analysis and mapping will be performed with the monitoring data, examining whether sufficient progress has been made overall in reaching strategic and cluster objectives and identifying gaps in response operations, coverage, capacity and funding. The monitoring report will review the overall direction of the humanitarian response in the HRP and make recommendations to the HC/HCT for evidence-based decisions to address major constraints, adjust responses, and where necessary revise the plans accordingly. For each cluster, there will be a section to elaborate on achievements, any changes in the context, challenges faced in meeting the targets set out for the cluster objectives and any recommendations to address gaps in response.

The timing of the periodic monitoring report will be orchestrated to inform the 2016 HRP planning cycle and will form the basis of the articulation of the second standard allocation strategy for the Afghanistan CHF pooled funding mechanism

### Cluster Output Monitoring Report

A common reporting structure, which is consistent across all clusters, will enable a more accurate representation of the beneficiaries reached. It will also provide a more robust mechanism for 'Who does What Where' (3W) reporting, and a more accurate picture of organizational operational presence based on the type of cluster activities. OCHA has worked with the clusters to develop a standardized report template, which has been customized for cluster specific activity reporting. The template has been pre-populated with the agreed inter-cluster beneficiary categories and the output activities specified by the clusters. The format further allows for detailed disaggregation of beneficiaries, tailored to the needs of each cluster. This tool will also enhance a comprehensive 3Ws, indicating organizational operational presence as well as the type of activities by cluster.

The reporting system is to be managed by the cluster, with the assistance of OCHA, based on the guidance provided by the ICCT. The activity reports are to be linked to cluster compiled project sheets through a standard coding system. It is envisaged that the reporting tool will be migrated to an online system through which reporting organisations can directly upload results.

**INTER CLUSTER COORDINATION TEAM**

ICCT Monitoring	Strategic Priority Two	Strategic Priority Three	Strategic Priority Three
Indicator	No. of clusters in which protection principles and standards have been mainstreamed	% Rapid Assessments (RAF) conducted within 48 hours of natural disaster events reported.	% response activities initiated within 1 week of needs having been assessed using the RAF
Benchmark	-	TBC	?
Target	5	1	1
Numerator	Clusters meeting proxy success indicators	RAF conducted < 48 hrs	Response activities to assessed incidents within 1 week
Denominator	All clusters	Total RAFs conducted	All incidents requiring a response
Data source	Agreed ICCT proxy indicator monitoring	RAF Database	OCHA Field Staff
Disaggregation	N/A	N/A	N/A
Data Collection Method	Cluster Reports	RAF Database Reports	Incident Matrix Review
Org. Responsible for Data Collection	ICCT	OCHA / IOM	OCHA
Geographic Level of Data	National	Province	Province
Reporting Frequency	Quarterly	Quarterly	Quarterly

**ICCT Indicator Notes:**

- Cluster mainstreaming of protection principles and standards: The ICCT have agreed to assess cluster progress towards meeting this indicator through assessment of five proxy indicators:
  - Assessment tools collect data in a disaggregated form (SAD: Sex, Age, Diversity);
  - Clusters have developed and shared with partners a standard code of conduct agreement or zero tolerance policy for sexual exploitation and any kind of abuse of beneficiaries to guide partners in creating a similar code for use in their organizations;
  - Clusters have developed and shared with partners a contextualized Protection Mainstreaming Checklist to guide partners in incorporating protection principles throughout all phases of the humanitarian programme cycle;
  - Clusters have undertaken to increase knowledge and understanding of protection concerns and principles among their members and promote the use of protection mainstreaming guidance and tools through specific activities / workshops / training.
- Monitoring of the timeliness of rapid assessments will be facilitated by use of the RAF form (which identifies incident date and date of assessment) and the analysis of this information through the RAF database reporting system.
- The timely implementation of emergency intervention activities to assessed incidents requiring a response will be monitored through use of the OCHA Incident Matrix. This database is managed by OCHA field staff who report all incidents, assessments, needs and response in their regions. The data collected through the system will be cross referenced with the RAF database, IOM reporting and cluster review.

## ES&NFI CLUSTER

ES&NFI Monitoring	Strategic Priority Three	Strategic Priority Three	Strategic Priority Three
Indicator	% of targeted families receiving shelter assistance	% of targeted families receiving NFIs assistance	% of targeted families receiving cash/voucher assistance
Benchmark	N/A	N/A	N/A
Target	50%	70%	40%
Numerator	People assisted with shelter	People assisted with NFIs	People assisted with cash
Denominator	Estimated people in need of NFI assistance	Estimated people in need of NFI assistance	Estimated total assessed in need of shelter or NFI assistance
Data source	Cluster Partners	Cluster Partners	Cluster Partners
Disaggregation	Female / Male & Age	Female / Male & Age	Female / Male & Age
Data Collection Method	Partner Reporting	Partner Reporting	Partner Reporting
Org. Responsible for Data Collection	Implementing Partners, UNHCR, IOM	Implementing Partners, UNHCR, IOM	Implementing Partners, UNHCR, IOM
Geographic Level of Data	District	District	District
Reporting Frequency	Monthly	Monthly	Monthly
Expected Partner Activity Reporting:	Number of families receiving shelter assistance	Number of families receiving NFIs assistance	Number of families receiving cash assistance
Additional denominator info. reporting	Total number of affected families assessed and needing shelter assistance	Total number of affected families assessed and needing NFI assistance	Total number of affected families assessed and needing shelter and / or NFI assistance

### ES & NFI Cluster Targeting and Indicator Notes:

- Family refers to standard agreed composition of parents and their children and other relatives under their care. The reporting on families assisted instead of HH is aligned with cluster activities as stated in page 19 of SRP 2015.
- The categories used in assessments to refer shelter/NFIs needs are three of the five agreed in SRP 2015 page 1 (Refugees and returnees; people displaced by conflict and people displaced by natural disasters)
- The cluster will compile detailed data disaggregated by type of shelter and NFI assistance but for this consolidated reporting system of only 3 indicators all types of shelter assistance are included per type of assistance (cash/voucher or construction/provision)
- Standard NFIs packages, shelter designs and modalities of implementation are being revised by TWG.
- The use of cash assistance has been pilot tested and are considered one of the assistance options available for relief assistance. The pros/cons and benefice/challenges are the same as for other type of assistance (i.e. protection, WASH)

## FSAC CLUSTER

FSAC Monitoring	Strategic Priority One	Strategic Priority Three	Strategic Priority Three
Indicator	No. and % of very severely food insecure individuals assisted on time with appropriate transfers (cash, food, voucher)	Number and % of affected individuals assisted on time with appropriate food transfers	Number and % of targeted individuals receiving emergency livelihood support (livestock, agriculture inputs, and livestock vaccines).
Benchmark	1.76 million very severely food insecure individuals (80% out of 2.2 million based on NRVA 2011-12)	365,000 affected by conflict or natural disasters (historic data)	365,000 IDPs affected by conflict or natural disasters (historic data)
Target	100% (1.76 million individuals)	100% (365,000)	52% (188,250 individuals)
Numerator	Assisted individuals receiving food, cash or voucher assistance	Assisted individuals receiving food assistance	Assisted individuals receiving emergency livelihood support
Denominator	Estimated target 1.76 million individuals of food, cash or voucher assistance	Estimated target 365,000 individuals of food assistance	Estimated target 188,250 individuals of early recovery assistance
Data source	Monthly distribution reports from FSAC partners	Monthly distribution reports from FSAC partners	FSAC Partners
Disaggregation	Female / Male	Female / Male	Female / Male
Data Collection Method	100% monthly distribution reports	100% monthly distribution reports	100% post-distribution and post-harvest reports
Org. Responsible for Data Collection	FSAC partners, WFP	FSAC partners, WFP, UNHCR	FSAC partners, FAO
Geographic Level of Data	District	District	District
Reporting Frequency	Monthly, Quarterly, Annually	Monthly, Quarterly, Annually	Twice a year (Post-distribution and post-harvest reporting)
Expected Partner Activity Reporting:	Number of households receiving food / cash / voucher assistance	Number of households receiving food assistance	Number households supported with agricultural / livestock inputs.
Additional denominator info. reporting	N / A	Total number of affected individuals assessed and needing food assistance	Total number of affected individuals assessed and needing livelihood assistance

## FSAC Cluster Targeting and Indicator Notes:

- A. Number and % of very severely food insecure people assisted on time with appropriate transfers (cash, food, voucher)

Targeting is based on Household Food Security status derived from the NRVA 2011-12. Targeted households are Very Severely Food Insecure People living in urban and rural highly food insecure districts who consume less than 1,500 Kcal per day, and identified through their demographic and livelihood characteristics.

Unconditional assistance will include food, vouchers or cash to support the targeted households during the lean season. Food transfers will constitute the bulk of emergency assistance; cash or voucher transfers are calculated based on food basket value and implemented when food is available in the market and other feasibility conditions are met (security, financial system, communication system).

In tracking this output indicator WFP's standardized distribution and post distribution monitoring tools are adopted. The WFP beneficiary counting methodology is applied, in this case one beneficiary household is counted only once for the entire assistance period. Cooperating partners submit 100% of distribution reports which are verified and certified by area offices and entered into a WFP database. Based on this entry the data is then cross checked and analysed by the country office M&E team. The result is submitted to FSAC information officer for consolidation on a monthly basis.

- B. Number and % of Natural Disaster and Conflict IDPs assisted on time with appropriate food transfers  
Targeting of beneficiaries is based on confirmed displacement and status, by IOM and/or UNHCR in coordination with the Ministry of Refugees and Returnees, and NGOs. Disaster-affected people will be identified based on inter-agency Emergency Assessment, in consultation with Community Development Councils, ANDMA, Provincial Disaster Management Committees, the Ministry of Rural Development and the International Organization for Migration (IOM).
- C. Number and % of targeted individuals receiving emergency livelihood support (livestock, agriculture inputs, and livestock vaccines).

Targeting: Requirements of disaster-affected people for emergency livelihood support will be identified based on FAO, Ministry of Agriculture, Irrigation and Livestock (MAIL) and NGO's service provider's joint assessments in close coordination with inter-agency Emergency Assessment, Community Development Councils, ANDMA, Provincial Disaster Management Committees and other relevant stakeholders. The most severely affected farming population, the marginal groups (women /orphans /elderly headed families and disables) among the affected population and those who have capacity to use the inputs will be considered eligible for the assistance.

Assistance will include rehabilitation of land, agriculture inputs (seeds, fertilizer and tools) and animal feed and animal vaccines, and ample training with each package. The land needs to be rehabilitated before the main planting season (summer and/or autumn 2015). The agriculture inputs also to be distributed by partners before the main planting season. Animal feed is provided before winter to ensure it is stocked and used throughout the winter season. Each beneficiary will receive 1-3 above-mentioned packages according to their minimum requirement.

This output indicator tracks the achievement in the level of distributed inputs and number of targeted people reached using FAO's standardized post distribution and impact evaluations tools. Service Providers submit 100% of distribution reports which are verified and certified by FAO regional offices' and entered into FAO database. Based on this entered data, it is then cross checked and analysed by FAO Representation M&E team. The result is submitted to FSAC information officer for consolidation of post-distribution and post-harvest reports.

## HEALTH CLUSTER

Health Monitoring	Strategic Priority One	Strategic Priority One	Strategic Priority One
Indicator	No. people served by PHC / mobile health services outside BPHS	% of births attended by SBA	% Penta 3 coverage among children <2 years
Benchmark	253,117	0 % of pregnant women attended by SBA	0%
Target	400,000	40%	80%
Numerator	Pop served by PHC / mobile health services outside BPHS	Deliveries attended by SBA	Children < 2 vaccinated
Denominator	Total pop outside BPHS coverage	Pregnant women living in catchment area	Children < 2 yrs. in catchment area
Data source	Partners providing services	Partners providing basic health services	Partners providing basic health services
Disaggregation	Female / Male & Age	N/A	Female / Male
Data Collection Method	Reports from partners	Reports from health partners	Reports from health partners
Org. Responsible for Data Collection	Project implementing partners and WHO	Implementing partners, UNFPA WHO	Implementing partners, UNICEF WHO
Geographic Level of Data	District level	Community or district level	Community or district level
Reporting Frequency	Monthly	Monthly	Monthly
Expected Partner Activity Reporting:	Number of people receiving health services (Outpatient /Inpatient)	Number of deliveries attended by SBA at facility or by CHW at community level	Number of Children < 2 vaccinated (Penta 3)
Additional denominator info. reporting	Estimated population living in the project(s) catchment area	Estimated number of pregnant women living in the project(s) catchment area	Estimated number of children < 2 yrs. in the project(s) catchment area
Health Monitoring	Strategic Priority Two	Strategic Priority Three	Strategic Priority Three
Indicator	% conflict affected districts with at least one FATP or HF providing specialised conflict trauma care.	% of outbreak (OB) alarms investigated within 48 hours from notification	% of People served by emergency PHC / mobile services
Benchmark	42	98%	0
Target	202 Conflict affected districts	100%	100%
Numerator	Districts with specialised conflict trauma care	# of OB investigated and responded within 48 hours	No of pop served by emergency health services
Denominator	Total number of districts in targeted conflict affected provinces	Total Number of outbreaks	Affected pop
Data source	Partners providing trauma services	DEWS EPR committees MoPH /PHD / NGOs,	Partners providing services
Disaggregation	Type of Facility	N/A	Type of Facility
Data Collection Method	Reports from partners	Weekly sentinel site reporting and EPR reports	Reports from partners
Org. Responsible for Data Collection	Project implementing partners and WHO	WHO	Project implementing partners and WHO
Geographic Level of Data	District level	Community or district level	District level
Reporting Frequency	Monthly or upon need	Weekly / as need dictates	Monthly or upon need
Expected Partner Activity Reporting:	Number (& location) of FATPs or HFs supported to provide trauma stabilization, treatment and referral services	Number outbreaks investigated in area of operation and response time	Number of people receiving health services (Outpatient /Inpatient) as part of an emergency response
Additional denominator info. reporting	No. and % of conflict affected districts with at least one FATP or HF able to provide specialised conflict trauma care.	% of outbreak (OB) alarms investigated within 48 hours from notification	% of People served by emergency PHC / mobile services

## Health Cluster Targeting and Indicator Notes:

1. All health cluster activities to be monitored under this framework should fall outside the standard BPHS/EPHS package of services or be designed to meet the health needs of populations in areas with no BPHS coverage.
2. For indicator 2: the targeted population figure refers to those people that fall within the direct catchment of the facility. This is not necessarily the whole population of the village or province. Estimated total number of pregnant women should be determined based on a 2% proportion of the total catchment population. The baseline for attended deliveries is assumed to be zero based on the rationale of providing services where none currently exist. The health provider is expected to exert all efforts to ensure at least 40% of the deliveries are attended by a skilled birth attendant which can include a Doctor, midwife or community midwife. All attended births should be counted whether at the health facility level or in the community.
3. Penta3 vaccine coverage will be determined by the administration of three doses given at the age of six weeks, 10 weeks and 14 weeks. This can be both facility based or undertaken through community outreach. The numerator are children <2 years that receive all three vaccinations. The denominator should be the estimated total number of children <2 in the health facility catchment area which can be determined based on a 4% proportion of the total catchment population.
4. FATP or HFs designated as able to provide specialized conflict trauma care will be assessed based on provision of triage, stabilization, referral and surgical intervention in referral facilities. The targeted districts are selected based on the impact from localised conflict as well as areas highly susceptible to natural disasters requiring trauma and First aid care. The FATPs will link with CHCs or standalone FATPs or part of DH or PH. The total targeted districts are 202 (Target one FATP per district) out of which 42 currently exist. (List of targeted districts available from the cluster).
5. Indicator 6 refers to health services provided through temporary established facilities providing service to a population newly displaced or affected by any emergency or disaster of conflict. The denominator will be all population affected in the targeted area and the numerator are those actually receiving services.

## NUTRITION CLUSTER

Nutrition Monitoring	Strategic Priority One	Strategic Priority One	Strategic Priority One
Indicator	% of boys and girls 0-59 months with acute malnutrition admitted	% of boys and girls 0-59 months cured of acute malnutrition	% targeted women with boys and girls aged 0-23 months reached with IYCF promotion messages
Benchmark	230244	89.60%	32%
Target	365,544 boys and girls 0-59 months	>75% (sphere Standard)	>80%
Numerator	Number of Boys and Girls 0-59 months admitted	Number of Boys and Girls 0-59 months cured	No of Women of children 0-23 months reached with IYCF messages
Denominator	Number of boys and girls 0-59 months targeted with IMAM programmes	Number of boys and girls 0-59 months discharged from IMAM programmes	No of Women of children 0-23 months targeted with IYCF Messages
Data source	Partners monthly Statistical reports/ Nutrition Database	Partners monthly Statistical reports/ Nutrition Database	Partners monthly Statistical reports/ Nutrition Database
Disaggregation	Male/Female	Male/Female	N/A
Data Collection Method	Monthly reports from nutrition partners UNICEF to compile	Nutrition Services monthly reports from partners	Nutrition Services monthly reports from partners
Org. Responsible for Data Collection	BPHS NGOs, Government	BPHS NGOs, Government	BPHS NGOs, Government
Geographic Level of Data	Health facility/Community site	Health facility/Community site	Health facility/Community site
Reporting Frequency	Monthly	Monthly	Monthly
Expected Partner Activity Reporting:	Number of boys and girls with acute malnutrition admitted to TFU, OPD SAM, OPD MAM	Number of boys and girls with acute malnutrition 0-59 months discharged cured	Number of women with boys and girls aged 0-23 months reached with IYCF promotion messages
Additional denominator info. reporting	Total number of estimated children with acute malnutrition targeted for inclusion in IMAM	Number of boys and girls 0-59 months discharged from IMAM programmes	Total women targeted with IYCF promotion messages

Nutrition Monitoring	Strategic Priority One & Three	Strategic Priority Three
Indicator	% of boys and girls 6-23 months who receive multiple micronutrient supplementation (MNPs)	% emergency situations where Rapid Nutrition Assessments conducted
Benchmark	940987	0%
Target	594,036 boys and Girls 6-23 months	50%
Numerator	Number of boys and girls 6-23 reached with MNPs	No of Emergency Situations where RNAs has been conducted
Denominator	Number of Boys and girls 6-23months targeted to receive MNPs	No of Emergency situations requiring RNAs
Data source	Partners MNP campaign reports	RNA reports
Disaggregation	Male/Female	N/A
Data Collection Method	Monthly reports from partners	Assessment
Org. Responsible for Data Collection	BPHS NGOs, Government	BPHS NGOs, Government
Geographic Level of Data	Health facility/Community site	Health facility/Community site
Reporting Frequency	Monthly	As Necessary
Expected Partner Activity Reporting:	Number of boys and girls 6-23 months receiving multiple micronutrient supplementation (MNPs)	Number of RNAs undertaken
Additional denominator info. reporting	Total number of children 6-23 months targeted to receive MNPs	Total situations where RAF indicated RNA required

## Nutrition Cluster Targeting and Indicator Notes:

**Children Admitted into IMAM Programmes:** This refers to children 0-59months who meet agreed admission criteria as per global/national standards. The Afghanistan nutrition guidelines shared with all partners delivering nutrition services are aware of these. If a child leaves the IMAM programme before being cured of malnutrition and then returns back to the programme after a certain period would be considered like a new admission but if within a certain period will be considered as re-admission and recorded as such. All this detail is available in the National guidelines and partners are aware of this.

**Children Cured:** This refers to the children who after undergoing the malnutrition treatment regime they become free of malnutrition and hence will be discharged from the programme as cured. This is also well defined in the national guidelines.

**IYCF Promotion Messages:** Refers to any infant and young Child Feeding promotional messages as per the national IYCF guidelines that are shared with Women during and or after assessing of their children for malnutrition at health facility or in community gathering. The promotional messages are around early initiation of breastfeeding, Exclusive breastfeeding, Complementary feeding, Dispelling some myths and misconceptions about breastfeeding among other messages. The dos and don'ts about child feeding is discussed and shared during these sessions. They are group sessions mainly unless if there are certain concerns for a particular mother where it becomes more one on specialized counselling. The IYCF messages are simple and usually communicated using pictorials.

**Rapid Nutrition Assessment:** There is a set and agreed standards for a Rapid Nutrition Assessment. The Afghanistan guideline for the same is with Ministry of Health for endorsement and was developed with all cluster partners and government involvement. It takes a week to do and takes a sample size of between 150-200 children. All anthropometric measurements are done and the difference with a full surveys is on the sample size which is smaller. Results can be presented as GAM and SAM rates. There is also an Initial rapid Assessment (IRA) format which partners can also use and this has been shared with them. IRA will be quick and dirty and is done to all accessible households and finalized within a day and MUCAC is taken and results analysed as percentages of malnourished to those assessed but no GAM rates.

**Micronutrient Supplementation for Children 6-23months:** This refers to the micronutrient powders (MNPs) that are provided to all children 6-23 months in an emergency affected province as a campaign. Children are provided with 60 MNP sachets to be used 1 a day for 60 days after 6 months. There is no routine MNP supplementation for 6-23 months children in the country at the moment. It is usually differentiated with Vitamin A supplementation which is done as part of the national Immunization days (NIDs) twice a year.

## PROTECTION CLUSTER

Protection Monitoring	Strategic Priority One	Strategic Priority One	Strategic Priority One
Indicator	Sq. km of mine/ERW hazards cleared (within 5 km of a school, health facility or IDP settlement)	# of reports produced on protection issues and human rights violations	# of reported GBV survivors provided with at least one of these services: medical, health, protection, legal, and psychosocial
Benchmark	N/A	31	1,600
Target	21 Sq. km	40	2,000
Numerator	Sq. km cleared	# of reports on protection issues and human rights violations produced	# of reported GBV survivors provided with at least one of these services: medical, health, protection, legal, and psychosocial
Denominator	N/A	N/A	N/A
Data source	IMSMA	Protection Cluster	GBV Sub-Cluster 4W
Disaggregation	N/A	N/A	G/B/W/M
Data Collection Method	Mine Action coordination reports	Protection Cluster	GBV Sub-Cluster 4W
Org. Responsible for Data Collection	UNMAS	Protection Cluster	GBV Sub-Cluster
Geographic Level of Data	Region	National	Region
Reporting Frequency	Quarterly	Quarterly	Quarterly
Protection Monitoring	Strategic Priority Two	Strategic Priority Three	Strategic Priority Three
Indicator	# of children affected by conflict and natural disasters receiving Emergency Child Protection Services	# of IDP households assisted with acquiring, maintaining and restoring Housing, Land, and Property rights	% of conflict induced IDPs assessed within 1 month of notification of displacement
Benchmark	20,951	1,300	50%
Target	25,000	1,750	60%
Numerator	# of children affected by conflict and natural disasters receiving Emergency Child Protection Services	# of IDP households assisted with acquiring, maintaining and restoring Housing, Land, and Property rights	# of conflict induced IDPs assessed within one month of notification of displacement
Denominator	N/A	N/A	# of assessed conflict induced IDPs in 2015
Data source	CPiE Sub-Cluster 4W	HLP TF 4W	PMT
Disaggregation	G/B	family level	G/B/W/M
Data Collection Method	CPiE Sub-Cluster 4W	HLP TF 4W	IDP TF PMT extracts
Org. Responsible for Data Collection	CPiE Sub-Cluster	HLP TF	IDP TF
Geographic Level of Data	Region	Region	Region
Reporting Frequency	Quarterly	Quarterly	Quarterly
Expected Partner Activity Reporting:			Number of conflict induced IDPs assessed within 1 month of notification of displacement
Additional denominator info. reporting			Total number of conflict induced IDPs

## Protection Cluster Targeting and Indicator Notes:

# of reports produced on protection issues and human rights violations

This output indicator tracks the advocacy activities in the form of briefings and reports cluster members produce on behalf of the Afghan population. Reports detailing displacement, protection concerns, and/or human rights violations contribute to an understanding of issues related to the protection situation in Afghanistan in the humanitarian community. These reports also aim to strengthen accountability of duty bearers, influence and inform policy development, and generally direct attention to emerging issues so that they can be addressed. Reports that count towards this indicator should either be released into the public domain, or be directed at a body that has influence on the situation in Afghanistan.

# of sq. km cleared of mine and ERW hazards within 5km of a school, health facility, or IDP settlement (HRP framework)

The output clearance indicator tracks humanitarian demining activities. 21 sq. km of mine / ERW contaminated area defined within the framework of the HRP (within 5 km of a registered school, health facility, or recorded IDP settlement) will be cleared. This indicator does not track the clearance of former firing ranges, it does track the clearance of known air ammunition drop sites, known sites of kinetic engagement, as well as charted existing mine contaminations. The clearance process involves identification, marking, survey, and clearance. Area will only be reported as cleared if it is deemed to be mine / ERW free and accessible.

# of reported GBV survivors provided with at least one of these services: medical, health, protection, legal, and psychosocial

The indicator tracks the number of reported GBV survivors who are assisted with survivor centered-care and services as well as referrals. Initial assistance to self-reporting GBV survivor is often but not always provided in so called 'one stop shop assistance' units located which are regularly located but not exclusively in hospitals. Included services are specialized medical care, assistance to access legal mechanisms or remedies, physical protection (e.g. safe shelters/houses with integrated livelihood activities) and psychosocial support services. Not included in this measure (and indicator) are outreach and gender sensitization activities. GBV cases reported are from the GBV MIS, UNAMA and AIHRC databases.

# of children affected by conflict and natural disasters receiving Emergency Child Protection Services

The indicator measures the number of children displaced or affected by natural disasters and conflict who benefit from Emergency Child Protection Services. It should be noted that not all children within the group of the displaced or affected are in need of Emergency Child Protective Services; additionally, children in host communities, for instance the extremely poor, can be in need. Children in vulnerable circumstances run the risk of being recruited by armed elements, being forced to work, being abducted, forced to marry at a young age, and forced to work. Activities include *inter alia* psychosocial support for children, and child friendly spaces (with multi-sectoral benefits such as for example increased enrolment in education, increased hygiene awareness, and tailored MRE).

# of IDP households assisted with acquiring, maintaining and restoring Housing, Land, and Property rights

The output indicator tracks the number of IDP households assisted with direct support on acquiring, maintaining and restoring Housing, Land, and Property rights. There is no baseline data on the scale of HLP issues and needs throughout Afghanistan, it is clear though that there are many and diverse needs. The measured assistance by members of the HLP TF is highly technical and specific and ranges from counselling of a head of household on legal matters, dispute resolution, and legal assistance. Other activities such as information provision, trainings, informal tenure documentation provision, community sensitisation, and general advocacy activities are not included in the indicator beneficiary number, even though these activities aim to facilitate resolution of HLP conflicts.

% of conflict induced IDPs assessed within 1 month of notification of displacement

The indicator measures the efficacy of the humanitarian actors in reaching-out to conflict induced displaced populations to assess their protection situation and their assistance needs, resulting in actors / clusters mobilizing assistance. The process of humanitarian protection and assistance provision begins with the timely assessment of conflict induced displacement. The relevant information on the dates is recorded in the PMT database. It must be noted, that the result of the indicator is influenced by external variables that are not under the exclusive control of the humanitarian actors involved (e.g. time necessary for DoRRs to provide notifications of displacement to the IDP Task Forces, lack of humanitarian access, etc.).

## WASH CLUSTER

WASH Monitoring	Strategic Priority One & Three	Strategic Priority One & Three	Strategic Priority One & Three
Indicator	Proportion of affected households in intervention areas with access to a functioning sanitation facility	Proportion of affected population in intervention areas with access to at least 15lpd of drinking water	Proportion of the affected population in intervention areas with access to a place to wash hands with soap
Benchmark	0%	0%	0%
Target	85%	85%	85%
Numerator	Number of affected households in intervention areas with access to a functioning sanitation facility	Affected population in intervention areas with access to at least 15lpd of drinking water	Affected population in intervention areas reached with access to a place to wash hands with soap
Denominator	Total number of affected households in the project(s) catchment area	Total affected population in intervention areas	Total affected population in intervention areas
Data source	All Cluster partners	All Cluster partners	All Cluster partners
Disaggregation	Distribution of men, women and children in intervention area	Distribution of men, women and children in intervention area	Distribution of men, women and children in intervention area
Data Collection Method	Cluster partner reports	Cluster partner reports	Cluster partner reports
Org. Responsible for Data Collection	All Cluster partners; UNICEF to compile	All Cluster partners; UNICEF to compile	All Cluster partners; UNICEF to compile
Geographic Level of Data	Project catchment area - community or district level	Project catchment area - community or district level	Project catchment area - community or district level
Reporting Frequency	At least once every three months	At least once every three months	At least once every three months
Expected Partner Activity Reporting:	Number of households in intervention areas provided with access to a functioning sanitation facility	Number of people in intervention areas provided with access to at least 15lpd of drinking water	Number of people in intervention areas provided with access to a place to wash hands with soap  Number of hygiene kits distributed
Additional denominator info. reporting	Total number of affected households in the intervention area	Total affected population in the intervention area	Total affected population in the intervention area

## WASH Cluster Targeting and Indicator Notes:

### In case of emergencies:

WASH interventions are among the most important to prevent an already bad situation from rapidly becoming worse. The provision or promotion of *latrines*, *hygiene education* and *hygiene intervention*, especially *washing hands* are crucial during an emergency situation to prevent or minimize outbreaks of diarrhoea or other water-borne diseases and, to prevent malnutrition as a result of repeated infections with faecal matter. Caretakers washing hands with soap and water at critical times is also proven to reduce acute respiratory infections in young children by 23%. According to the SPHERE standards *drinking water* needs to be provided at a rate of at least 15 lpd. The method of provision can be through existing improved water points, rehabilitated- or new ones; by tankering or through bladders or tanks with tap stands. It is good practice to chlorinate the water distributed through tankering or through bladders. Distribution of chlorine tablets for individual household usage should be done as well in case the affected population also draws on unimproved sources or drinking water or surface water. Typical hygiene interventions will include the provision of emergency hygiene kits, the installation of communal hand washing stations with soap, the promotion of household hand washing stations and, the broad promotion of washing hands with water and soap at critical times.

### Notes on the three top tier HRP 2015 indicators

For reporting against the HRP, the WASH Cluster has proposed three indicators:

1. *Proportion of affected households in the intervention areas with access to a functioning sanitation facility*
2. *Proportion of people in intervention areas with access to at least 15 lpd of drinking water*
3. *Proportion of households in intervention areas with a place for washing hands with water and soap present*

The target for these indicators is to reach 85% or more of the households/population in the intervention areas.

### Second tier indicators and disaggregation required

In addition to the three top tier indicators the WASH Cluster is asked to report on the absolute number of people and/or households in the intervention areas that were provided with access:

1. *Number of households in intervention areas provided access to a functioning sanitation facility*
2. *Number of people in intervention areas provided with access to at least 15 lpd of drinking water*
3. *Number of people in intervention areas provided with access to a place to wash hands with soap*
4. *Number of hygiene kits distributed*

The second tier indicators, whenever possible, should be reported disaggregated by the following classifications:

- |   |   |
|---|---|
| 1) Affected by conflict                     | 2) Affected by natural disaster             |
| 1.1 Men, women, children (≤15 years of age) | 2.1 Men, women, children (≤15 years of age) |
| 1.2 In-situ                                 | 2.2 In-situ                                 |
| 1.3 IDPs < 6 months displaced               | 2.3 IDPs < 6 months displaced               |
| 1.4 IDPs 6-18 months displaced              | 2.4 IDPs 6-18 months displaced              |
| 1.5 IDPs >18 months displaced               | 2.5 IDPs >18 months displaced               |
| 3) Refugees                                 |   |

The duration since displacement for IDPs can be made by IDP settlement and does not need to be made at the individual level. Population “in-situ” also includes the host-community population. IDPs displaced more than 5 years ago should be marked as “in-situ”.

The SPHERE standards apply for the level of services offered and should be used when assessing or evaluating the achievements against the above-mentioned indicators. For partner’s own records and donor reporting partners may want to keep track of the type of facilities or services provided e.g. new or rehabilitated drinking services, bladder tanks, tankering etc. For Cluster/HCT reporting this information is not required.

## MULTI SECTOR

MS Monitoring	Strategic Priority Three	Strategic Priority Three	Strategic Priority Three
Indicator	# and % of refugees registered	# and % returnees provided with information and referrals to facilitate reintegration	# of vulnerable population identified and assisted
Benchmark	0 % of PoC registered	16,995 in 2014	3,080 identified cases (UNHCR) in 2014; 41,769 un-documented returnee PSNs assisted in 2014 (IOM)
Target	70%	50,000	50,000
Numerator	# registered	# of people receiving information and referrals	vulnerable population identified and assisted
Denominator	Refugee Population	# of people returning	
Data source	UNHCR database	UNHCR Encashment Centres (ECs)	UNHCR PSN Data, Encashment Centre data, IOM Cross Border Return and Reintegration Database
Disaggregation	Age and Sex	Age and Sex	1. Country returning from (Iran, Pakistan); 2. Age and Sex
Data Collection Method	Household	Individual interviews and Reports from the ECs	IOM needs assessment data UNHCR Individual interviews and Reports from the ECs
Org. Responsible for Data Collection	UNHCR/UNHCR Partner	UNHCR/UNHCR Partner	IOM & UNHCR
Geographic Level of Data	District level & Camp	District level	Province level
Reporting Frequency	Monthly	Monthly	Monthly

### Multi Sector Targeting and Indicator Notes:

Indicator 1: Registered population are people who have been assessed to determine if they fled from NWA, Pakistan and added to UNHCR database for assistance

Indicator 2:

- Regarding information and referrals, at the encashment centres returnees are interviewed and provided with a cash grant, basic health services, and legal advice while identifying People with Special Needs (PSN). Depending on people's needs they may be referred for further care or assistance at a service provider or other agencies. Operational partners provide vaccinations, mine awareness education and register children for school

- Relevant to returnees

For indicator 3

- Vulnerability is determined with the standardized PSN (Persons with Specific Needs) guidelines
- For the documented returnees, we keep information on our PSN cases and who is provided with assistance from UNHCR and who is referred for additional service

### Monitoring delivery of basic services to refugees and returnees:

In addition to the above three indicators, previously listed indicators under the sector specific clusters will also be employed to measure basic service provision and emergency relief assistance directed to refugees and returnees. UNHCR, IOM and Cluster partners delivering such activities will be able to distinguish activities that constitute Multi Sector response by designating the relevant beneficiary category in their reporting.

## Annex Two – MONITORING ROLES AND RESPONSIBILITIES

Effective monitoring relies on agreement on the roles and responsibilities of all humanitarian actors involved. All humanitarian actors should participate in the design and execution of the monitoring framework, and ensure they have the capacity to perform their part of the monitoring activities.

### HCT

The HC/HCT is responsible for ensuring the monitoring framework fully measures the prioritised, collective humanitarian response set out in the strategic objectives and will determine the periodicity for reporting. The HC/HCT will identify options for securing the resources for conducting monitoring efforts at the scale required. They will ensure that monitoring findings feed into their decision-making and endorse findings for public use.

### OCHA Role

- Facilitates, in the inter-cluster coordination team (ICCT), the selection (or revision) of indicators and their associated targets for measuring strategic objectives, establishing, based on the clusters' decisions, for each indicator, the responsibilities for monitoring, the method for monitoring and the frequency of reporting monitoring findings.
- Prepares a draft humanitarian response monitoring framework document from the agreements in the ICCT and submissions from clusters, for review and endorsement by the HC/HCT.
- Compiles information for measuring progress against strategic objectives and interpreting results in the ICCT, including, cluster contributions and any data on inter-cluster outcome indicators.
- Prepares the PMR, based on analysis from the ICCT and cluster contributions, for the HC/HCT.
- Disseminates any public monitoring reports through email and hardcopy, making the report available online on the country's website.

### Cluster Coordinator

- Represents the cluster in the ICCT for selection of indicators and formulation of targets for strategic objectives, agreeing to responsibilities for monitoring, methods for monitoring and timelines for monitoring each indicator.
- Engages with cluster members for selecting pertinent cluster indicators for measuring cluster objectives and activities and securing commitment on responsibilities for monitoring, methods for monitoring and timelines for monitoring each indicator.
- Compiles cluster member contributions for tracking output indicators and data collected for cluster outcome indicators, facilitating a review of the data for determining the progress made against cluster objectives.
- Ensures that cluster contributions for the PMR are provided, including an analysis.
- Ensures that information on cluster level indicators selected for measuring strategic objectives is provided on time.
- Represents the cluster in the ICCT for reviewing and analysing the totality of data collected for the indicators associated with strategic objectives to measure progress, and make any recommendations for corrective action.

### Cluster Members

- Members of respective clusters, should participate in the preparation of the cluster monitoring plan which includes the selection of a set of indicators to monitor cluster objectives and activities, setting targets for each indicator and determining tools for data submission and timelines for reporting.
- Each organisation's projects will include activities with indicators and targets that should be aligned with those selected for the cluster response plans.
- Members should put in place their internal approach for field monitoring activities, and participate in discussions on harmonisation of field monitoring and feedback mechanisms from affected populations.
- Members should ensure that adequate resources are budgeted for conducting their part of the monitoring work, including submitting output results at the agreed upon frequencies and any commitments to the collection of outcome-level data.